

THE RIGHTS OF HEARING-IMPAIRED PERSONS

A Public Forum

Illinois Advisory Committee
U.S. Commission on Civil Rights

In Cooperation With

The Section of Individual Rights and
Responsibilities of The American Bar
Association and The State of Illinois
Department of Human Rights

Hilton Hotel and Towers
Williford A Room
Chicago, Illinois

Monday, June 30, 1986
8:30 a.m.

LONGORIA & GOLDSTINE
CERTIFIED REPORTERS
176 West Adams Street
Suite 2232
Chicago, Illinois 60603
(312) 236-1030

CCR
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Meet.
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BEFORE:

MR. HUGH J. SCHWARTZBERG
Chairman

MS. THERESA F. CUMMINGS

MR. ROBERT C. SPENCER

MR. ISIDRO LUCAS

MR. JOHN LINGNER

MS. ERMA M. DAVIS

MR. THOMAS PUGH

MR. PRESTON E. EWING

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LONGORIA & GOLDSTINE--176 WEST ADAMS STREET--SUITE 2232--CHICAGO, ILLINOIS 60603--(312) 236-1030

1 CHAIRMAN SCHWARTZBERG: Good morning.
2 My name is Hugh J. Schwartzberg, and I am
3 the Chairperson of the Illinois Advisory
4 Committee to the United States Commission
5 on Civil Rights.

6 Today the Illinois Advisory
7 Committee is holding a public forum to hear
8 presentations from experts of the rights of
9 hearing impaired persons.

10 Members of the Illinois
11 Advisory Committee present with me today are
12 Ms. Theresa Cummings from Springfield,
13 Illinois, Mr. Preston Ewing from Cairo,
14 Mr. John Lingner from Chicago, and there
15 will be present later during the day at
16 various times, because some of the
17 Commissioners will be here at different
18 portions of the presentations, Ms. Erma Davis
19 from Peoria, Mr. Thomas Pugh, also from
20 Peoria, Mr. Herschel Seder from Highland Park,
21 Dr. Robert Spencer from Petersberg, and
22 Ms. Joyce Tucker from Chicago.

23 Also with us today are the
24 following staff members of the Midwest Regional

1 Office of the United States Commission on
2 Civil Rights in Chicago, Mr. Clark G. Roberts,
3 who is the Regional Director; Dr. Isidro Lucas,
4 the Deputy Regional Director, and who serves
5 as staff to this commission; Mr. Carmella
6 Melendez, Mr. Frank Alford, and Ada L.
7 Williams.

8 At this time we want to
9 express officially our thanks to the various
10 organizations that have offered us their
11 assistance, and with whose cooperation we
12 are holding this forum.

13 The section of individual
14 rights and responsibilities of the American
15 Bar Association, the Illinois Department of
16 Human Rights, and the Alexander Graham Bell
17 Association for the Deaf.

18 This public forum is being
19 held pursuant to the rules applicable to the
20 state Advisory Committee and other law and
21 regulations relating to the United States
22 Commission on Civil Rights.

23 I would like to emphasize that
24 this is an open meeting, and the cooperative

1 efforts involving the Illinois Advisory
2 Committee, the organizations already
3 mentioned and the experts making presentations,
4 written and oral, from Illinois and the rest
5 of the country and Canada.

6 In particular, this forum
7 is also held on the explicit advice of the
8 United States Commission on Civil Rights and
9 its chairman.

10 Those participating have
11 voluntarily agreed to appear before the
12 Committee, and to share their expertise
13 with us.

14 The meeting is open, and
15 the media and all interested individuals are
16 welcome to attend. We have been asked
17 about taping these proceedings, and because
18 this is an open meeting, taping is, of course,
19 permitted.

20 The experts will share their
21 information with the Committee, and will
22 respond to questions and engage in discussions
23 with Committee members. Public officials
24 and private citizens not on the agenda are

1 welcome to present written statements for
2 consideration of the Committee and for
3 inclusion in the record. Such written
4 materials can be given to the staff person
5 at the registration desk outside of this
6 room. They can also be mailed before the
7 20th of July, 1986 to the United States
8 Commission on Civil Rights, 230 South
9 Dearborn, Room 3280, Chicago, Illinois 60604.

10 We are concerned that no
11 individual or specific organization be the
12 victim of defamatory or degrading statements.
13 In the event that statements may develop,
14 it will be necessary for me to call this to
15 the attention of the person making the
16 statement and request that he or she desist
17 in that action.

18 Furthermore, any person against
19 whom such allegations are made will have
20 ample opportunity to make a statement in
21 response as appropriate.

22 There is legislation at the
23 local state and federal level aimed at
24 securing the civil rights of handicapped

1 persons. This Committee wants to know how
2 this legislation and supplementing
3 registrations and endorsements are being
4 applied today to persons whose handicap is
5 hearing impairment.

6 The Advisory Commission on
7 Civil Rights of citizens of this forum will
8 report to the Commission. A transcript
9 of the proceedings is being made and will
10 be available at the Commission's offices.

11 Civilizations are judged by
12 their strengths and by their most powerful
13 exemplars, but they are also judged by
14 the way in which they treat those who are
15 the weakest of their citizens.

16 In the normal course, one
17 acquires language through one's ears, and
18 so for millenia, even growing up within
19 communities, the deaf child remained mute
20 and did not acquire the power to speak, and
21 was thereafter often treated as being less
22 than human. The operative word, no longer
23 appropriate, was dumb.

24 For the deaf, if the community,

1 and because of the rarity of this condition
2 and the cost of its cure, community here
3 means the state. If the community does
4 not intervene with diagnosis, amplification,
5 training and education, language itself is
6 denied, and this process must begin very
7 shortly after birth in order to be very
8 effective.

9 There is therefore a potential
10 claim by those physically handicapped,
11 those hearing impaired, as against the
12 state, a claim that the majority are bound
13 to act so as to supply language itself in
14 light of the probability that if the state
15 does not so act, the potential of that
16 human being will be destroyed by social
17 inaction.

18 This claim may be grounded
19 in revulsion against the unnecessary
20 wasting of a potential human mind, it may
21 be rooted in our moral queasiness at the
22 loss of any one human's reasonable potential,
23 it may be colored by consideration of the
24 social costs of inaction, such as the cost

1 to the public of what may otherwise become
2 a public charge.

3 This right may be claimed
4 even in the absense of legislative action,
5 although in fact much legislation does in
6 fact exist.

7 Certainly none of the rights
8 retained by the people will blossom into
9 fruit unless they are watered with knowledge
10 of why they are claimed.

11 What are the rights of the
12 deaf? What can the hearing impaired claim
13 as against an unthinking or even contrary
14 majority? What claim against the state
15 does the hearing impaired hold as a matter
16 of right, and what should be offered by
17 legislative grant? Where does the law
18 stand now? We will be looking at some of
19 these questions today.

20 There are some minor house
21 keeping details. In the program, there is
22 a misprint on the first page, and after
23 Dr. Ling's presentation, it says that the
24 next section will start at 11:00 o'clock a.m.

1 That is not true. The section initiated by
2 Dr. Ling will continue with Drs. Northcott,
3 McCartney and Conway, and the 11:00 o'clock
4 section will start with Ms. Celia Warshawsky
5 on page two.

6 Now I would also like to
7 point out that the Commission has very
8 lengthy, very lengthy papers, and many of
9 those which we have received are of obvious
10 quality. For the purpose of this session,
11 we have asked their office to summarize the
12 written presentations in ten-minute segments.

13 The fuller text will be
14 available at the Commission's offices in
15 the Federal Building here in Chicago.

16 At this time, and to start
17 the forum, I have the pleasure to introduce
18 to you Dr. William Castle, the Director of
19 the National Technical Institute for the
20 Deaf.

21 Dr. Castle?

22 DR. CASTLE: Thank you, Hugh.

23 I would like to introduce
24 the persons who are assisting me in the

1 presentation of this first lecture.

2 We have Mickey Baron-Gerstein
3 doing the sign-language interpreting, we
4 have Mary Boone doing the oral interpreting,
5 as the day moves along others will be taking
6 their place, and I would like to introduce
7 each of them as well.

8 We have over here Lynell
9 Weddington, who will also do some sign-
10 language interpreting.

11 In front of me we have
12 Colin Freeman Rizla, and way to the left also
13 Carol Convertino, all of whom will be doing
14 oral interpreting, and we have two young
15 ladies in the front row here as well,
16 Jan Krefft and Rita Tacona, who will be doing
17 whatever reverse interpreting is required
18 for today's session.

19 It is indeed a pleasure for
20 me to have been invited to open this today,
21 this day-long meeting on the rights of the
22 hearing impaired.

23 It is a topic that we clearly
24 owe a great deal of attention. The subtopic

1 I have been asked to address, as you see
2 by the program, is the meaning of "reasonable
3 accommodations" and the hearing impaired.

4 Fortunately, the program
5 also says that my addressing this subtopic
6 is to be a state-of-the-art report.

7 There is, as far as I can
8 tell, no easy dictionary-like definition
9 to provide a meaning for what is referred to
10 as reasonable accommodations.

11 Hopefully, therefore, my
12 state-of-the-art report will lend meaning
13 or means to that phrase.

14 As my report ensues, you
15 will discover that, for the most part, I
16 used the generic terms, hearing impaired or
17 hearing impairment, which includes both the
18 deaf and the hard of hearing. At times,
19 however, I use the words deaf and deafness.

20 I wish to clarify that when
21 I do use the words deaf or deafness, they
22 are always used to refer to both severe and
23 profound hearing impairments, that is hearing
24 losses that are 70 decibels or more in the

1 better ear.

2 A great deal has happened in
3 recent years to impact on the rights of the
4 hearing impaired. One might say that at
5 least in the United States hearing-impaired
6 persons have never had it so good. This is
7 in large part due to the fact that a great
8 deal of legislation has been put in place
9 in the last two decades to make a difference
10 in their lives, especially by broadening
11 their base of options, and hopefully their
12 freedom of choice.

13 The National Technical
14 Institute for the Deaf Act was passed in
15 1965 to complement what occurs for the deaf
16 at Gallaudet College.

17 A 1963 amendment to the
18 Vocational Education Act provided that 10
19 percent or more of the funding given to any
20 state in the union be used for the handicapped.

21 The Model Secondary School
22 for the Deaf Act was passed in 1966. The
23 Bureau for the Education of the Handicapped,
24 which is now known as the Office of Special

1 Education Programs was established in 1967.
2 The Captioned Films in Media for the Deaf
3 Program have been in existence for a long
4 time, and now includes considerable funding
5 for captioned television.

6 The amendments to the
7 Vocational Rehabilitation Act of 1973
8 provide for easier access for all handicapped
9 persons to post-secondary education, and
10 to a large variety of employment opportunities
11 through its Section 504.

12 The Education of All
13 Handicapped Children Act, otherwise known
14 as Public Law 94142 was passed in 1976.
15 The interpreter for the Deaf Training Act
16 was passed in 1978.

17 There is now also in the
18 Education of Handicapped Act a provision
19 for special funding for post-secondary
20 education programs for the handicapped,
21 four of which must be programs for the
22 deaf.

23 All of these federal laws
24 have their impact on what happens today for

1 hearing-impaired people and their rights.
2 Federal law also now requires that 10 percent
3 of all telephones in every hotel or motel
4 be compatible with the special needs of the
5 hearing impaired.

6 Now pending in Congress are
7 special bills designed first to amend the
8 Communication Act of 1934, both to expand
9 the number of public telephones that are
10 compatible with hearing aids and special
11 equipment for telephone service for certain
12 disabled persons; number two, to amend the
13 Internal Revenue Code of 1954 to exempt
14 the excise tax for telephone facilities
15 designed for the hearing impaired; to provide
16 a deduction for tv captioning equipment for
17 the hearing impaired, and to allow extra
18 deductions for certain disabled tax payers;
19 three, to amend Titles 8, 18 and 19 of the
20 Social Security Act to provide an optional
21 part C insurance program for coverage of
22 certain vision, hearing and dental services,
23 and prescriptive drugs, and to treat certain
24 sensory and communication aids as medical

1 or other health services; four, to amend
2 the Court Interpreter's Act of 1978 to
3 better provide for the hearing impaired in
4 Court; five, to establish a pilot program of
5 fellowships in the House of Representatives
6 for persons who are hearing impaired and
7 blind; and six, to provide for better quality
8 education of deaf programs throughout the
9 country through the newly-passed Education
10 of the Deaf Act of 1985.

11 Through Friday's newsletter
12 for this convention, we learned that the
13 Chicago City Council unanimously approved a
14 bill that requires all hotels and motels
15 in the City to provide visual or vibrating
16 fire alert systems for the safety of their
17 hearing impaired guests.

18 Five of our fifty states have
19 similar legislation, and such legislation
20 is now pending in New York State.

21 18 of our states have
22 commissions on deafness. There is no doubt
23 that our hearing impaired population has
24 it better than any other such population in

1 the world.

2 However, we cannot afford to
3 rest on our laurels. Our hearing impaired
4 people may have it good, but they could have
5 it much better.

6 I will spend the major part
7 of my time talking about how they might be
8 even more reasonably accommodated than they
9 currently are.

10 We are all acutely aware that
11 legislation is one thing, fulfillment of
12 that legislation is another. It seems safe
13 to say that although our nation always has
14 had an abiding interest in equal educational
15 opportunity for its citizens, the fulfillment
16 of that interest has not been something
17 easily effected, because the makeup of our
18 citizenry is very diverse.

19 The educational programming
20 among today's 50 states is also very diverse,
21 and among the multitude of local school
22 districts within each of those states
23 educational programming is very diverse.

24 Complications of the fulfillment

1 process have been the peculiar history of
2 dealing with American Indians from the time
3 of colonization. The uncertainty about the
4 role of women as citizens from the time the
5 United States Constitution was written, the
6 awarding of citizenships to our black
7 population, who, like their ancestors, at
8 that time were first here as slaves.

9 The diversity of the nation's
10 immigration program and the recent influx,
11 legal and illegal of spanish-speaking
12 Americans from Cuba, Puerto Rico, and Mexico
13 other countries or territories, and of Asians
14 from such places as India, Pakistan, Vietnam,
15 Thailand, Korea and Taiwan, our inability
16 to recognize the American Indians as real
17 citizens persists, but so do their demands
18 for equal rights.

19 Though women were assured
20 the right to vote in 1920, they still strive
21 today for the Equal Rights Amendment to the
22 Constitution to give full assurance of equal
23 educational and employment opportunities.

24 Though the blacks and other

1 minority groups were assured of citizenship
2 in 1868 and the right to vote in 1870, they
3 have had to demand special civil rights
4 legislation in recent years to foster equal
5 educational housing and employment
6 opportunities for themselves.

7 In spite of all that special
8 legislation, they are still a far cry from
9 where they would like to be regarding their
10 equal rights, educational and otherwise.

11 We must heed this history
12 and must assume that an important part of
13 our interest on this very day is to have a
14 different kind of history written for the
15 hearing impaired, who have only recently
16 been given their legal rights to equal
17 education and employment opportunities.

18 The Education of All
19 Handicapped Children Act of 1976, that is
20 Public Law 94-142 is the one piece of
21 legislation that has the greatest impact on
22 what happens for hearing impaired children
23 and youth today.

24 A second piece of legislation

1 that impacts significantly on hearing
2 impaired youths and adults is the Vocational
3 Rehabilitation Act of 1973.

4 In a sense, these two pieces
5 of legislation are the civil rights bills
6 for hearing impaired and other handicapped
7 people.

8 They, therefore, deserve and
9 receive a great deal of our attention today,
10 and they merit a great deal of respect for
11 what they were designed to accomplish.

12 It is because of them that
13 we have heard with frequency such things as
14 Section 504, Equal Educational Opportunity,
15 Equal Employment Opportunity, Equal Access,
16 Least Restrictive Alternative, Least
17 Restrictive Environment, and Reasonable
18 Accommodations.

19 At the same time, these two
20 pieces of legislation fall short of solving
21 some of the current and future problems
22 affecting hearing impaired people.

23 Public Law 94142 declares that
24 many handicapped children do not have

1 successful educational experiences because
2 their handicaps go undetected, but that law
3 does nothing to provide for programs for
4 early detection.

5 It does not make provision
6 for handicapped children between the ages
7 of 3 and 21, but it's mandate covers only
8 the ages between 5 and 18.

9 Like other handicaps, hearing
10 impairment in children often goes undetected.
11 It's not a visible handicap and is too often
12 discovered later than it should be for the
13 undertaking of very necessary early
14 intervention.

15 Mandating attention to
16 children who are 5 through 18 years old is
17 fine, but it is clearly not enough with
18 respect to the hearing impaired, who, along
19 with their parents, should receive special
20 educational attention as soon as the hearing
21 impairment is detected, preferably at birth
22 or shortly thereafter.

23 Our country needs to put in
24 place, as soon as it can, a universal system

1 of early detection for hearing impairment.

2 Though the United States is
3 ahead of all other nations in what it does
4 for the hearing impaired, it lags behind
5 some other nations in our world in its
6 efforts in early detection.

7 Audiological techniques have
8 been developed which can do what is needed,
9 but they are not applied universally.

10 Medical doctors, especially
11 gynecologists, obstetricians and pediatricians,
12 need to be more universally aware of these
13 techniques and see that they are applied,
14 because the earlier hearing impairment is
15 known the earlier special programs and
16 reasonable accommodations can begin.

17 The lack of the earliest
18 possible detection is the first strike
19 against equal educational and employment
20 opportunities for many hearing impaired
21 individuals in our country. It is therefore
22 the first strike against their civil rights.

23 Our country also needs to
24 establish a universal program of early

1 education for hearing impaired children
2 and their parents.

3 For some years now, several
4 programs for hearing impaired children under
5 the age of three and their parents, often
6 referred to as parent-infant programs, have
7 been in existence. Such programs are
8 important for the adjustment on the part of
9 both the parent and the child with respect
10 to the problems associated with severe or
11 profound hearing impairment.

12 They provide a very early
13 opportunity for parents to become involved
14 in the educational programming and
15 reasonable accommodations for their children.

16 However, such programs are
17 not available universally in our nation,
18 and they should be. The absence of such
19 programs is frequently the second strike
20 against equal education and employment
21 opportunities for many hearing impaired
22 individuals, and therefore a second strike
23 against their civil rights.

24 The full meaning of early

1 education includes what is done at the
2 preschool for hearing impaired children
3 who are between the ages of three and six.

4 Over the years, specifically
5 since World War II, our nation has done a
6 fair job of providing preschool educational
7 opportunities to hearing impaired children,
8 especially deaf children.

9 It is still not a universal
10 opportunity, but it is a fairly prevalent
11 one.

12 Good quality preschool education
13 for the deaf is also not universal, because
14 not all teachers involved are adequately
15 trained to do the job, and because important
16 support services may often be lacking.

17 For example, reasonable
18 accommodations may not be available from
19 speech pathologists, audiologists or
20 itinerant teachers skilled in the education
21 of the deaf and the use of manual communication,
22 if that be needed.

23 Further, one cannot ever say
24 enough about the importance of the earliest

1 possible use of amplification to optimize
2 the use of whatever residual hearing a
3 hearing impaired child may have.

4 One cannot ever say enough
5 either about the importance of providing the
6 earliest possible opportunity for a hearing
7 impaired child to learn how to speak the
8 language of his native country, because
9 in the long run of that child's life, there
10 is probably no better basis for becoming
11 mainstreamed as a productive adult in one's
12 society and meeting the challenges of
13 upward mobility in employment than having
14 understandable language, both spoken and
15 written, good speech reading skills, and
16 the ability to make optimal use of residual
17 hearing.

18 Development of the written
19 and spoken language skills of hearing
20 impaired children should be the focus of
21 all early childhood intervention, using
22 whatever communication modalities are useful
23 or necessary.

24 It was therefore a great

1 pleasure to learn recently that technical
2 amendments to Public Law 94142 were
3 introduced to the United States Senate on
4 April 14 of this year, which provide for
5 an extension of that law's mandate to age
6 three within two years, and the creation of
7 a new discretionary grant program for early
8 intervention of handicapped children from
9 birth through age two.

10 Public Law 94142 seeks to
11 provide appropriate educational experiences
12 for handicapped children at the elementary
13 and secondary levels.

14 However, although this law
15 has been in place for ten years, it is still
16 a fact that regardless of whether they
17 receive their elementary or secondary
18 education from residential schools or from
19 some form of mainstreaming, the deaf students
20 among our hearing impaired in general do
21 not have elementary and secondary attainments
22 which equal those of their hearing peers.

23 In spite of all the dollars
24 that have been spent on education of the deaf

1 over the past 30 years, the average reading
2 level of deaf graduates from secondary
3 education programs remains bearly over
4 the fourth grade level.

5 The usual deaf student in
6 an elementary or secondary program in a
7 school for the deaf is taught by teachers
8 of the deaf who are not teachers of
9 elementary and secondary subject matter or
10 content, and the usualy deaf student in
11 some mainstreaming format for elementary or
12 secondary education is taught by a teacher
13 who is qualified to teach elementary or
14 secondary subject matters, but who is not
15 qualified or knowledgeable about how to
16 teach deaf students.

17 Thus our usual deaf student
18 is unexposed to a great deal of what might
19 be called fundamental knowledge.

20 These dynamics indeed can
21 hardly be thought of as reasonable
22 accommodations of the deaf childrens' needs.

23 A commitment to genuine
24 implementation of Public Law 94142 for the

1 elementary and secondary levels of education
2 of the deaf will require a drastic but
3 positive revision in the teacher training
4 programs designed to train persons to teach
5 the deaf.

6 Preschool, elementary and
7 secondary teachers of the deaf should all
8 be certifiable by state departments of
9 education, both as qualified teachers of
10 the hearing and as qualified teachers of
11 the deaf.

12 Unless that becomes true,
13 we will not begin to make the headway that
14 we need to in those levels of education of
15 the deaf.

16 Public Law 94142 expresses
17 the fact that families of handicapped
18 children in youth are too often forced to
19 seek special educational services for them
20 outside the free public school system,
21 frequently from agencies that are a great
22 distance from their residence and frequently
23 also at their own expense, and hence most
24 people interpret that law to mean that all

1 handicapped children should and must be
2 mainstreamed in their local public school
3 district.

4 I believe this interpretation
5 leads to restricting freedom of choice from
6 among programs that are available.

7 If implementation of Public
8 Law 94142 were to lead to the immediate or
9 eventual demise of all residential schools
10 for the deaf, public or private, this would
11 be a grave error, and a severe restriction
12 of freedom of choice, and therefore a
13 restriction of civil rights.

14 Not all hearing impaired
15 persons wish to be mainstreamed during every
16 aspect of their education, employment and
17 community living, and some may wish never to
18 be mainstreamed.

19 Not all parents of hearing
20 impaired children wish to have their
21 children mainstreamed at every point of
22 education, and some may rightfully believe
23 that the least restrictive alternative for
24 their child is a residential school for the

1 deaf, and even a residential oral school
2 for the deaf.

3 Therefore today we see signs
4 of backlash from the deaf community and from
5 educators of the deaf against the way
6 Public Law 94142 is being interpreted.

7 There are many voices of
8 protest against what is called Manual Ten,
9 a document which describes the principles
10 to be used in deciding the least restrictive
11 alternative for a given handicapped child.

12 That manual, like Public Law
13 94142, describes a continuum of alternatives
14 which places the regular classroom on the
15 continuum at the point of least restrictive
16 and the special school at the point of most
17 restrictive.

18 The backlash contention is
19 that for many deaf children the special
20 school is actually the least restrictive.

21 It is foolhardy to think that
22 every school district in the United States
23 can provide all that is needed to all
24 handicapped children residing in that

1 district in order for them to be properly
2 educated.

3 This cannot at any time be
4 a cost-effective or cost-efficient way to
5 accomplish mainstreaming.

6 Districts must pool their
7 resources.

8 When Public Law 94142 was
9 passed in 1976, its proponents declared that
10 the educational needs of handicapped
11 children were not being met adequately, and
12 that at least 50 percent do not receive the
13 reasonable accommodations required to assure
14 them full equality of educational opportunity.

15 With respect to the hearing
16 impaired, the percentage was higher at that
17 time, and it continues to be so for the
18 several reasons already cited.

19 When it comes to dealing with
20 all the reasonable accommodations that are
21 required for the hearing impaired, it's
22 important to realize that reasonable
23 accommodations require a greater prevalence
24 of audiologists, special pathologists,

1 language specialists, school psychologists
2 and personal and career guidance counselors
3 at all levels of education of the deaf.

4 For too long it has been the
5 practice to have the classroom teacher of
6 the deaf, particularly in residential schools
7 for the deaf, be all things to all deaf
8 students.

9 In this day and age this is
10 no longer appropriate, and it probably never
11 was.

12 At NTID, for instance, we
13 know that 90 percent of the deaf students
14 who enter our programs can profit from the
15 use of amplification, but 80 percent do not
16 know how best to make use of amplification.

17 Nearly 35 percent of the
18 students who can profit from the use of
19 hearing aids either do not own aids or
20 seldom wear the aids that they do own.

21 Even though the average age
22 of deaf students entering NTID is 19 and-a-
23 half, and one would expect the students to
24 be fixed in their ways, we have discovered

1 at NTID, one, that with the right approaches
2 to orientation to the hearing aids by
3 audiologists, non-users and seldom-users
4 alike can both be persuaded to become users.

5 Two, that with the right
6 approaches by audiologists to auditory
7 training, poor users of the hearing aids
8 can be taught to be good users, poor listeners
9 can be taught to be better listeners, and
10 poor auditory discrimination skills can be
11 improved.

12 Three, that with an approach
13 by audiologists to speech reading which
14 concentrates on repetitious social
15 interchanges and job-related vocabulary
16 and language, speech-reading abilities can
17 be greatly enhanced.

18 If these things can happen
19 at the ages of 19 and 20, is it not a
20 reasonable accommodation to see that they
21 happen earlier?

22 The Vocational Rehabilitation
23 Act of 1973 is still another matter. It
24 insists that handicapped persons who are

1 otherwise qualified cannot be denied
2 employment or admission into educational
3 programs for reasons of their handicaps, so
4 long as the employment or educational
5 institution is a recipient of federal
6 subsidy.

7 It also suggests strongly
8 that employment environment, education
9 environments, and social environments, such
10 as theaters and churches, do all that they
11 can to provide reasonable accommodations
12 for handicapped persons, for the deaf and
13 the hard of hearing, therefore there are
14 many efforts today to remove significant
15 communication barriers inductance loop
16 systems, fm systems and infrared systems
17 are prevalent in theaters, churches and
18 other public and private meeting places
19 for those who depend on auditory
20 amplification.

21 There are many captioned
22 films, many captioned television programs,
23 and even captioned live theater, including
24 opera, for the specific accommodation of

1 hearing impaired persons.

2 Interpreters of the deaf,
3 including oral, simultaneous and American
4 sign language interpreters are prevalent
5 in many social and educational environments
6 and on television.

7 Deaf persons also enjoy great
8 use of telephones these days, because of the
9 multitude of teletype devices that are on
10 the market and special techniques that have been
11 designed for deaf persons with good speech
12 and language to use telephones equipped with
13 special amplifiers.

14 In spite of all the good
15 intentions of this act, it is proving to
16 be counterproductive in some ways, especially
17 in the realm of post-secondary education
18 for the deaf.

19 There has been a net growth
20 from 27 post-secondary programs for the
21 hearing impaired to 145 in the last 13 years.
22 Many of those programs do not begin to
23 comply with the principles proposed in 1973
24 by the Conference of Educational Administrators

1 Serving the Deaf.

2 The first evidence of this
3 fact is that only 63 programs, that is
4 43 percent, of the 145 that are listed in
5 college and career programs for deaf students,
6 1976, are granted full program description,
7 since such descriptions were provided only
8 for those institutions which, one, have at
9 least 15 full-time hearing impaired students
10 enrolled in the post-secondary educational
11 program for deaf students, two, are part of
12 an accredited post-secondary institution,
13 three, have a coordinator of services for
14 deaf students who devote a minimum of 50
15 percent of his or her time in directing that
16 program, and four, generally comply with
17 the principles proposed by the Conference
18 of Educational Administrators.

19 A second evidence is that the
20 percentage of new students who are transfers
21 to NTID has been increasing, and the
22 admissions recruitments staff at NTID
23 indicate that transcripts of 83 percent of
24 these students show that no credits have

1 been earned, even though they spent an
2 average of one and-a-half years attending
3 another college.

4 Still a third evidence is
5 that over 39 percent of the programs listed,
6 all those with ten or fewer full-time deaf
7 students, provide little or no special
8 services to the hearing impaired students,
9 other than interpreting and tutoring, and
10 18 percent of those programs provide no
11 interpreters, while 24 percent provide no
12 tutoring.

13 Among those programs that
14 have between 11 and 20 full-time hearing
15 impaired students, another 22 percent have
16 all the programs, 3 percent provide no
17 interpreting, 17 provide no tutoring, 29
18 percent provide no special counseling from
19 counselors who can communicate directly with
20 hearing impaired people, 55 percent have no
21 special classes for hearing impaired students,
22 52 percent have no paid note takers, and
23 45 percent have no vocational counselors
24 who can communicate directly with the hearing

1 impaired students.

2 Not until programs show 30
3 or more full-time students, that is 24 percent
4 of all the programs listed, can it be seen
5 that 100 percent use paid interpreters, 100
6 percent use tutors, 90 percent have personal
7 and vocational counselors who can communicate
8 directly with hearing impaired persons, even
9 then 45 percent have no special classes
10 for hearing impaired students with teachers
11 who can communicate directly with those
12 students, have no paid note takers, and
13 provide no direct speech and hearing
14 services.

15 These data are considered
16 by those who pull them together to be
17 conservative, to say the least. That is,
18 the situation regarding reasonable
19 accommodations at the post-secondary level
20 should be considered worse than these data
21 suggest.

22 Also, a survey of the transfer
23 students at NTID from 1980 through 1984
24 suggests that these students were disappointed

1 in the support services they received
2 elsewhere, and they felt that the teachers
3 in many cases were insensitive to their
4 needs.

5 For example, the teacher
6 talked with his or her back to the class or
7 didn't make use of mediated materials and
8 so on.

9 These data are offered because
10 they are suggested and not because they are
11 absolutely accurate, and what they suggest
12 are the following things; one, there is
13 indeed a proliferation of secondary programs
14 for the hearing impaired which are not
15 quality programs.

16 Section 504 of the Vocational
17 Rehabilitation Act of 1973, with all of its
18 good intents, has played some tricks on us.

19 Its insistence that hearing
20 impaired persons who are otherwise qualified
21 for entry to any given post-secondary program
22 cannot be denied entry to the program has
23 led to a very interesting irony, that is,
24 any post-secondary program which is not

1 qualified for handling the special needs
2 for the reasonable accommodations for hearing
3 impaired students cannot at this point in
4 time be denied the right to admit those
5 students.

6 Thus many institutions are
7 giving it a try and failing in the process,
8 because they do not provide the reasonable
9 accommodations that are needed.

10 Number two, the open or
11 liberal admissions policies of many colleges
12 and universities allow for many hearing
13 impaired persons to enter their doors who
14 are not truly qualified to be there, because
15 lo and behold, by policy, they cannot be
16 kept out.

17 This may be sheer folly in
18 light of the fact pointed out before that
19 inspite of at least 30 years of trying to
20 make it different, the average reading level
21 of secondary school leavers who are deaf is
22 still only at fourth grade.

23 Three, the propensity of
24 state agencies to force their vocational

1 rehabilitation counselors to insist that
2 their clients must remain in their home
3 states, and sometimes even in their near-home
4 community college, because it's less costly
5 for them to go to college, is most certainly
6 taking its toll on many young hearing
7 impaired people.

8 While Public Law 94142 clearly,
9 and Section 504 more subtly preached the
10 gospel of least restrictive environments or
11 least restrictive alternatives, many young
12 deaf people are unduly restricted from using
13 quality over mediocre programs, or for having
14 no choice, or from having any choice at all.

15 They are thereby denied an
16 important civil right, and today, there is
17 a second backlash becoming evident among
18 educators in particular against proliferation
19 of non-quality educational programs.

20 One other matter is worthy
21 of attention before this state-of-the-art
22 report is brought to a close.

23 The federally sponsored
24 training programs designed to train

1 interpreters for the hearing impaired are
2 not required to train their students to deal
3 with the interpreting needs of oral hearing
4 impaired adults who rely predominantly on
5 their speech reading skills rather than on
6 an understanding of sign language.

7 These programs should be
8 mandated to do so in order that the civil
9 rights regarding the interpreting needs of
10 a significant portion of our hearing
11 impaired population can be provided, since
12 it's becoming increasingly clear that oral
13 interpreters are often a reasonable
14 accommodation to the severely hard of hearing
15 as well as to the oral deaf community.

16 Thus we see that though the
17 United States is the most progressive
18 nation in the world in terms of what it
19 does for its hearing impaired population,
20 it still faces some significant problems
21 that beg for solution before it can brag
22 that it has provided for all the civil
23 rights of that population.

24 As a nation we have done well,

1 but we certainly can do much better.

2 Thank you.

3 CHAIRMAN SCHWARTZBERG: Thank you,
4 Dr. Castle, for that keynote presentation.

5 I note that I neglected to
6 provide a detailed introduction of
7 Dr. Castle's numerous qualifications. I
8 would simply have that inserted in the
9 record, since I doubt there is anyone here
10 present in this room who is unfamiliar with
11 him.

12 Let me now note that we have
13 been joined by a member of the Commission,
14 Dr. Robert Spencer.

15 Professor Spencer came in
16 during the keynote presentation.

17 What follows is a somewhat
18 different format, that is to say each of
19 those following Dr. Castle is to be held
20 to at least a ten-minute summary.

21 We recognize that will be
22 far less useful to those of you in the
23 audience than the presentation that you just
24 had, the members of the Commission, however,

1 have these detailed papers which are
2 available for examination, and we will in
3 those cases be moving primarily to questions
4 and answers.

5 Let me turn now to the
6 first of these, and the first is Dr. Dennis
7 Pappas.

8 I would like to ask Dr. Dennis
9 Pappas, and Dr. Judith Marlowe to please
10 come forward.

11 Dr. Pappas is Clinical
12 Professor with the Department of
13 otorhinolaryngology at the University of
14 Alabama School of Medicine, the University
15 of Alabama at Birmingham, and is President
16 of the Echo Foundation in Birmingham,
17 Alabama.

18 Dr. Pappas has provided us
19 with a paper on the medical aspects of early
20 identification of hearing loss and
21 appropriate follow-up of high risks and
22 registries.

23 Dr. Pappas?

24 DR. PAPPAS: Thank you, Mr. Schwartzberg,

1 members of your committee, ladies and
2 gentlemen.

3 It is indeed a pleasure to
4 be here to give this presentation today,
5 and this is a subject that has been of
6 great interest of mine for some 12 years,
7 and is greatly integrated into my practice.

8 Many of the diseases that
9 primarily affect children have been controlled
10 by legislative criteria for preventive
11 measures augmented by the dissemination of
12 educational information.

13 Hearing loss in children has
14 not been as fortunate. Yet statistics have
15 indicated that 1 in 700 to over 1 in 2,000
16 infants in a well nursery have a severe to
17 profound hearing loss.

18 These figures may not be as
19 impressive as some, but when compared with
20 the potentially devastating adversities
21 associated with this handicap, such as
22 speech and language retardation, loss of
23 education time, psychoneurological and
24 psychosocial handicaps, behavioral problems

1 and employment prejudices, the significance
2 of these statistics becomes more clearly
3 defined.

4 It must also be realized that
5 these statistics represent infants in well
6 nurseries, the prevalence of hearing loss
7 in neonatal intensive care units is more
8 impressive and represents approximately
9 2 percent of these new births.

10 Nevertheless, awareness of
11 the need for hearing screening as well as
12 the special educational needs of the hearing
13 impaired is still the exception rather than
14 the rule, and the development of a
15 philosophy of education and habilitation
16 for hearing impaired children has been slow
17 to progress.

18 The purpose of screening
19 for hearing is to detect a hearing loss
20 prior to the time that it becomes obvious.
21 Screening any disorder is a task that
22 should be accomplished rapidly, accurately,
23 economically and with little energy or resources
24 misspent pursuing normals.

1 Although no diagnostic
2 screening device will fulfil this criteria
3 completely, over the past decade programs
4 and procedures for screening the hearing
5 of newborns has been developed, modified
6 and improved.

7 Nevertheless, the fact is
8 that early identification programs continue
9 to be absent from most hospital nurseries.

10 If a hearing loss is
11 identified at birth and early habilitation
12 education instituted, such effects may be
13 diminished to the extent that the child can
14 realize a more normal role in society.

15 Therefore it's proper to
16 provide auditory screening early in life
17 of all children, and the first and only
18 opportunity to examine the entire infant
19 population is in the newborn nursery.

20 Without dispute, there is a
21 critical or sensitive learning period for
22 language development. To prevent compounding
23 the already complex problems inherent in a
24 hearing loss with additional and possibly

1 greater social educational and psychological
2 disadvantages, the diagnosis must be made
3 early in the child's life.

4 Now, there is one point
5 where this is very nicely done, and that's
6 at birth, where there is a captive audience;
7 however, there are children that develop
8 hearing losses during the first year of life,
9 and these, of course, will be missed with
10 the screening.

11 The next screening period
12 occurs typically at age four or five in the
13 nursery school, and maybe in the first grade.
14 The sensitivity then of the physician and
15 of the parents becomes of utmost importance
16 in identifying these hearing losses.

17 Such diagnosis as delayed
18 hereditary hearing loss and progressive
19 hearing loss of viruses, that tends to
20 cause this problem, are the ones that I am
21 speaking of.

22 There is one high risk factor
23 at this point, and that is of the mother
24 who brings this child into the physician

1 and says I think my child has a hearing loss,
2 we have found that she is right 25 percent
3 of the time. That's one out of four will have
4 a hearing loss.

5 The importance of
6 identifying the cause of a hearing loss,
7 in our eagerness placate the acute needs
8 of the newly diagnosed hearing impaired
9 child, we often overlook the significant
10 repercussions of the specific cause of
11 the hearing loss.

12 This knowledge should be
13 vigorously pursued, for it should open the
14 door to a wholeistic approach to
15 remediation and unharness the possibilities
16 of rehabilitative and medical intervention.

17 Clear examples of this would
18 be a case of congenital hereditary hearing
19 loss and one of hereditary delayed hearing
20 loss.

21 In the latter case that I
22 just previously mentioned, hearing acuity
23 is lost in the first year of life, and the
24 loss is progressive until the age of six

1 years.

2 Such children have normally
3 heard speech for the first six months of
4 their life. They may even have developed
5 words by the age of 10 to 12 months, only
6 to have their speech and language development
7 deteriorate thereafter because of the
8 progressive nature hearing loss.

9 These children benefit in
10 speech and language development in an
11 auditory verbal program.

12 Other examples of the
13 significance of knowing the cause of the
14 hearing loss of those due to meningitis,
15 which may require accelerated speech
16 language intervention and monthly audiological
17 monitoring because of their progressive
18 nature.

19 Those secondary decidua Menigo
20 virus or birth injury, both of which present
21 the possibility of brain damage and may
22 require specific habilitative processes,
23 and those associated with meningo dysplasia
24 in which the subsequent development of a

1 perilymphatic fistula should be recognized
2 knowledge of the cause of hearing loss gives
3 insight into the prognosis of associated
4 problems and habilitative and medical
5 management.

6 It can also be recognized that
7 the progression of a hearing loss can be
8 aborted in certain instances. These
9 diagnostic identifications are very
10 similar in the adult, it's just that the
11 cause is different, and I might add that in
12 reviewing and evaluating some 500 hearing
13 impaired children over the past six years,
14 that we have found that we can make the
15 diagnosis in 70 percent.

16 Of that 70 percent, we can
17 make the diagnosis with the history alone
18 in 60 percent, so in 10 percent the diagnosis
19 is made by special laboratory findings.

20 Of course, then in 30 percent
21 the diagnosis cannot be made, and therefore
22 we have to have a monitoring program for that
23 30 percent every three years for three times,
24 that is up until about age 9 to 12, where

1 some, and many other tests have been
2 introduced or repetition of tests will make
3 the diagnosis.

4 After identification,
5 amplification with hearing aids should be
6 provided immediately after the hearing loss
7 is identified and within two weeks after
8 identification the child and its family
9 should be initiated into a program of
10 habilitation that develops the child's
11 audiological speech and language skills.

12 The guidelines for amplification
13 in children are different from those of
14 adults.

15 It has been demonstrated that
16 even mild hearing losses can have an impact
17 on the development of speech, and more
18 importantly the development of oral language.

19 Consequently, the approach
20 to hearing aid assessment in children must
21 consider the speech language and vocal
22 factors in a systematic manner. The criteria
23 for the needs of amplification in a child
24 with sensorineural hearing loss are not

1 clearly defined, therefore each patient with
2 a mild hearing impairment must be individually
3 evaluated according to specific defects,
4 specific language disorders, and academic
5 performance.

6 In monitoring the child with
7 hearing aids, changes in the hearing levels
8 are commonly seen in children wearing
9 hearing aids. Some of the causes of these
10 deviations are faulty functioning of the
11 hearing aid, serositis media, additional
12 acquired causes, such as meningitis, viral
13 infections, etc., and the progression of the
14 hearing loss due to any ideology.

15 Failure to monitor the hearing
16 levels more than once a year is pure inertness.
17 Notwithstanding the possibility of
18 preventing an effectively -- or effectively
19 treating the cause of the progression of the
20 hearing loss and aborting its potential
21 damage, a mere 15 d.b. shift in the hearing
22 may mean the difference between hearing and
23 not hearing speech in children with mild to
24 severe hearing losses.

1 Educational programs must be in a position to
2 detect changes in hearing thresholds if
3 adequate amplification is to be provided
4 and parents and educators must be able to
5 recognize changes in aided hearing performances.

6 The hearing should be
7 objectively monitored with unaided and aided
8 audiograms every three months following
9 identification of the hearing loss.

10 During periods when the hearing
11 is unstable, weekly audiograms are
12 recommended. If the hearing remains stable
13 for three years, the period between monitorings
14 may be extended to every six months.

15 In all cases, these children
16 should be examined whenever a change in
17 speech performance is noted by the parents
18 or educators.

19 Often times the cause of
20 progression in the hearing loss cannot be
21 ascertained. Nevertheless, when one is
22 confronted with an aided child who manifests
23 a progression of his or her loss, the
24 function of the middle ear must be examined

1 especially for the presence of negative
2 pressure or fluid accumulation, additional
3 examination for medical causes of the
4 progression, including the hereditary
5 factor, viral origin of sensorineural hearing
6 loss and calcification of the cochlea
7 following meningitis, perilymphatic fistula
8 and otomyasthenia ear disease.

9 Should a progression in the
10 hearing loss be determined to be related to
11 the hearing aid usage, it should cause a
12 temporary threshold, and the hearing
13 threshold should improve with the removal
14 of the hearing aid.

15 In regard to cochlean implant,
16 discussion of the use of the cochlean implant
17 is best approached with judicious caution.

18 At the present time there is
19 not enough information available to
20 determine which device is best for which
21 patient, and this I'm referring to adults,
22 this is due at least in part to the nature
23 of the procedure, which does not take the
24 device availability for comparison studies,

1 in addition the long-range ramifications
2 are not yet ascertained.

3 Nevertheless, it should be
4 clear stated that a cochlean implant has
5 provided limited but significant benefits in
6 some adults, such as the ability to recognize
7 environmental sounds, and many of the
8 segmentals of speech.

9 The use of this procedure in
10 children is still considered experimental.

11 In any case, the cochlea
12 implant should be considered only when there
13 is no measurable improvement with the use of
14 a hearing aid or aids.

15 Amplification by aids still
16 gives the patient more benefit at the present
17 date cochlea implant, that is, when it's
18 indicated.

19 There is only a small
20 percent of children where the implant is
21 really indicated.

22 So, in conclusion, I'm
23 advocating two aspects of this presentation,
24 and that is the early identification,

1 especially at birth, where there is a captive
2 audience, and that is the best time to do
3 that.

4 The second is the two
5 monitorings, one should be medical, the
6 other one should be that of testing of
7 hearing and hearing aids, and the monitoring
8 of this is based on the diagnosis.

9 Thank you.

10 CHAIRMAN SCHWARTZBERG: Judith A.
11 Marlowe, who will give the next presentation,
12 is an audiologist whose private practice is
13 located in Winter Park, Florida.

14 Her memberships and
15 certifications include the American Speech
16 and Hearing Association, the American
17 Auditory Society, and the Alexander Graham
18 Bell Association, where she serves on the
19 Executive Committee of the International
20 Committee for Auditory Verbal Communication.

21 She has developed audiology
22 services in a variety of settings, including
23 hospitals, medical offices, nursing homes
24 and schools.

1 In 1983, she designed and
2 implemented a unique Infant Hearing Assessment
3 Program in cooperation with the Infant Hearing
4 Foundation and the Telephone Pioneers of
5 America, which has served as a model for
6 additional screening sites.

7 She is the editor of a
8 monograph The Evaluation and Mangement of
9 Communication Disorders in Infants, 1982,
10 a contributor to the volume Hearing Disorders,
11 1984, and is currently completing a text
12 book on the auditory verbal approach to
13 communication development which is to be
14 published in 1987.

15 Dr. Judith A. Marlowe.

16 DR. MARLOWE: Thank you, Mr. Schwartzberg
17 and members of the panel.

18 It is a privilege to appear
19 before you this morning to discuss an issue
20 in which I've developed a very keen interest
21 over the 15 years that I have been practicing
22 audiology.

23 As is always the case, in
24 appearing on a panel of this nature, much

1 basic information is repeated again and
2 again, and I know you have heard much of it,
3 so with the kind permission of the panel,
4 I will depart from merely summarizing the
5 paper with which they were provided to offer
6 hopefully some additional insight without
7 the danger of repeating what has already
8 been so well stated by my preceding speakers.

9 I quite agree with the words
10 of my colleague, Dr. Pappas, on the
11 importance of early detection, and I think
12 that among those of us who are in the field
13 of hearing impairment, regardless of our
14 particular persuasions with regard to
15 educational methodologies, we are all in
16 favor of early detection.

17 However, when we discuss the
18 populations that we should be regarding for
19 this purpose, I think we must make a
20 distinction.

21 True, there is a population
22 considered at highest risk for hearing loss,
23 and the first steps have been taken in at
24 least 17 states across this country to

1 address their needs, early and hopefully
2 adequately.

3 But I'm concerned about
4 another group of people, I am concerned about
5 a group of people who are perhaps not in
6 high risk for hearing loss, but who are at
7 highest risk for the lack of detection, and
8 that is the 30 percent of the hearing
9 impaired population who present to us
10 without associated medical factors at the
11 time of birth.

12 There can be little argument
13 that the idea of testing of the newborn
14 nurseries across this land is an idea whose
15 time has come. A very important pioneer
16 in the field, Marianne Downs, has recently
17 authored a publication in which she states
18 that for the future it is imperative that
19 every baby be screened for hearing loss,
20 but this presupposes a very significant
21 change in attitude for all of us, and that
22 is this; while there is some evidence for
23 the fact that screening of newborns for
24 hearing impairment meets all of the criteria

1 for the public mandated disease screenings
2 that we conduct, would it not be a wise
3 thought for us to consider for a moment
4 moving the concept of hearing screening
5 into the area of wellness.

6 Now, wellness is the buzz
7 word of today's age. We are very keen on
8 the idea of wholeness, wholeism and wellness
9 programs abound in hospitals around this
10 country.

11 If we are to advance in the
12 process of human development, is it not
13 appropriate to regard hearing because of
14 its reciprocal role in cognitive verbal
15 and social skill development as one of
16 the foundations for wellness, and to address
17 in that context.

18 So, I would offer the modest
19 proposal that we not restrict ourselves to
20 mere consideration of the high risk or
21 medically involved population in the
22 nursery, but that we expand our horizons
23 and expand them rapidly to include the
24 entire population.

1 After all, we take
2 temperatures and we perform hematocrits on
3 every baby born. We are exploring babies
4 born for conditions such as PKU,
5 phenylketonuria, yet the incidents of
6 these disorders is far less common than that
7 of hearing loss.

8 Now, I do not merely make
9 an idle suggestion that we do so. My
10 appearance before you today, I'm sure,
11 is prompted by the fact that I know where
12 of I speak, because for the past three
13 years I have had the privilege of
14 organizing and directing a program which
15 accomplished just that, a program which
16 routinely screen the hearing of every
17 baby born in a particular hospital
18 nursery, a small beginning admittedly, but
19 a beginning nonetheless.

20 In this program we have made
21 some interesting observations, we have
22 observed that screening in and of itself is
23 not sufficient. There must be a multi-pronged
24 approach.

1 There must be considerable
2 public and physician education that infants
3 can indeed be screened. One of the most
4 common reasons for failure to investigate
5 hearing early in infancy is the simple and
6 unfortunate belief that infants still cannot
7 be tested, despite the availability of
8 advanced technology and computerized testing
9 techniques.

10 Secondly, there is a need
11 for prenatal education, the concept of
12 parents education is a social change which
13 has taken over in this country.

14 Included in that information
15 when we educate parents regarding the
16 developmental milestones for which to look,
17 they can become expert reporters, and as
18 Dr. Pappas has pointed out quite rightfully,
19 they can serve as a very useful piece of
20 information for us in the period after the
21 infant has left the newborn nursery.

22 Beyond parental prenatal
23 education and physician education, public
24 education, we need to actually conduct a

1 screening which will enable us first of all
2 to target those babies who deserve to be
3 watched.

4 In our program we have
5 determined that of the more than 3,000
6 infants that we have successfully screened
7 during the past three years, 15 had problems
8 deserving of our attention.

9 It has long been suspected
10 that the incident estimates of one in every
11 750 or 1,000 well infants maybe in fact
12 conservative, because most early screening
13 techniques only address the severe to profound
14 hearing loss categories.

15 In our screening, we are
16 also screening for mild to moderate hearing
17 deficits, and therefore our yield is higher.

18 Moreover, we have found that
19 in a voluntary program such as ours, we
20 can achieve an 87 percent compliance rate
21 voluntary participation by 97 percent of
22 the families delivering in this hospital.

23 With the support of the
24 pediatrician who made this a standing order

1 in the nursery, hearing testing in the
2 nursery does not arouse parental anxiety,
3 it is viewed as a routine part of getting
4 a baby off to a healthy start in life, and
5 perhaps that is the orientation that we
6 most fervently seek in the future.

7 In addition to our efforts
8 in early screening, we are able to establish
9 a mechanism in order to follow these infants
10 during the early stages of their life, so
11 that we have not withdrawn our net after
12 casting it forth to catch them during the
13 initial period in the nursery.

14 We have found over the past
15 three years a surprising increase in referrals
16 among physicians in the community who,
17 because of their new awareness of the
18 possibilities of testing infants in the
19 nursery, are able to remember hearing when
20 they are conducting their evaluations and
21 are more willing to refer for testing since
22 they are now acutely aware of the fact that
23 newborns are successfully being tested.

24 Our yield in this program is

1 still under study. We are in the infancy
2 of our own work, and yet as we look at what
3 we have been able to accomplish by
4 presenting this as a part of a wellness
5 program, I think that it points in the
6 direction of what can be accomplished in
7 the future.

8 The idea of early identification
9 involves in the right of every parent to
10 know not merely whether the child is deaf,
11 but indeed to know does my child have
12 adequate hearing in order to complete the
13 course of development in education required
14 in order to become a contributing member
15 of society.

16 We know from our long
17 experience with delayed identification that
18 the effects of late diagnosis are far
19 reaching, that they are costly to the
20 national economy, that they leave behind
21 a history of devastation in terms of wasted
22 human resources.

23 Therefore the concept of
24 moving beyond early identification aimed

1 exclusively at the sick infant into the
2 well population offers us a golden opportunity,
3 an opportunity to monitor all citizens, to
4 look out for the civil rights of all
5 citizens in a more conscientious way than
6 we have ever been able to accomplish before.

7 The prospect of discovering
8 infants early in the nursery period when
9 we can inform the parent and begin a program
10 of adequate stimulation is one that has been
11 undertaken in 17 states across the country.

12 It is not, however, universally
13 undertaken. In fact, plans to offer testing
14 even routinely to those infants who are in
15 the level three nursery is not progressing
16 at a rapid rate.

17 What is needed is quite
18 clear, what is needed is a national mandate
19 stressing the importance of hearing
20 detection, setting in place programs that
21 will enable this to be carried out, but more
22 importantly, following up with early
23 intervention services in areas where early
24 intervention is not mandated until the age

1 of three.

2 The notion of identification
3 during the newborn period is a cruel hoax.
4 It simply implies that the problem has been
5 identified and will be treated well, when in
6 fact adequate services do not exist.

7 The ability to intervene to
8 move the youngster along the road to
9 development through a successful infancy
10 which will result in educational success,
11 economic independence, can be one that is
12 a realistic goal for all of us because of
13 innovative planning that is now available
14 to us, the mechanized instrumentation which
15 now allows observation by more minimally
16 trained individuals, thus reducing the
17 dependence upon highly specialized and
18 highly trained personnel.

19 All of these developments
20 are available to us if we will marshal our
21 forces and move ahead in this regard.

22 The prospect of discovering
23 infants, offering them the care that they
24 need, and following them so that they may

1 travel through childhood on the process to
2 becoming with good hearing is a possibility
3 now the models exist, and it is my fervent
4 hope that we will adopt this as a goal in
5 the future.

6 Thank you.

7 CHAIRMAN SCHWARTZBERG: At this point
8 we are going to take questions if there are
9 any, from the panel, addressed either to
10 Dr. Pappas or Dr. Marlowe.

11 Are there any questions from
12 the panel addressed to either of these two
13 speakers?

14 Yes, Mr. Ewing?

15 MR. EWING: Dr. Marlowe, in the program,
16 what has been the increased cost associated
17 with delivery and other things that the
18 screening has added to the hospital bill?

19 DR. PAPPAS: The cost of the screening
20 on the hospital bill in the design of our
21 program is \$25, which is the same cost as an
22 infant picture.

23 However, in our program, no
24 parent has ever been denied the test because

1 of inability to pay, and that is because the
2 program is designed to be staffed by
3 volunteers.

4 CHAIRMAN SCHWARTZBERG: Further questions
5 to either Dr. Pappas or Dr. Marlowe?

6 Dr. Spencer?

7 DR. SPENCER: I would like to ask a
8 related question, I would like to ask a
9 related question to the two panelists, what
10 is the impact of the cost containment efforts
11 in medical hospital services by major
12 carriers and medical care on what you want
13 to do for the hearing impaired as you now
14 see it?

15 I have noticed a reduction
16 in the depth of coverage and a reluctance
17 and concern on the part of some carriers
18 of certain kinds of very expensive care.

19 This would be a new dimension
20 in infant care, would it not, in these
21 services if it were to be universalized,
22 what is the impact of these cost containment
23 efforts on what you want to do?

24 DR. MARLOWE: I can state from our

1 experience in the past three years insurance
2 companies have not reduced their cost of
3 coverage because of this, this is only a
4 \$25 charge, which is less than a total and
5 direct bilirubin cost in our lab, which is
6 quite a common procedure.

7 So, we have not felt an
8 impact in terms of a reduction in insurance
9 coverage.

10 CHAIRMAN SCHWARTZBERG: Dr. Pappas,
11 would you like to comment?

12 DR. PAPPAS: Yes, that question is well
13 taken, because there has been a reduction in
14 the services that a carrier wants to cover,
15 and this has been one of the problems with
16 introducing a new test.

17 On the other hand, one cannot
18 really figure out, Mr. Spencer, how an
19 insurance carrier covers the cost of an
20 individual patient.

21 There are certain tasks that
22 are just thrown in, and there is not an
23 individual charge. In other words, the
24 carrier pays the hospital for a newborn X

1 amount and whatever is done is done.

2 So, on the other hand, it
3 may not be a problem.

4 DR. SPENCER: Thank you.

5 MR. EWING: I have an additional question.
6 It has to do with the concern of the medical
7 community as to malpractice and recognizing
8 that lawsuits can be brought up to age 21
9 by individuals.

10 Have you observed any
11 expressions from the medical community about
12 the benefits of protection through the
13 early screening as to whether or not there
14 may have been malpractice, or has there been
15 a reluctance to gather this additional
16 information which may add earlier to a
17 malpractice claim?

18 DR. MARLOWE: This is an interesting
19 question which, quite honestly, in designing
20 this program I expected to be a major
21 stumbling block in the establishment of
22 early screening.

23 However, I found that the
24 question arose primarily among the

1 obstetricians and gynecology staff who did
2 express some concern about the identification
3 of any condition which could implicate
4 their behavior during the delivery process.

5 This was overcome by obtaining
6 information regarding other screening
7 programs around the country and a judicial
8 review indicated at that time, which was
9 1983, that the majority of lawsuits filed
10 involved delays in diagnosis rather than
11 early and prompt diagnosis, and from that
12 information it became then a more positive
13 type of idea to the obstetricians.

14 DR. PAPPAS: Yes, I will agree with
15 Judith's answer, and I just want to interject
16 one other, because this is a very good
17 question.

18 One of the problems that we
19 are having, especially in my state, with
20 the malpractice problem is that many of
21 the obstetricians are not doing obstetrics,
22 they are dropping out because of the risk
23 of having a suit, and this is really
24 becoming a problem for such a task as we are

1 considering here, because we really need
2 the input of the obstetrician in this.

3 I mean he is right there,
4 you see, and so I think it's in that respect
5 it's really a problem for us.

6 CHAIRMAN SCHWARTZBERG: Yet I assume
7 that failure to do the screening might well
8 produce even greater litigation at a later
9 point?

10 That may or may not be a
11 rhetorical question. I don't know.

12 Would either of you like to
13 comment on it?

14 DR. PAPPAS: Possibly. If it's not
15 being done, I guess you would say well, no
16 problem, and then it should be done it seems,
17 and a lot of this malpractice stuff doesn't
18 really make sense.

19 You may think I'm just saying
20 that, but it really doesn't. But at any
21 rate, it would seem that such a test would
22 be -- that would decrease such a risk should
23 be needed and should prevent a possible
24 suit, and that is if it's not done.

1 CHAIRMAN SCHWARTZBERG: I have a final
2 question from member Theresa Cummings.

3 MS. CUMMINGS: For either one of you,
4 would the informed consent, is this being
5 used in this position, this parent signing
6 for the child?

7 DR. MARLOWE: Yes.

8 MS. CUMMINGS: And the parents are
9 aware of the test?

10 DR. MARLOWE: Absolutely, they are
11 presented with a detailed explanation of
12 the test, and also given individual quotations
13 that show the test and the results, and
14 they are encouraged to participate.

15 If the parent declines the
16 procedure, the procedure is not offered
17 to the child.

18 CHAIRMAN SCHWARTZBERG: At this time,
19 in light of our time constraints, I'm going
20 to thank both Dr. Pappas and Dr. Marlowe.

21 At this time I would like to
22 call Dr. Daniel Ling.

23 Dr. Ling is Dean of the
24 faculty of Applied Health Sciences at the

1 University of Western Ontario, Canada,
2 and President of the Alexander Graham Bell
3 Association for the Deaf.

4 Any attempt to read a list
5 of Dr. Ling's publications would necessarily
6 be difficult, since he is the author of
7 over 200 publications relating to hearing
8 impairment, including several books on
9 the subject.

10 He has worked as an educator
11 of the hearing impaired in audiology and
12 speech pathology, and in research programs
13 in various universities.

14 His particular interests
15 are in early intervention and in speech and
16 spoken language development.

17 Dr. Ling.

18 DR. LING: Thank you, Mr. Schwartzberg,
19 members of the panel, ladies and gentlemen.

20 The instructions for
21 preparation of my paper were very clear,
22 they were to describe and briefly discuss
23 the three modes of communication used in
24 educational settings, the rights of children

1 to options involving those modes and settings,
2 and the third thing, the extent to which
3 current options cater sufficiently to the
4 needs of hearing impaired children.

5 Certain aspects of the topic
6 either have not been undertaken or have been
7 carried out only to yield equivocal results,
8 and an additional one is dealing with a
9 field that is changing and must continue to
10 change in response to the opportunities
11 afforded by burgeoning technology.

12 An example of this is that
13 many people a few years back would have
14 classified any child with a hearing loss
15 of over 70 d.b. as profoundly deaf.

16 Now, many people are querying
17 whether there is such a barrier at even
18 90 d.b. with current technologies.

19 First the mode of communication,
20 the three principal modes of communication
21 I was asked to deal with were oral spoken
22 language communication, total communication
23 sign language, plus speech and cued speech.

24 There are other methods, but

1 they are not in wide spread use.

2 The methods employed to
3 develop communication within these modes
4 and the various settings vary widely in
5 relation to the skills and philosophies
6 of the educators and the perceived needs
7 of children they serve.

8 Hearing impairment may be
9 present from birth or be acquired at a later
10 stage. It can range in severity from an
11 auditory defect so slight that its presence
12 can be noted only under certain adverse
13 conditions to a deficit so great that little
14 or no sound is ever perceived as such even
15 through the most powerful hearing aids
16 available, and because individual differences
17 similar to those found among normally hearing
18 children are also present among hearing
19 impaired children.

20 A variety of communication
21 modes and educational options are required
22 to meet hearing impaired children's needs.

23 No one method or collection
24 of methods can possibly cater for the needs

1 of all hearing impaired children.

2 Oral communication is employed
3 in settings where the primary goal is to
4 develop speech reception and speech production
5 skills that will permit children to acquire
6 the language of the country in which they
7 live to learn through the use of spoken
8 language in schools and to function later
9 as independent adults through the use of
10 speech communication in society at large.

11 Individual needs call for
12 various oral options. These include
13 auditory verbal education in which audition
14 alone without speech reading is used for
15 part of a child's training. Oral education
16 in which audition is used as the primary
17 channel in multi-sensory training and visual
18 oral training in which emphasis is on
19 speech reading again in multi-sensory
20 training.

21 The first option in my
22 view should be the first one. Not all
23 children who have been placed in oral
24 education settings have achieved intelligent

1 spoken language communication, and current
2 children whose progress in oral settings
3 has proven to be unsatisfactory are usually
4 transferred to total communication or
5 cued speech programs.

6 Total communication is taught
7 in settings where the primary goal is to
8 establish and develop communication by using
9 sign, manual sign language or all other means
10 of interacting with the child.

11 It has been defined by the
12 Conference of Executives of American Schools
13 for the Deaf as a philosophy incorporating
14 appropriate oral manual and oral modes of
15 communication in order to establish effective
16 communication with and among the hearing
17 impaired.

18 A secondary but major goal
19 of TC, total communication, is that hearing
20 impaired children should learn to use
21 English, and in particular to read and
22 to write it.

23 American sign language, ASL,
24 is a distinct language, hence it has inherent

1 potential to conflict with the learning of
2 English.

3 In attempts to avoid such
4 conflict, several sign systems have been
5 created. The purpose of these systems is
6 to preserve and extend what some consider
7 to be the essential similarities between
8 sign and English.

9 The theory is that sign
10 language presented simultaneously in
11 combination with spoken English will be
12 mutually reinforcing.

13 However, subsequent work
14 has not given unequivocal support to this
15 hypothesis, and in many cases has denied
16 it.

17 Cued speech was invented and
18 first reported by Coronet in '67. It was
19 designed to supplement speech reading by
20 using four hand positions and eight finger
21 configurations to differentiate speech patterns
22 that look alike, such as PBN, TDN, either
23 hand can be used to formulate the cues, all
24 of which were made close to the mouth of the

1 speaker.

2 The hand positions are used
3 to differentiate vowels and the finger
4 configurations consonents.

5 It can be employed to provide
6 totally deaf or near totally deaf children
7 with a more complete pattern of spoken
8 language than they would otherwise be
9 able to perceive.

10 The system is not difficult
11 to learn, an average person can become
12 completely familiar with the cues but not
13 fluent in their use in less than ten years.

14 It has been clearly demonstrated
15 that cued speech can permit this reception
16 of speech at extremely high levels of
17 accuracy. For their research on the system
18 is required, but probably more for logistics
19 than for theoretical reasons cued speech is
20 not yet in very wide spread use.

21 It is a viable alternative
22 to more widely accepted oral procedures,
23 an alternative to cochlean implant surgery,
24 and a realistic alternative to total

1 communication.

2 Cued speech is particularly
3 appropriate for those that cannot for some
4 reason be fitted with or benefit from a
5 hearing aid.

6 A cochlean implant or a
7 tactile device is an aid to special reading.
8 Educational settings, many different types
9 of educational settings exist to cater for
10 the wide variety of children who are hearing
11 impaired.

12 For the most part, the range
13 of settings is determined by the age of
14 the children, the type and degree of the
15 hearing impairment, the levels of their
16 communication skills and their educational
17 achievements.

18 However, other factors such
19 as the presence of additional handicaps
20 in the population, the geographic distribution
21 of cases, the existence or not of programs
22 for the detection of hearing impairment
23 fluctuations in the relatively low incidents
24 of hearing impairment funding considerations

1 and prevailing philosophies of educational
2 treatment all contribute to the provisions
3 or lack of provision of educational
4 settings.

5 Unfortunately, early
6 intervention options which are perhaps the
7 most useful way of starting a
8 child's career in education are not
9 available in all states across North America,
10 and early oral options are particularly
11 scarce.

12 I would now like to specify
13 a few of the rights that are listed in my
14 paper, just pull them out to state some
15 of these rights relating to communication
16 modes in educational settings.

17 I believe that hearing-impaired
18 children have a right to receive the services
19 and devices that are necessary to promote
20 optimal development and use of their
21 potential for speech reception and speech
22 production and the use of fluent spoken
23 language.

24 Next, parents have a right

1 to receive fully documented reports on the
2 hearing impairment of their children with
3 complete and impartial explanation of its
4 implications for the choice of their
5 children's mode of communication, and most
6 appropriate educational setting. Many
7 parents don't get that.

8 Three, hearing-impaired
9 children have a right to placement in the
10 educational settings that offer one and
11 only one of the three major modes of
12 communication from the time of diagnosis
13 throughout school life.

14 I want to point out that
15 oral education is not provided as part of
16 total communication.

17 Oral education requires the
18 sole use of oral methods.

19 Four, children have a right
20 to receive instruction in educational
21 settings that most effectively develop the
22 modes of communication chosen for the child
23 by the parents.

24 Five, no child who has the

1 potential to learn how to communicate
2 fluently through speech should be denied the
3 right to achieve that potential.

4 Six, each hearing-impaired
5 child has a right to achieve educational
6 and communicational skills at an optimal
7 rate.

8 Seven, hearing-impaired
9 children have a right to an on-going review
10 of their performance with regard to the
11 suitability of the chosen communication
12 mode and educational setting.

13 Eight, hearing-impaired
14 children have a right to be taught by
15 educators who are adequately prepared for
16 the task.

17 Nine, parents have a right
18 to choose the type of education for their
19 children that best suits their own
20 philosophies and the children's needs as
21 they, the parents, perceive them.

22 Rights relating to educational
23 options.

24 Parents of your hearing-impaired

1 children have a right of access to parent-
2 infant programs which they can learn to
3 serve as the primary agent in the habilitation
4 process.

5 Secondly, under this
6 heading, parents who are unable for whatever
7 reason to participate in early habilitation
8 programs as the primary agents of
9 intervention have a right to expect child-
10 oriented programs to be available for the
11 hearing-impaired children.

12 Next, hearing-impaired
13 children have the right to be placed in
14 settings that offer communication modes
15 and education appropriate to the type and
16 degree of their hearing impairment.

17 On the other hand, next,
18 children have a right not to be assigned
19 to a particular education setting simply
20 on the basis of their hearing levels.

21 There are many, many children
22 who are quite capable of speaking orally,
23 learning without a great deal of intervention,
24 who are currently in a special state school

1 for the deaf which is, I think, teaching
2 potentially hearing children to be deaf
3 adults.

4 Children have a right to
5 and therefore not to be assigned to those
6 sort of settings.

7 Hearing-impaired children,
8 lastly, attending regular schools as integrated
9 pupils have a right to such support services
10 as are necessary to maintain their optimal
11 performance in those settings.

12 One thing I want to end on,
13 and it is a statement that I think we must
14 bear in mind, hearing-impaired childrens'
15 access to a full range of options, educational
16 settings and communication modes is unduly
17 restricted in many and probably most
18 regions in North America.

19 CHAIRMAN SCHWARTZBERG: Thank you,
20 Dr. Ling.

21 Questions from the panel?

22 MR. EWING: Do you have any information --
23 I'm sorry, we often hear of what services
24 are needed and the type of trained people

1 who should deliver those services.

2 Do you have any information
3 as to the numbers of trained people currently
4 available to deliver the kind and quality
5 of services that you are concerned about?

6 DR. LING: I would like to reply,
7 Mr. Ewing, by reinforcing what Dr. Castle
8 has said, that we really need to review
9 thoroughly the type of training that people
10 receive in these areas, because in the
11 American Speech and Hearing Association,
12 there are two faculties, one speech
13 pathologist, speech language pathology,
14 the other audiology.

15 There is no oral habilitation
16 section in ASHA. There is a Council on
17 Education of the Deaf, who have, with the
18 knowledge of various of our people, produced
19 new guidelines for the education of people,
20 but there is still a great gap in the provision
21 of university programs that can in fact
22 provide the necessary training in oral
23 habilitation.

24 So, we are really short on

1 educational settings at the university
2 level, that will provide the field with
3 adequately trained personnel.

4 MR. EWING: As a follow-up question,
5 would you favor this need being met through
6 maybe a concept of -- because normally
7 teachers come into these public school
8 districts on a fixed salary level, but where
9 we have shortages, and it has this impact
10 upon the future of children, would you favor
11 maybe a different salary schedule to bring
12 in the qualified people that are needed
13 to provide these skills?

14 DR. LING: In many other communities
15 across the world, which has in fact been
16 found to be essential, and I would certainly
17 support that notion.

18 CHIARMAN SCHWARTZBERG: A question from
19 Dr. Lucas.

20 DR. LUCAS: Dr. Ling, to what extent,
21 the various approaches to extend communications
22 skills to the deaf, are technical issues
23 on dealing with the hearing-impaired person
24 and to what extent or where is the limit of

1 what a social policy of the rights of the
2 hearing-impaired person has a limit, where
3 are the limits between those two areas,
4 the right of the person?

5 Is there such a thing as
6 a person's right to speak, how would you
7 define for us that limit?

8 DR. LING: What you are asking me to
9 do is define which side of the pair of
10 scissors cuts the paper? I think that you
11 have to look at the technical advances,
12 you have to look at all of the social and
13 legal issues and say that these somehow have
14 to be put together.

15 I don't think there is a
16 simple answer to your question.

17 CHAIRMAN SCHWARTZBERG: In other words,
18 as I gather, you are suggesting that what
19 the right is changes over time in light of
20 technological possibilities?

21 DR. LING: I think so. The advent,
22 for example, of cochlean implants of
23 wearable devices for allowing the child
24 to perceive speech through the skin, tactile

1 aids, these are recent developments.

2 Now a child and a parent has
3 a right to choose between those type of
4 devices, one, the cochlean implant invasive,
5 the other, tactile aid non-invasive, I
6 think there is a right of choice that just
7 didn't exist before.

8 CHAIRMAN SCHWARTZBERG: But you place
9 the choice itself in either parent or child
10 rather than in the state?

11 DR. LING: Most certainly. I really
12 do.

13 I think that the well-informed
14 parent has to make the choice, not only an
15 informed parent since the child can possibly
16 make a choice then the choice has to be there.

17 The major thing about choice,
18 and it is something that was spoken about
19 last night, is that there are no choices for
20 speech and spoken language communication
21 unless it's developed early in life.

22 The only time a hearing-impaired
23 child can choose what sort of communication
24 they can use is when speech communication has

1 already been established in early infancy,
2 because speech communication, effective
3 speech communication probably cannot be
4 learned after about age 11.

5 CHAIRMAN SCHWARTZBERG: And it was
6 suggested in some of the papers, as I gathered,
7 that unless certain activities occur within
8 the first six months of life there are
9 additional restrictions on choice which
10 occur later, so in that sense either the
11 state or the parent must, as I understand,
12 under this model, choose at that point?

13 DR. LING: Yes, Mr. Schwartzberg, the
14 choice has to be made early, because there is
15 a decremental performance in terms, right
16 away through life, it is an optimal period.
17 It is not a critical period in that first
18 six months of life.

19 I personally have taught
20 children who have no previous experience of
21 speech to speak very intelligently after
22 six, seven, even eight years of age.

23 However, it was harder to do
24 it, took longer to do, there is a definite

1 decrement in ability to learn spoken
2 language communication throughout childhood,
3 and so the choice must be made early.

4 CHAIRMAN SCHWARTZBERG: Let me seek
5 one clarification of that. You have talked
6 about decremental ability to learn.

7 Is there a limitation on the
8 eventual result which is depended upon
9 when the choice is made?

10 That is to say, if the choice
11 is not made in that early period, is the
12 result limited by the time of the choice?

13 DR. LING: Yes, I think the result has
14 to be limited by the time of choice.

15 I think that it's completely
16 outside the question after about age 11 if
17 the child hasn't got a substantial amount of
18 learning down, but the major point I think
19 to recognize is okay, that if when you are
20 teaching a child or when the child has left
21 without learning speech, it isn't that he's
22 learning, he's not learning to communicate,
23 he's learning to communicate by other means
24 that may be inimical to the later development

1 of good speech.

2 In other words, you are not
3 learning nothing, you are learning an
4 alternative.

5 CHAIRMAN SCHWARTZBERG: I'm really
6 looking for a different question.

7 DR. LING: Okay. Try me again.

8 CHAIRMAN SCHWARTZBERG: Let's assume that
9 a child is born who is a potential Nobel
10 Prize winner; is it realistic to assume that
11 that child will reach that potential if
12 the child does not have input within the
13 first year of life?

14 DR. LING: I would seriously doubt
15 whether the child could every achieve full
16 potential if the child didn't have good
17 input early in his life.

18 MS. CUMMINGS: Dr. Ling, have you
19 noticed any certain mode depending upon the
20 economic level of the family?

21 DR. LING: Yes, most certainly. There
22 are quite a number of demographic studies
23 published by Gallaudet College that show that
24 the various children certainly the ones in

1 lower economic socio-economic groups are
2 in fact more likely to be placed in state
3 schools, in sign language programs and not
4 to achieve optimal growth, yes, and socio-
5 economic conditions are a key determinant
6 of educational achievement.

7 MS. CUMMINGS: And the mode?

8 DR. LING: And the mode, yes, but it is
9 not necessarily so.

10 Early intervention with these
11 children who in lower socio-economic groups
12 could, I'm sure, result in far better
13 achievements on their part. It's just that
14 they are not available to them.

15 MS. CUMMINGS: Do you feel that with
16 medical costs and things as they are, that
17 the expense of some of those has a lot to
18 do with it?

19 DR. LING: It may well be, but that's
20 taking a very short-sided view, because the
21 cost of intervention with these children and
22 the results of getting them to be productive
23 citizens and self-supporting citizens at
24 a later stage is probably very much better

1 than looking for a whole group of adults
2 who are either a charge on the state,
3 unemployed, or not achieving and working
4 at an optimal potential.

5 MS. CUMMINGS: What I'm saying, if all
6 of the states would make that a requirement
7 to test the child early, then that possibly
8 could be avoided because apparently they
9 would know early.

10 DR. LING: That's right.

11 MS. CUMMINGS: But if that's not
12 included in part of the medical services
13 early as a requirement, then that child
14 could be excluded from testing?

15 DR. LING: That's right.

16 MS. CUMMINGS: And then we get to the
17 later clause, this is what I'm speaking to.

18 DR. LING: That's right, I agree.

19 CHAIRMAN SCHWARTZBERG: We have a
20 question from Dr. Lucas, and let me point
21 out to the remainder of the panel and to
22 Dr. Lucas I have promised that under all
23 circumstances Dr. Ling would be allowed to
24 leave at 10:30.

1 DR. LUCAS: Coming back to the ratio
2 of the civil rights of the deaf, we established
3 that this is a fluid, progressive thing,
4 what rights means in a particular case
5 according to technology and learning, how
6 would you suggest, is it a government task
7 to keep up-to-date of what these rights are,
8 how would you do that, to what extent is
9 government responsible at what government
10 level?

11 DR. LING: I think that what I tried
12 to point out is that some of these rights
13 changed as science and technology advances,
14 some of these rights are basic like the right
15 to learn, to learn to talk, the right of
16 parents to make decisions, and as time passes
17 and as technology has impact in the field,
18 I think it is through this type of forum
19 that we should in fact make people aware
20 and negotiate legislation to cover the type
21 of rights that develop and change along with
22 technology and time, and I must congratulate
23 you all on setting up this forum and holding
24 this forum as a very valuable procedure.

1 Thank you very much.

2 CHAIRMAN SCHWARTZBERG: Thank you,
3 Dr. Ling.

4 Our next speaker is Dr. Winifred
5 Northcott.

6 Dr. Winifred Northcott is a
7 past president of the Alexander Graham Bell
8 Association for the Deaf and the National
9 Council on Education of the Deaf.

10 She is a Fellow in the
11 American Speech-Language and Hearing
12 Association.

13 In May of 1986 the New York
14 League for the Hard of Hearing presented
15 her the Nitchie Award in Human Communications,
16 citing her contributions in helping hearing-
17 impaired children to function in the mainstream
18 of a hearing society and in training other
19 professionals to further this goal.

20 Dr. Northcott has international
21 recognition as a teacher, administrator,
22 teacher educator, author, lecturer and
23 consultant on family-oriented preprimary
24 auditory-verbal education and a systems

1 approach to the maintenance of support
2 services required for school-age children
3 in the mainstream.

4 A long-term consultant
5 for the deaf and hard of hearing in the
6 Minnesota Department of Education, she
7 was Director of the UNISTAPS Project for
8 hearing-impaired children, zero to four
9 years and their parents, one of five
10 projects validated for national dissemination
11 by the U.S. Office of Education under the
12 Handicapped Children's Early Education
13 Assistants Act.

14 Dr. Northcott is the daughter
15 of oral deaf parents, the late Dr. and Mrs.
16 Edwin Nies of New York City.

17 Her father, a graduate of
18 Lexington School for the Deaf, Gallaudet
19 College and the University of Pennsylvania
20 Dental School is cited in Deaf Heritage as
21 the first deaf dentist in the United States.

22 It is my great pleasure to
23 present Dr. Winifred Northcott.

24 DR. NORTHCOTT: Thank you, Mr. Schwartzberg,

1 for your very gracious introduction.

2 If I could be permitted to
3 add to Dr. Ling's presentation, I would say
4 that freedom of speech and freedom through
5 speech is still a fundamental human right,
6 and no where is there an asterisk that
7 says all but the deaf.

8 Blackson, a British jurist,
9 has said that any law reflecting the moral
10 sentiments of the people, and we need to look
11 at the climate in the mid 60's to early
12 70's prior to the enactment of landmark
13 legislation, it was a decade of civil rights
14 protection and action, a crescendo of
15 outrage by persons with disabilities.

16 Because of lack of equal
17 opportunity in the areas of education,
18 health services and government benefits,
19 and public school education was then
20 preparing said children and youth for
21 world citizenship.

22 Comfortable in dealing with
23 the diversity, the natural diversity in the
24 world and the pursuit of life-long learning

1 as an insurance for assimilation in the
2 world of work and pleasure.

3 In the 1960's on the primary
4 educational intervention for the hearing
5 impaired took the form of 12 demonstration
6 projects in a public school, hospital
7 setting speech and hearing center of public
8 schools and the retrieval materials which
9 you can read in any piece of literature
10 that the deaf children were learning to
11 listen and to hear in family-oriented
12 programs, support the parents and the
13 affected as well as the instructional aspects
14 of living with a hearing-impaired child,
15 full-time hearing aid usage, and 11 of the
16 12 projects had an auditory verbal approach
17 to natural language learning.

18 Group educational experience
19 was in regular nursery schools.

20 The basis for educational
21 programming during the elementary school
22 years was on the basis of what does the
23 child hear and what can he do. You literally
24 did not know who was becoming functionally

1 hard of hearing or functionally deaf.

2 The audiogram did not
3 indicate the prediction for success or a
4 lesser achievement.

5 So, parents began taking the
6 initiative as burgeoning numbers of hearing-
7 impaired children with severe and profound
8 losses were functioning as self-operative
9 learners, could speak, although imperfectly,
10 could express themselves and be understood.

11 They began putting many of
12 those children, their sons and daughters,
13 in regular classes. One regular class
14 teacher I knew said I'm willing to try him,
15 but I've never had a hearing-impaired child
16 before, and the mother said that makes two
17 of us. I never have either.

18 In more than half of 50 states
19 prior to 94142, changes in laws governing
20 public school operation made a commitment
21 to educate children with special needs in
22 settings as a part of and not separate and
23 apart from their non-handicapped peers whenever
24 possible.

1 So, the landmark legislation,
2 Congress was not acting and voting in
3 suspended isolation, there was a history of
4 this movement, the commitment of Congress
5 in the end, Congress voted a law writing in
6 not only for procedural safeguards governing
7 the process of determining educational
8 placement, but a philosophical text on
9 educational programs and service and the
10 terms were individualized educational
11 programs, parent-school partnership all the
12 way.

13 The stipulation was free and
14 appropriate education. 023 after
15 1979 was an option, it was not mandated.
16 It was an option if all others were served.

17 It required the state
18 Department of Education, the local education
19 agency to establish formal written procedures.

20 I want to read the heart of
21 the law again, although you know it.

22 *To assure that to the maximum
23 extent appropriate handicapped children,
24 including children in public or private

1 institutions or other care facilities, are
2 educated with children who are not
3 handicapped, and that special classes,
4 separate schooling or other removal of
5 handicapped children from the regular
6 educational environment occurs only when
7 the nature of the severity of the handicap
8 is such that education in regular classes
9 with the use of supplementary aids and
10 services cannot be achieved satisfactorily."

11 Section 504 was enacted,
12 supplementing the Rehabilitation Act of 1973
13 enacted in 1977 and its purpose was equal
14 opportunity under the law, the insurance
15 of it, the heart of it, again, "No otherwise
16 qualified handicapped individual may be
17 excluded from the participation and, denied
18 the benefits of or subjected to discrimination
19 under any program or activity receiving
20 federal financial assistance or under any
21 programs or activity conducted by any
22 executive agency or by the United State Postal
23 Service."

24 Part of the regulations dealt

1 exclusively with preschool, elementary and
2 secondary education, mandating auxiliary
3 aids, including interpreters, oral and
4 sign language.

5 So we come to the education
6 or All Handicapped Children Act of 1975,
7 Public Law 94142.

8 What is it, what is it not?
9 It mandates a variety of educational settings,
10 a variety of methods of instruction.

11 Assistant Secretary Madeline
12 Well of the Office of Special Education and
13 Rehabilitative Services in the U.S.

14 Department of Education talks about the
15 continuum of alternative placements, but
16 she speaks about saying that they are from
17 residential environment to less restrictive
18 environments.

19 Methodology in writings and
20 in statements, she has said, "remains the
21 possibility of the parents and the educational
22 system."

23 I note dryly that Assistant
24 Secretay Well refers to equal opportunities

1 for hearing impaired and deaf children, which
2 is incorrect.

3 As someone earlier mentioned,
4 hearing impaired is a generic term that
5 covers all hearing, persons with a significant
6 hearing loss. Deaf and hard of hearing is
7 correct. Deaf and hearing impaired is
8 incorrect.

9 The least restrictive
10 environment is the regular class placement,
11 the most restrictive is residential school
12 institution hospital setting.

13 By the law, by the manual,
14 Manual Ten, that was referred to, the listing
15 is regular placement resource schools
16 special placement special schools, both private
17 oral and public residential schools.

18 The heart of it is the annual
19 performance review assessment of an
20 individual child, the development of an
21 individual educational program for that
22 child by parent and staff at the local
23 school district level.

24 Procedural safeguards for

1 parents if they want to protest and move
2 into formal hearing of various sorts, then
3 within the school district or the courts,
4 but the responsibility lies with the local
5 educational agency of the child's residence
6 to program locally, including supplementary
7 services, academic tutors, speech therapists,
8 interpreters, at the secondary level, or
9 to contract with another district or agency
10 if required.

11 The rules say if not in a
12 neighborhood school in a regular classroom,
13 then it must be a program close to home as
14 possible approximate chronological age of
15 the classmates provision of maximum contact
16 with non-handicapped peers and non-academic
17 and extracurricular activities.

18 The monitoring, recently I'm
19 told by a friend in the State Department
20 of Education, a state department of education,
21 monitoring by federal office of special
22 education and rehabilitation service
23 representatives is the interest in the
24 process of informing parents of educational

1 alternatives. They are not as interested,
2 it's not a high priority that statistics of
3 the number of children integrated are
4 significant.

5 So, what are the implications
6 for deaf children? The teacher of the
7 deaf no longer owns the deaf child.

8 The principal of the school
9 and the state where I was the state
10 consultant in the department of education
11 for many years when I said are there
12 a few children I could help you move back
13 into local school districts, this was in
14 the mid '60s, he said what, take our
15 successes away from us?

16 The least restricted
17 environment by law and Manual Ten is "maximum
18 appropriate interaction with non-handicapped
19 children."

20 Assistant Secretary Well in
21 personal correspondence wrote "The goal is
22 to see that all special education children
23 are educated in regular classrooms with all
24 necessary related services, including resource

1 rooms."

2 We may not realize it in this
3 decade, but the significance of the next
4 statement is really the heart of what I'm
5 saying.

6 The least restrictive
7 environment for an individual child,
8 according to his individual educational
9 programs can be any setting in the continuum.
10 It may be a resource room. It may be a
11 public or private residential school.

12 The individual needs dictate
13 the setting that will be competitive and
14 motivate learning for that single child.
15 The mode of communication is the parents'
16 choice.

17 Earlier you have heard the
18 statement, the tragic statement so few
19 parents know of their options.

20 In my judgment, in my
21 specialized interest in an auditory verbal
22 teacher's approach to language learning, so
23 few parents know of their right to expect
24 for their own child an auditory oral approach

1 if that is there wish.

2 The court decisions indicate,
3 to date, that the needs of an oral child
4 cannot be met in a classroom taught by the
5 simultaneous method, finger spelling
6 signs and speech under the philosophy of
7 total communication.

8 The practical result is you
9 find cooperative school districts, you find
10 realization of services, you find two track
11 programs, and if you find an intact good
12 parent school organization, you find parents
13 fighting for the right to maintain both of
14 those options, the auditory verbal track
15 and total communication philosophy under
16 the simultaneous method track.

17 We need to look a moment at
18 the data about total communication.

19 The term was coined in 1967
20 by Roy Holcum, a teacher and a deaf man.
21 It became visible in 1971, it was first
22 reported nationally, internationally, rather,
23 at the Congress on Education of the Deaf
24 held in Tokyo in 1975.

1 The earlier studies were
2 invalid in the sense that there was no
3 truly oral group as a control group, because
4 they were all conducted in public
5 residential schools.

6 The median meeting reading
7 level of those today leaving school not in
8 integrated secondary programs but in
9 residential, from public residential schools
10 and special classes is 3.5 years.

11 Dr. Hilda Schlessinger in
12 Luderman's book of perspective on deafness,
13 1986 "recent studies on tv with this myriad
14 of definitions and as presently carried out
15 have not shown the desired effects on large
16 schools and the distinguished research,"
17 Quigley & Paul in 1984 made the same statement.

18 The philosophy is translated
19 into educational practice seems to be a
20 deterrent to the active use of residual
21 hearing.

22 Full-time hearing aid usage
23 is insufficiently stressed, according to
24 Ross & Calvert in '84, and Luderman & Chase

1 in '81.

2 Connor & Calvert in their
3 studies, in examination, indicate that
4 speech development was neglected and language
5 development was advocated.

6 The basic problem here is
7 one that has been described through the
8 extensive questionnaire given out by
9 Gallaudet Research Institute for parents
10 and children in a variety of education
11 settings who use the simultaneous method
12 that literally parents, teachers and
13 children, by their responses, do not use
14 additive amounts of speech and signs at
15 the same time.

16 The way the monograph statement
17 goes, when the use of speech is high, the
18 use of signs is low. When the use of signs
19 is high, the use of speech is low, and this
20 is true in all interaction modes, the teacher
21 to child, the parent to child, and vice versa.

22 The oralness of the environment
23 makes the difference.

24 The characteristics of the

1 hearing-impaired children who are assimilated,
2 not just sitting there integrated but
3 assimilated in regular classes relates to
4 oral communication, personally and
5 linguistic competence according to Gale and
6 Plaser in 1980.

7 Deaf children incontestably
8 oral programs which are your private oral
9 schools, a distinction from the residential
10 state public school, early identification
11 and full-time hearing aid usage is a good
12 prediction for assimilation.

13 No inherent disability in
14 deaf children says Dr. Connor, but rather
15 a disability in their educational system
16 in many instances, the annual survey of
17 hearing impaired children in youth conducted
18 by Gallaudet College, speech intelligible
19 equates with speech usage directly, with
20 hearing aid usage, with school achievement,
21 with auditory oral habilitation in infancy
22 which is one of Dr. Ling's major points.

23 The issues we have to face
24 are very real in the future, first the issue

1 of methodology, what shall be the mother
2 tongue, the native language of the child.

3 Shall he or she think in
4 words or in signs?

5 We need to remember what
6 Gallaudet Research Institute's annual
7 survey has found, 91 percent of hearing-
8 impaired children have two hearing parents,
9 six percent have one hearing-impaired parent,
10 only three percent have two hearing-impaired
11 parents, some of whom are oral.

12 It's not a question of which
13 is better in the abstract. We move to the
14 particular. It's a matter of informing
15 parents, and that's difficult to do.

16 An infant program worth it's
17 salt needs to encourage and to literally
18 hand carry and help two parents to visit
19 every known program in the state, in the
20 area, to make informed judgments.

21 No one method is better than
22 another, an orderly progression, the first
23 option has to be available to all families
24 who want it. An auditory oral approach to

1 language learning.

2 It's not available in most
3 parts of the country, in the average public
4 school setting. What can they hear, what can
5 they do is a function of infant and preschool
6 intervention programs.

7 Distortion of speech is no
8 problem to the profoundly deaf child. He
9 has never heard perfect speech.

10 We need a new data base. We
11 critically need a source of information about
12 how children in regular classes part and
13 full-time are doing.

14 The annual surveys out of
15 Gallaudet College served a magnificent
16 purpose. It's purpose is somewhat diluted
17 at the present time, because it's source
18 are special classes and special schools.
19 They indicate the number of children
20 mainstreamed from the schools and special
21 classes, public, residential schools is
22 declining.

23 The number of children
24 mainstreamed from those settings, it shows

1 94142 is working via the IEP to a pretty
2 good extent.

3 There is need for mandated
4 surveys within each state of the number of
5 hearing impaired children in part or full-
6 time regular classes, and that the information
7 go automatically up to the U.S. Department
8 of Education.

9 So, we can have the subject's
10 potential subjects for data base studies.

11 Secondly, what shall be the
12 role -- or the third issue, what shall be
13 the role of the public, not the private,
14 the incontestibly oral private residence
15 schools, what about the role of the public
16 state residence school, the CEASD, Conference
17 of Executives of American Schools for the
18 Deaf, now called Conference of Administrators
19 Executives Serving the Deaf.

20 Their formal paper speaks
21 about the role of the public residence school,
22 that it is the least restrictive environment,
23 that it has highly trained personnel, it
24 can serve the important social emotional needs

1 of children.

2 It recommends that the
3 birth to three infant programs be located
4 in "sign language-oriented programs" in
5 these special schools.

6 They recommend that the
7 public residential school act as a state-
8 wide assessment center, the resource for
9 consultants services to the local educational
10 agency.

11 You need to be informed about
12 all formal position papers, Alexander Graham
13 Bell, CEASD, so that you can work in your
14 own community and region for the direction
15 that you want your local programs to go in.

16 Labels, when is a deaf child
17 not a deaf child? It's impossible to answer
18 today. Will the real deaf child please
19 stand, but why are we labeling programs as
20 programs for the deaf when those children
21 have one, two, three, four additional
22 educationally handicapping conditions.

23 CHAIRMAN SCHWARTZBERG: Let me, at the
24 risk of treating this presentation in a sort

1 of warning manner, I'm going to have to call
2 time at this point, at this particular point,
3 because I must advise the audience, I have
4 great difficulties worrying about exactly
5 how we get to our planned closing time, and
6 I am going to take the risk of cutting short
7 at this point what is an, of course,
8 obviously an extraordinary presentation by
9 Dr. Northcott.

10 Let me start, if I may, with
11 a question. Let me do this, I'm sorry.

12 DR. NORTHCOTT: I got it all in, it's
13 all right.

14 CHAIRMAN SCHWARTZBERG: Let me do this,
15 if I may. We are going to come back to
16 questions in a moment.

17 I would like to suggest two
18 things. There are one or two people standing
19 in the rear, there are some additional seats
20 in the front at my left, your right.

21 The second thing is I don't
22 know whether Mr. Brian McCartney is in the
23 room yet.

24 Is Dr. McCartney in the room?

1 Does anybody know?

2 Let me turn to the next
3 presenter. The next presenter is Dr. David
4 Conway.

5 Dr. Conway is an Assistant
6 Professor in the Department of Counseling
7 and Special Education in the University of
8 Nebraska, Omaha, also is Director of the
9 Education of the Hearing-impaired Teacher
10 Training Program at the University.

11 He received his doctorate in
12 special education for the University of
13 Cincinnati, Ohio in August, 1985.

14 Dr. Conway has spent five
15 years as an instructor and Assistant Professor
16 at Minot State College as a member of the
17 Education of Deaf program and as Director
18 of Services to parents, infants and
19 preschool children with impaired hearing.

20 He received his master's
21 degree in Education of the Deaf from the
22 Smith College-Clarke School for the deaf
23 Teacher Training Program.

24 He taught at Clarke School for

1 five years.

2 This month, Dr. Conway
3 begins a three-year term as Associate
4 Editor for the Volta Review.

5 He is a member of the
6 Nebraska Department of Education ad hoc
7 committee on Early Childhood Special
8 Education.

9 DR. CONWAY: Thank you, Mr. Schwartzberg,
10 members of the panel, ladies and gentlemen.

11 The question and indeed the
12 challenge of providing educational services
13 to our hearing-impaired children living
14 in rural areas presents a number of unique
15 and complex problems for government at all
16 levels, federal, state and local, for school
17 administrators, for educators, for parents
18 and for the hearing-impaired children
19 themselves.

20 If the source of the problems
21 could be summed up in one word, that word
22 would be diversity.

23 First, there is diversity in
24 the characteristics of rural areas. For as

1 Doris Helge, a leading researcher in rural
2 education, has pointed out, what constitutes
3 a rural area is not just a matter of low
4 population density and geographic features,
5 but also is dependent upon a multiplicity
6 of community and school district variances
7 as well.

8 Second, there is diversity
9 in the nature of hearing impairment and the
10 educational needs of hearing-impaired
11 children at all levels.

12 Thirdly, there is diversity
13 in the way educational services are provided
14 for hearing impaired children in rural
15 areas.

16 The primary purpose of my
17 presentation to this panel this morning is
18 to look at how services are or can be
19 provided to hearing-impaired children in
20 rural areas.

21 As much as we have to deal
22 with diversity, we also have to deal with
23 a lack of information in this particular
24 issue. Unfortunately, based on the

1 information available, it does not seem that
2 we are doing a particularly good job of
3 meeting the needs of hearing-impaired
4 children in rural areas.

5 Just two years ago, Knox made
6 the following observations based on his
7 study of 33 rural school districts' programs
8 for serving hearing-impaired children.

9 One, by and large, there is
10 very little activity in the area of
11 identification of hearing-impaired children,
12 severely impaired students tend to surface
13 without such identification procedures in
14 place, and therefore most of the local
15 services are directed towards this group
16 of youngsters.

17 From this, one is led to
18 conclude that large numbers of children
19 with less severe losses are unidentified
20 and thus unserved.

21 Two, there did not seem to
22 be many options available for serving
23 hearing-impaired students in rural areas.
24 Typically, the two choices of placement for

1 such a child are in the regular classroom
2 with or without support services, or placement
3 out of the district which, according to
4 Knox, usually meant in a public residential
5 school.

6 Three, services appear to be
7 more effective in terms of availability and
8 options when regionalized programs are
9 available, or when regional cooperative
10 arrangements between districts have been
11 entered into.

12 Four, educational personnel
13 who have been trained to work with hearing-
14 impaired students are an endangered species
15 in rural areas.

16 Five, in a typical rural
17 program, a speech clinician is likely to
18 be responsible for language development
19 programs and alternative methods of
20 communication.

21 Resource teachers and
22 regular education teachers shoulder the
23 responsibility for academic progress.

24 Six, one frequently has the

1 feeling that students with hearing
2 impairments have a low priority in many
3 of the districts.

4 It should be noted that the
5 programs on which these observations were
6 made were not confined to one section of
7 the country. This was taken from school
8 districts from the northeast to southeast
9 upper midwest, southwest and northwest areas
10 of the country.

11 The districts also operated
12 under different administrative alignments,
13 intermediate school districts, multi-county
14 cooperatives, county districts and local
15 school districts.

16 Despite the less than
17 encouraging observations of Knox, the picture
18 is not completely negative.

19 Effective programs that
20 can provide quality educational opportunities
21 for hearing-impaired children in rural areas
22 have been developed and are in operation.
23 Unfortunately, there is not a consistent
24 pattern of using programs, implementing

1 programs across states or even within
2 individual states.

3 At the infant level, zero
4 to three years of age, home-based models are
5 most prevalent. Such models often described
6 as parent-infant programs stress early
7 identification, early amplification and
8 early intervention.

9 Examples of such programs
10 are the Sky High, developed in Utah and
11 designed for serving specially hearing-
12 impaired infants in rural areas, and the
13 Portage Project, which first began in south
14 central Wisconsin.

15 At a preschool level, three
16 to five years of age, hearing-impaired students
17 enter into more formal school or center-based
18 learning settings. These can range from
19 classes at state or private residential
20 schools or satellite classes from these
21 schools, college or university affiliated
22 clinics, hospital programs, public schools,
23 within the public school system or are
24 contracted to private agencies, multi-agency

1 centers and diagnostic centers.

2 Some areas continue to use
3 home-based programming in conjunction with
4 center-based instruction at the preschool
5 level. Upon reaching kindergarten age and
6 continuing until graduation for school-
7 leaving age, hearing-impaired children
8 become a part of the more traditional
9 schooling process.

10 Educational options which
11 should exist, and I stress should because
12 these options do not always exist and not
13 all the options exist in any given area,
14 educational options which should exist for
15 these hearing-impaired students ought to
16 include regular classroom placement with
17 no support services if unneeded, but with
18 monitoring of progress, regular placement
19 with support services, including any or all
20 of the following; consultant-teacher of the
21 hearing impaired, speech language therapy,
22 ideological services, tutor, note taker,
23 peer tutors, interpreters, interpreter tutors,
24 psychological and counseling services and

1 team teaching, a resource room.

2 If categorical, the hearing-
3 impaired students would be placed with a
4 teacher of the hearing impaired for part of
5 the day and placed in a regular classroom for
6 the other part of the day.

7 If a generic resource room,
8 hearing-impaired students could spend part
9 of the day with a resource room teacher who
10 may or may not be trained in education of
11 hearing impaired, and with students with
12 other handicapping conditions, consulting
13 teacher services may or may not be available
14 on top of this.

15 Consultant itinerant services.
16 A teacher of the hearing impaired works with
17 local personnel to design educational plans
18 and monitor progress of the students.

19 The consultant or intinerant
20 teacher may or may not work with the
21 hearing-impaired students individually or
22 in small groups, depending on the arrangements
23 within the school districts.

24 Contained classrooms. Students

1 would spend the majority of the school day
2 in a self-contained setting with a teacher
3 of the hearing impaired, and with other
4 hearing-impaired children of similar
5 chronological age and abilities. Additional
6 support services can be added on to this.

7 Classes for the hearing
8 impaired may be housed in a public school
9 building with other regular classes, or may
10 be located in separate facilities.

11 Finally, residential school.
12 Placement is usually considered out of
13 district in a separate facility offering
14 24-hour care and programming.

15 Variation on any of these
16 options is possible. Districts may enter
17 into purchase of service agreements with
18 other districts to secure the services.

19 In some locals, foster living
20 or boarder programs have been initiated.

21 In these programs, the
22 hearing-impaired children who otherwise
23 would not be able to obtain needed services,
24 board with host families in districts or

1 areas which do have those services
2 available.

3 Mobil unites for consultant
4 itinerant teachers which contain
5 instructional materials, teacher resources,
6 diagnostic equipment, have been designed
7 and are being considered for use in some
8 rural areas to provide a traveling resource
9 center or mobil classroom for hearing-
10 impaired students.

11 The keys to unlocking
12 effective programming seem to be the
13 ability to design master plans at state,
14 regional and local levels, which recognize
15 the diverse needs of hearing-impaired
16 children and which have provisions for
17 an array of educational options.

18 This does not mean that
19 every school district must provide every
20 option, but that there needs to be some
21 plan for making these options available to
22 these students based on the individual needs
23 of those students.

24 Without a doubt, making such

1 an array of options available involves all
2 of those individuals that I mentioned at
3 the beginning.

4 At the government level there
5 may be a need for enabling or facilitating
6 legislation. There is a need for physical
7 support.

8 The administrative level,
9 there is a need for flexibility to be able
10 to engineer cooperative arrangements and
11 agreements between districts across school
12 boundaries, and perhaps even across state
13 boundaries.

14 There is a need for better-
15 trained teachers, both at a preservice
16 level and an in-service level, and not just
17 better training for teachers who will be
18 working directly with the hearing impaired,
19 but with all teachers who may come in
20 contact with handicapped children.

21 There needs to be continued
22 effort on the parts of parents and students
23 to seek the most suitable educational
24 opportunities for themselves.

1 The challenges of providing
2 effective education for hearing-impaired
3 students in rural areas remains.

4 The resources and the
5 strength to meet those challenges must come
6 from the continued and concentrated efforts
7 of all individuals interested in the needs
8 of the hearing impaired.

9 Thank you.

10 CHAIRMAN SCHWARTZBERG: Is Dr. McCartney
11 here? Is Dr. Brian McCartney here?

12 Let me at this time hold, if
13 I may, the questions for Dr. Northcott and
14 for Dr. Conway, and call the remainder of
15 those on the Right to an Education, we will
16 take up questions for the entire panel on
17 the Right to an Education.

18 Let me at this time call
19 Ms. Celia Warshawsky.

20 Oh, Brian McCartney is here.
21 Ms. Warshawsky, could I ask you to sit down
22 for a moment.

23 Dr. McCartney is here at
24 this point.

1 Dr. Brian McCartney was
2 born with a severe to profound hearing loss
3 and attended a day school for the deaf
4 until he was mainstreamed at the age of 10.

5 He attended a private school
6 for eight years and attended Susquehanna
7 University where he majored in Latin.

8 He continued his education
9 at Teachers College, Columbia University
10 where he earned two master's degrees and
11 his doctorate.

12 He has worked with hearing-
13 impaired individuals from infants to adults
14 and is currently the supervisor of secondary
15 education at the Human Resources School in
16 Albertson, New York.

17 The reason we have been
18 calling his name is the material that he
19 had indicated that he was not going to be
20 called until 11:00 o'clock, and we are
21 pleased that he is with us at this time.

22 Dr. Brian McCartney.

23 DR. McCARTNEY: Thank you very much.
24 I have never been introduced so quickly, I

1 have never timed my entrance so precisely.

2 I come in a rather awkward
3 position, not knowing what had been said
4 before I came, but I will delve right into
5 my subject, if I might.

6 The least restrictive
7 environment needs to be, in my opinion,
8 viewed from the viewpoint of those directly
9 involved with it.

10 It is recommended that it
11 be viewed from four different levels,
12 specifically, the level of the school
13 district personnel, the level of the direct
14 services personnel, the level of the parent
15 and the level of the hearing-impaired
16 individual.

17 On the level of the school
18 district personnel, each individual needs to
19 acquire a basic understanding of hearing
20 impairment and how it may affect an individual
21 life. They need to be updated periodically
22 on the developments in the field, and see
23 how they can apply to the hearing-impaired
24 population.

1 They should have professional
2 contact with an individual in the field of
3 education of the deaf who would be able to
4 provide explanation or an insight into
5 hearing impairment and its ramifications.

6 More importantly, the school
7 district personnel needs to see that the
8 hearing impaired that are individuals and
9 therefore may each require his or her
10 own educational program suited to meet his
11 or her own needs.

12 School district personnel
13 need to have a general knowledge of the
14 various programs their district has to offer
15 to determine what is available to the hearing-
16 impaired individual.

17 In addition, they should be
18 aware of those programs outside of their own
19 district which may be "the least restrictive
20 environment."

21 On the level of the district
22 services personnel, specifically teachers
23 and the various therapists, these individuals
24 need to possess the desire to work with the

1 hearing impaired. Whether they be certified
2 teachers of the deaf or certified subject
3 area teachers, they are presented with the
4 challenge of educating the hearing impaired
5 in a number of areas.

6 In addition to the subject
7 at hand, they assist the hearing impaired
8 in functioning in society to the fullest
9 extent possible, and assist society in
10 better understanding the hearing impaired.

11 Along with this willingness
12 to teach the hearing impaired direct services
13 personnel need to be aware and updated on
14 the various teaching techniques which may
15 benefit the hearing impaired.

16 Direct service personnel
17 need to be able to administer tests and
18 interpret test results so that the hearing
19 impaired may be appropriately compared to
20 their hearing counterparts, consideration and
21 explanation, to be given to further pinpoint
22 the strengths and/or weaknesses of the
23 hearing-impaired individual on a given test,
24 since these test results are often the

1 deciding factor in determining the
2 placement of a hearing-impaired individual.

3 The next level is the level
4 of the parent, and there are five stages
5 a parent goes through when they find out
6 that their child is hearing impaired.

7 These are, according to
8 Obgen and Lipschultz; shock, recognition,
9 denial, acknowledgement and constructive
10 action.

11 As the parents go through
12 these various stages, they learn that they
13 must in the end take on the responsibility
14 of educating and accepting their hearing-
15 impaired child.

16 They need to be realistic
17 about their plan for him or her.

18 They need to see that their
19 child faces an unusual challenge in life,
20 and that he or she will require a great
21 deal of support and understanding to do
22 the best job possible.

23 Being realistic also means
24 being flexible so that changes may be made

1 when necessary.

2 One least restrictive
3 environment may be perfect for a given
4 period of time, and then another may have
5 to be sought.

6 Communicating with all
7 persons involved with their hearing-impaired
8 child is probably one of the greatest
9 responsibilities of the parent of the
10 hearing impaired. They need to be
11 constantly in communication with a direct
12 service personnel to monitor their child's
13 progress and to create the best possible
14 learning environment.

15 They also need to be in
16 frequent contact with the school district
17 personnel so that they are always aware
18 of what is being done for and with their
19 hearing-impaired child.

20 They need to be in daily
21 communication with their hearing-impaired
22 child to see to it that he or she is doing
23 the best he or she is able.

24 This communication may provide

1 the parent and the child with a strong
2 common bond so that they may together face
3 the challenge of establishing the least
4 restrictive environment.

5 Lastly, the least restrictive
6 environment needs to be viewed on the level
7 of the hearing-impaired individual.
8 He or she needs to be aware of his or her
9 hearing impairment and the restrictions
10 it may place upon his or her life.

11 As the hearing-impaired
12 individual interacts more and more with
13 the world, he must face the obstacles placed
14 before him and decide upon ways to overcome
15 them.

16 One such obstacle for myself
17 was my inability to define many words in
18 the English language. I know my hearing
19 impairment prevented me from acquiring
20 language as my hearing counterparts, and
21 I still was determined to overcome this
22 somehow. My spirits were somewhat dampened
23 when I took the SAT to enter undergraduate
24 school.

1 The verbal was quite low,
2 and I honestly had no solution at the time.
3 Fortunately I was accepted at a fine
4 undergraduate school, and as I reviewed the
5 course offerings, I came across a solution,
6 Latin.

7 I majored in Latin, and what
8 a boost it was in my inability to deal with
9 the English language.

10 No matter what educational
11 setting the hearing-impaired individual
12 is placed in, he or she needs to participate
13 as much and as fully as possible in his
14 world. This participation will enable him
15 to grow to a wide variety of experience,
16 and he will be in a position to get the
17 most out of life if he is willing.

18 Perhaps one of the most
19 important areas the hearing-impaired individual
20 must focus on is the area I mentioned with
21 the other level, and that is communication.

22 The hearing-impaired
23 individual must communicate in order to get
24 the most out of his situation, whether it be

1 a given lesson with the teacher about an
2 event at a youth rally with some friends.

3 In communicating, the hearing-
4 impaired individual is providing the
5 teacher, the parent or the friend with
6 feedback regarding a given situation, and
7 is then opening himself up for encouragement.

8 According to Arthur Simon,
9 it is this encouragement that determines
10 the direction of the life of the hearing
11 impaired.

12 In conclusion, I would like
13 to say that the least restrictive environment
14 is, as pointed out, most difficult to
15 define in either words or interpretation.
16 It needs to be viewed on four different
17 levels, the level of the school district
18 personnel, the level of the direct services
19 personnel, the level of the parents, and the
20 level of the hearing impaired individual.

21 On each of these levels there
22 are a number of areas to be addressed, all
23 of which lead one to better define the least
24 restrictive environment.

1 The point which needs to
2 be stressed here is that the least restrictive
3 environment is different for each hearing-
4 impaired individual. All parties involved
5 in the selection of the least restrictive
6 environment should be flexible and open
7 as to what will best serve the needs of the
8 hearing-impaired individual at a particular
9 time.

10 Thank you very much.

11 CHAIRMAN SCHWARTZBERG: I am insistant
12 to our participants that they cut their
13 formal presentations down to ten minutes.
14 We have provided an almost impossible task.

15 There are two of us on
16 this panel who served as adjunct professors
17 of journalism, and at least one of them notes
18 your editing was utterly masterful.

19 Waht would the members of
20 the Commission like to begin with for any
21 of these three speakers? Yes, Preston Ewing?

22 MR. EWING: I believe it was Mr. Conway,
23 we talked about the reasonable time set for
24 the delivery of special education services.

1 MR. CONWAY: Yes.

2 MR. EWING: Recognizing under the
3 regional concept that we face a problem of
4 time and distance, but under the concept
5 of equal educational opportunity it may be
6 that for many of the hearing impaired the
7 length of the school day, in order to give
8 equal educational opportunity, has to be as
9 long as the length of the school day for
10 non-handicapped children.

11 What is your feeling on the
12 issue of the maximum amount of time that
13 should be spent en route to distant facilities
14 on a daily basis?

15 MR. CONWAY: I'm not quite sure how to
16 answer that one. Having had to ride buses
17 myself at times, a lot depends on the age
18 of the child, and also a lot depends upon
19 the topographical features that have to
20 be crossed in order to get the child to the
21 services available.

22 In some states and in some
23 locations that do have regional arrangements
24 where transportation is a problem, these are

1 the areas in which the foster living and
2 boarder programs have been initiated to
3 decrease that amount of travel time that's
4 involved.

5 The children come into the
6 district sometimes within 10 or 15 minutes
7 of the actual school that will be providing
8 the services, and board with a family in
9 that area, that is one option that's been
10 approached.

11 As to a maximum time limit,
12 I really can't say. 45 minutes to an hour
13 is a long time for a five or six-year old
14 to be on a bus.

15 It's also a long time for
16 a high school student to be on a bus.

17 MR. EWING: Have you found under the
18 regional concept that some school days have
19 been shortened because of the length of
20 transportation?

21 MR. CONWAY: To my knowledge, that has
22 happened in some programs, and in some
23 regional arrangements that has been
24 developed; however, there has been a backlash

1 of response to that based on the introductory
2 statements you made to your question that
3 needs to provide a school day that's as long
4 for the hearing-impaired student as it is
5 for regular students.

6 CHAIRMAN SCHWARTZBERG: Dr. Lucas?

7 DR. LUCAS: This question is for any
8 member of the panel, the civil rights of
9 the hearing-impaired person, we seem to have
10 established a change as the knowledge about
11 this handicap and the means to treat it
12 change.

13 Whose responsibility, and
14 specifically what governmental unit's
15 responsibility is it to continue to the
16 interpretation of the meaning of civil
17 rights for the hearing impaired in the face
18 of these changes?

19 DR. NORTHCOTT: Well, I think it
20 depends upon the monitoring team within
21 a state education agency, whether they are
22 brought into the U.S. Department of Education
23 periodically for an examination of the
24 drafts of Manual Ten which relate to the

1 implementation of Public Law 94142, the
2 monitoring at the state level is supplemented,
3 of course, by visits periodically from
4 OSERS, the Office of Special Education and
5 Rehabilitation Services, which means again
6 that the interpretation of the rules.

7 If those individuals are
8 advocates for a change related to something
9 that everybody can relate and have
10 information about, then it's fair game for
11 saying that the program that's initiated
12 within a district or coop or region is or
13 is not living up to the spirit of the law
14 and the spirit of the changes.

15 DR. LUCAS: If I may follow-up what we
16 would have here is somewhat of a conflict or
17 at least an interfacing of two areas of
18 responsibility of the government, one is
19 the civil rights, the securing of the basics
20 as defined, basic rights of the individual,
21 and the other the provision of services that
22 may or may not be a right to provide.

23 Am I hearing you say that in
24 this particular case these two elements of

1 law have to be cooperating because you seem
2 to assign to the group the rehabilitation
3 services, the task of defining not only the
4 services, but also the rights, how would you
5 limit the tasks of both groups of services?

6 DR. NORTHCOTT: Well, in my judgment,
7 since it's education, the primary responsibility
8 is within the state education agency, the
9 district receiving the service.

10 The adjunct and the
11 supplemental area of monitoring of civil
12 rights comes in the due process procedures.

13 It seems to me that it is more
14 of a formal registration of objection to
15 something that is being done locally or
16 regionally, but I'm not an expert, and I
17 don't think I can give you a better answer
18 than that.

19 CHAIRMAN SCHWARTZBERG: Further questions?
20 Any other member of the panel, or any one of
21 the three speakers who would like to comment
22 further on Dr. Lucas's question?

23 MR. CONWAY: If I could follow-up what
24 Dr. Northcott has said, the notion of the

1 interface between education and civil
2 rights has already been established and is
3 there when you look at Public Law 94142,
4 which deals with education, and in Section
5 504 of the Rehabilitation Act, which is
6 more civil rights legislation, yes, there
7 does have to be an interface and cooperation.

8 CHAIRMAN SCHWARTZBERG: Thank you.

9 Dr. Spencer?

10 DR. SPENCER: This question is addressed
11 to the teachers, I'm concerned, this might
12 be just off the wall for you, on the impact
13 of what is taught the child by the priorities
14 set in the classroom environment, and
15 elsewhere by the disability itself by
16 hearing impairment.

17 My own observation has been
18 that children who teach the handicapped,
19 teachers who teach the handicapped are better
20 educated and more dedicated to children and
21 their real needs than the usual run-of-the-
22 mill school teacher.

23 Does this also affect what
24 is taught and the quality of what is taught,

1 because I think at least some of these
2 children are denied the opportunity of
3 watching television seven hours a day,
4 which is what most American children have
5 thrown at them, but there should be an
6 advantage then in not having that exposure
7 to the tube.

8 You might even be able to
9 major in Latin in elementary school if you
10 could be denied those things, but what about
11 the quality of education they really get
12 because of this?

13 MR. CONWAY: Being both a former
14 teacher and still a teacher, and a teacher
15 trainer, there is some truth to what you
16 are saying, some valid points made there
17 that not everyone can be a teacher of the
18 hearing impaired or wants to be, nor should
19 they be.

20 The teachers that do enter
21 into the profession do seem to have some
22 special qualities which make them want to
23 be teachers of the hearing impaired.

24 Being a teacher trainer, I

1 also feel that we don't always do the best
2 we can do in preparing our teachers to go out
3 into the field and serve hearing-impaired
4 children.

5 Hopefully that self-doubt is
6 something that continues to make us evaluate
7 what we are doing, and hopefully continue
8 to improve the quality of teachers who are
9 able to provide to the profession and thus
10 the quality of education that's provided to
11 hearing-impaired children.

12 CHAIRMAN SCHWARTZBERG: At this point,
13 I'm going to suggest that we break off
14 questioning of the panel, since there may
15 be some overlap between this panel and the
16 panel which is to follow, if the three of
17 you would continue to make yourselves
18 available, it may be that we will want to
19 have you participate in some of the questions
20 addressed to the board following.

21 Thank you very much. I'm
22 sorry to the five who are to follow. Actually,
23 that may be six.

24 For everyone's general

1 background, I'm not at all certain that
2 we are going to complete the Right to
3 an Education this morning, and that may
4 well throw the Right to Education panels
5 over to the afternoon.

6 For that purpose, is Mr. J.B.
7 Davis here? Does anyone recognize Mr. J.B.
8 Davis, and is he here?

9 Mr. Davis is supposed to be
10 on at 3:00 o'clock. He had originally been
11 invited to give a paper on technology in
12 the work place.

13 The paper that has been
14 submitted by Mr. Davis would appear to more
15 clearly fall under the Right to an Education
16 category, and it may be that we will carry
17 that over first thing in the afternoon.

18 At this point I would like
19 to call on Ms. Celia Warshawsky, and at
20 the same time, Ms. Ellen Rhoades, Ms. Inez
21 Janger, Mr. Virginia Stern, and Mr. Bruce
22 Goldstein, would you come forward?

23 Celia Warshawsky has been
24 hearing impaired since birth, and she notes

1 that she has "more or less dedicated her
2 life to problems of hearing impairment."

3 Ms. Warshawsky received her
4 BA degree from Gallaudet College and undertook
5 additional course work at Northwestern
6 University and the University of Nebraska-
7 Lincoln.

8 She was the first hearing-
9 impaired teacher hired to teach in the
10 public schools in Illinois, and has been
11 honored many times for her devotion and
12 dedication to the disabled.

13 In 1983, she was named
14 "International Deaf Woman of the Year" by
15 Quota International, Inc. and "Frater of the
16 Year" by the National Fraternal Society
17 of the Deaf.

18 She was elected to the
19 NFSD Hall of Fame.

20 In addition, she was honored
21 by Illinois Parents of Hearing Impaired
22 at their 1985 State Day as "an outstanding
23 advocate for the educational rights of all
24 hearing-impaired children in Illinois."

1 In 1986, she was inducted
2 into the Hall of Fame of the National
3 Congress of Jewish Deaf.

4 She has served on the Task
5 Force for the Illinois HB 1814 and was
6 instrumental in the passage of that recent
7 Illinois Act which provides free
8 telecommunication devices for severely
9 hearing-impaired people in Illinois.

10 She is currently on the Board
11 of Directors of Chicago Hearing Society,
12 Advisory Board of the Department of
13 Rehabilitation Services, co-chairs the
14 Skokie Advisory Council on Disabilities,
15 the Advisory Council for Chicagoland Advocates
16 for Signed Theater, and is a member of the
17 Governors Executive Committee, Decade of
18 Persons with Disabilities.

19 She also serves as Educational
20 Specialist for the Illinois Association
21 of the Deaf.

22 Ms. Warshawsky.

23 MS. WARSHAWSKY: Thank you, Chairman,
24 members of the panel and ladies and gentlemen.

1 The topic assigned to me --
2 can you hear me?

3 The topic assigned to my
4 portion of the program is the rights of
5 the hearing-impaired child at the earliest
6 stages, including children from birth to
7 five years of age.

8 Before addressing the specific
9 age of the child, I would like to share with
10 you a list of rights of hearing-impaired
11 children of all ages.

12 The right to be myself, the
13 right to know his own name, the right to
14 communicate with his parents and receive
15 love and understanding from them, the right
16 to express myself in the manner in which I
17 feel, which he feels most secure, the right
18 to freedom from physical abuse, the right
19 to special care so my condition does not
20 become a handicap, the right to an
21 appropriate education for his individual
22 needs, the right to make his own decisions,
23 the right to choose his own friends, the
24 right to reach his full potential as a human

1 being and not equate the tension of a
2 "normal child."

3 I'm going to have to condense
4 my report, so I will just pick out selections.

5 The hearing-impaired child
6 in a hearing family is at a high risk for
7 communication deprivation and subsequent
8 problems which attach.

9 With proper counseling and
10 education with the family members, the
11 young hearing-impaired child is afforded
12 the opportunity to learn about the same
13 aspects of his environment that a hearing
14 child would pick up automatically.

15 More important, however,
16 is the opportunity provided through
17 communication to establish relationships
18 within the family. The implication of
19 this outline for today's program on rights
20 during early childhood is that the access
21 to the hearing-impaired baby's rights is
22 through a formal program, although a
23 formal program isn't necessarily equal.
24 In most cases the actual access to the young

1 hearing-impaired child's education is not
2 the formal program per se.

3 It is the child's development
4 of communication since the child's access
5 to education is through the development
6 of communication, competence, it is essential
7 for an early childhood program for the
8 hearing impaired to have a thorough
9 understanding of how the communication
10 process is established, reinforced, maintained,
11 expanded in all children.

12 Since the parent and child
13 play an equal role in developing the
14 communication, the parents' acceptance of
15 the child and comfort in relating to the
16 child is critical.

17 The first concern in the
18 effective parent-infant intervention program
19 is to help the family deal with the crisis
20 of having a hearing-impaired child.

21 Effective parent counseling
22 with other parents is a way to facilitate
23 exploration of feelings and strategies for
24 coping.

1 Much has been written about
2 the wording process that an association for
3 the child who is not meeting parental
4 expectations, it is important that the
5 process be recognized, acknowledged, allowed,
6 facilitated and/or understood.

7 A critical component in the
8 acceptance process is a growing understanding
9 of hearing impairment and the needs of
10 hearing-impaired people.

11 A way to promote this
12 understanding is through topics related to
13 parent education programs prior to preschool
14 years.

15 Parent counseling groups
16 may help remove parent feelings of
17 incompetence and loss of self-esteem upon
18 learning that the child is handicapped.

19 In a short period of time,
20 needs are introduced to family-infant
21 concepts. A formal education program will
22 enable the parents over a period of time to
23 integrate all this new information.

24 Up to this point I have

1 emphasized the parent avenues of parent-
2 infant intervention process, a comprehensive
3 educational program for children is
4 essential to a quality program.

5 In order for families to work
6 through the necessary emotional issues that
7 lead to acceptance of the child's hearing
8 impairment, the family members must have
9 confidence in this child's educational
10 program.

11 Optimal organization of
12 parent-infant programs with regard to the
13 children's needs would include individual
14 sessions with parents and children
15 together, as well as groups of children
16 working with a teacher without the parents.

17 While the children are
18 together the parents can have their
19 counseling and/or educational program with
20 the social worker and through a parent
21 educator.

22 Since peer interaction plays
23 an important part in the child's social
24 development and subsequent communication

1 development, peer facilitation and
2 reinforcements of communication is a
3 critical component of a quality early
4 intervention program for the hearing-
5 impaired child.

6 In Illinois the biggest
7 issue today regarding the rights of the
8 parent, infant and preschool hearing-impaired
9 children is what is currently happening
10 politically at the state and federal
11 levels.

12 Preschool education has been
13 a standard ingredient in public school and
14 private programs for hearing-impaired
15 children, however, public school programs
16 have not been mandated and are therefore
17 subject to severe budget cuts.

18 The programs that have survived
19 have proven themselves effective inspite of
20 the rigid budget cuts in the profession of
21 comprehensive services for family and
22 hearing-impaired children.

23 The state is currently studying
24 comprehensive programming for all handicapped

1 children and their families from birth to
2 five years of age. By January, 1989 the
3 information gathered from the early childhood
4 state plan grant and the pilot project
5 model sites will be compiled and the State
6 Board of Education, in a report to the
7 General Assembly, the intent of the current
8 effort to mandate birth to five-year programs
9 in the State of Illinois is potentially
10 beneficial to the hearing-impaired child and
11 his family.

12 The potential danger to the
13 hearing-impaired child with regard to the
14 upcoming mandate is that the program from
15 birth to five years will become
16 noncategorical, which means all handicapped
17 children will be placed together without
18 regard for their physical impairment.

19 Most other groups of
20 handicapped children speak and hear English
21 and therefore are part of the community and
22 culture of the hearing majority.

23 The mainstreaming of these
24 handicapped groups of children is chiefly

1 done by creating some physical access for
2 them to enter regular programs.

3 Physical access is not the
4 deaf child's problem, his problem is
5 understanding of the basic language
6 communication when one is placed in the
7 group.

8 The family of the hearing-
9 impaired infant and preschool child, as well
10 as the child himself, has the right to have
11 verbalized and comprehensive services
12 funding at an adequate level to meet the
13 specific needs of the population.

14 I would like to make some
15 recommendations, one, mandate for free public
16 and appropriate education from birth to five
17 years of age for hearing-impaired children.

18 Two, representation from the
19 deaf community on a state-wide task force in
20 decision making.

21 Three, insure through
22 certification requirements in-depth education
23 with all the components, early childhood
24 education, counseling and administration of

1 early childhood and so forth.

2 Four, disciplinary team
3 effort where all staff work together at
4 agencies such as medicals, social, emotional
5 and educational also work together and
6 on-going research and education in the
7 field of preschool education with focus on
8 which models work best and why, and how
9 deaf babies learn language.

10 CHAIRMAN SCHWARTZBERG: Now, turning
11 to the next speaker, who is Ms. Ellen Rhoades
12 out of Atlanta, California -- I'm sorry,
13 Atlanta, Georgia. I think really that might
14 well be a sign for us to stand up for about
15 ten seconds so at least the court reporter
16 can rest her fingers for that long.

17 (Whereupon a short recess was
18 had.)

19 CHAIRMAN SCHWARTZBERG: Ms. Ellen A.
20 Rhoades is the Founder and Executive Director
21 of Auditory Educational Clinic in Atlanta,
22 Georgia and has been such since 1977 to the
23 present.

24 She is Project writer/director

1 to the UNIsensory Project for HCEEP from
2 1980 to 1983, a member of the Board of
3 Directors of the A.G. Bell Association,
4 a member of the Executive Board of the
5 Auditory Verbal International, a member of
6 the Citizens Advisory Board for Southern
7 Bell Telephone.

8 She is Children's Rights
9 Coordinator of Georgia for A.G. Bell.

10 She has had public and
11 private teaching experience with oral deaf
12 children from infancy to 16 years of age,
13 and has congenital bilateral severe deafness
14 and a defined d.b.

15 At this point I would like to
16 call on Ellen A. Rhoades.

17 MS. RHOADES: Thank you, Honorable
18 Chairman and distinguished members of the
19 panel.

20 My topic is the rights of
21 hearing impaired children to early intervention.

22 The research basis for
23 early intervention is ample. There is no
24 doubt whatsoever that our efforts to improve

1 the lives of imperiled children and their
2 families is affected.

3 We have well known this since
4 the pioneering work of Skiles, Bloom, Hunt,
5 Kirk, Riekirk, Gray and Klauss.

6 It was these very pioneers
7 who in the 1930's and 1960's gave us such
8 data as the Iowa study and the working
9 project and the Prairie Preschool Project.

10 Because of them, early
11 intervention has been substantiated, we need
12 no longer defend nor should we the right of
13 early intervention.

14 In fact, it's no longer
15 debatable that the most successful federal
16 program of our generation has been and is the
17 Handicapped Children's Early Education Program,
18 or first-chance network.

19 To such federally funded
20 programs we know that handicapped children
21 reap immediate and long-term gains as does
22 our society.

23 Today the right question to
24 ask is how, how shall we better provide

1 early intervention and with what tools,
2 and focusing specifically on the hearing-
3 impaired child, the prenatal deaf child,
4 if you will. We need to review gathered
5 research.

6 The 1973 survey data, it
7 indicates that the typical deaf adolescent
8 has spent ten years within a self-contained
9 cell, be it a school or a class for the
10 hearing impaired, that this deaf person is
11 either functionally illiterate or had a
12 third-grade reading level, that he uses
13 sign language as a primary means of
14 communication, and does not have intelligent
15 speech, and finally, this costs the tax
16 payer between \$6,000 to \$15,000 per nine
17 months school year.

18 This survey data is based on
19 oral and manual deaf students identified
20 by schools for the deaf.

21 If we then review our survey
22 data of 20 years ago, specifically in 1964,
23 we shockingly observed no all-over improvements
24 for deaf children, yet we know early

1 intervention programs have been implemented
2 in the last 20 years.

3 Does this then mean that
4 the deaf child does not significantly
5 profit from early intervention? We all know
6 better than to ask such a question.

7 However, perhaps we need to
8 delve more deeply into the how of early
9 intervention. In 1947, most deaf children
10 did not use amplification, and when the
11 few did, it was for only a portion of each
12 day, however, a handful of clinicians or
13 teachers believed that the deaf could somehow
14 learn to hear.

15 One of them as a doctor who
16 put hearing aids on two and three-year old
17 deaf children. This experimental program,
18 federally funded, was first initiated the
19 practice of reverse mainstreaming, it
20 consisted of early amplification.

21 My brother and I were a part
22 of this three-year program. Short-term
23 results of that project were published in
24 a book entitled Deaf Children in a Hearing

1 World. We were two of twelve case studies.

2 Around the same time, also
3 in the '40s, in Pennsylvania and in New York
4 City and also in Denver, this approach was
5 being implemented to teach deaf children
6 basic listening skills. For a year these
7 teachers struggled along with the belief that
8 the deaf can hear. It had been considered
9 ridiculous in the '50s to, number one, try
10 putting hearing aids on babies, two, to try
11 and buy oral amplification, three, to deprive
12 deaf children of visual means of communication,
13 therefore dooming them to a life of
14 frustration, and four, to mainstream their
15 children into a hearing a world, and therefore
16 denying their deafness.

17 But their efforts were not
18 in vain. Ever so slowly, one by one, a few
19 more deaf children overcame their handicap
20 and learned to function at a hearing college.

21 A few more families were
22 helped, and many costly difficulties were
23 avoided, but more importantly, a slight
24 ripple effect began to occur among our

1 profession.

2 It began to include auditory
3 training as part of the curriculum in
4 the '60s and in the '70s, we began to see
5 a change in the terminology of teaching
6 methods.

7 Manual communication advocates
8 recognized their limitation, and the total
9 communication aspect was born.

10 Oral communication advocates
11 also recognized their own limitations, and
12 the auditory oral concept was born.

13 Auditory training had come
14 of age, but this was not enough. The survey
15 coming out of Gallaudet told us so.

16 The auditory verbal pioneers
17 recognized the dangers of auditory verbal
18 approaches being misinterpreted, so joined
19 together a network to advocate teaching and
20 hopefully to gain strength in numbers.

21 They founded the auditory
22 special committee, which is the special
23 committee of the A.G. Bell Association for
24 the Deaf.

1 This committee was and
2 remains committed to the right of every
3 hearing-impaired child to become a functional
4 member of our hearing society.

5 We are committed to the
6 provision of equal opportunity to the
7 first option of learning to listen. We do
8 not claim that every deaf child can learn
9 to listen well enough to use the telephone
10 without needing special education services.

11 We do claim, however, that
12 at least, at the very least, 50 percent of
13 our deaf children, if given the opportunity,
14 can become functionally part of hearing
15 and productive tax paying citizens.

16 We espouse the very basic
17 principles of one early consistent and
18 effectively powered amplification, two,
19 one-on-one individualized auditory verbal
20 communication training sessions, three,
21 parents are fully informed, on-going and
22 active partners, four, forming screening for
23 every preschooler, and five, a realistically
24 high expectation level that the young deaf

1 can hear.

2 These principles mean that
3 the deaf infant is trained every working
4 hour.

5 We focus on the infant learning
6 to listen, not reading. The pioneers
7 realized that auditory training cannot be
8 maximally effective if it is merely a
9 30-minute exercise.

10 In addition, the expectation
11 of hearing must be a way of life. Listening
12 schools must be integrated into the total
13 personality development of the deaf infant
14 if the deaf infant is to overcome his
15 deafness and become assimilated into our
16 regular education programs.

17 The studies we have on the
18 auditory verbal approach are unequivocal
19 in demonstrating that deaf children indeed
20 can learn to hear and understand.

21 We have normal auditory
22 educational scales, therefore we assess this
23 approach with the use of evaluation instruments
24 which have been normal and standardized with

1 the normal hearing population.

2 We feel the use of such
3 assessment is more likely to give an accurate
4 portrayal of achievement. We already know
5 that the deaf tend to fail rather badly.

6 Panek's study had demonstrated
7 that in a given year on 49 subjects, 95 percent
8 of those children developed auditory verbal
9 communication skills. 50 percent of these
10 children were successfully mainstreamed at
11 that time with those who were in special
12 education classes, also considered to be
13 multi-handicapped.

14 In a follow-up study of 422,
15 they found 85 percent still used speech as
16 a primary means of communication. 76 percent
17 were mainstream, 41 percent were multiply
18 handicapped. Of the 10 adults in this
19 study, 7 were college graduates, and all but
20 one were gainfully employed.

21 When the auditory educational
22 clinic was part of the first transnetwork
23 we saw 29 children on a weekly basis in
24 three years as typical of a small sample

1 size were too many assumptions being
2 violated, the resultant data was necessarily
3 descriptive in nature. Case studies did
4 indicate that the degree of deafness did not
5 determine the success or appropriateness of
6 the auditory verbal approach to the children.

7 We also were able to determine
8 that a cost \$3,000 to \$4,000 per a 12-month
9 school year over three to five preschool
10 year period to fully assimilate a deaf child
11 into a hearing environment. The tax
12 savings are tremendous.

13 Unfortunately, the number of
14 children being trained through the auditory
15 verbal approach are not yet legion.

16 We have small samples, we are
17 not accepted by the teaching profession at
18 large. We need to support higher education
19 programs which provide for the professional
20 training of auditory verbal clinicians, be
21 they teachers, speech technicians or
22 audiologists, because unfortunately we no
23 longer have any such appropriate clinicians
24 and training programs in this country.

1 Well, with our support and
2 our belief that the deaf children need not
3 go in silence, we will get larger samples,
4 and with the auditory verbal approach we can
5 indeed fulfil our primary reasons for early
6 intervention of deaf children. Once we can
7 enhance the child's development so that he
8 hears, we can provide support and assistance
9 to each preschool child's parents, and we can
10 enhance the child's and family's benefit to
11 society, and finally, we can avoid some or
12 all of the costly difficulties which accrue
13 when intervention is delayed.

14 Thank you.

15 CHAIRMAN SCHWARTZBERG: Thank you. The
16 next speaker is Ms. Inez Janger.

17 From 1961 to 1969, Inez Janger,
18 as a parent, chose to stay at home to raise
19 a family.

20 However, various activities,
21 such as the League of Women Voters and civic
22 advisory groups enhanced her skills in
23 community organization, public speaking and
24 lobbying.

1 From 1959 to 1961 she was
2 personnel supervisor for Crowell-Collier,
3 MacMillan, Inc. and Hayden Publishing Company,
4 and she secured her BS degree from Simmons
5 College, and MS from Cornell University as
6 a Candidate in Personnel Administration,
7 and additional work at Columbia University,
8 New York, graduate work in law, finance,
9 education and administration.

10 With Citibank, she completed
11 courses in compensation, staff relations,
12 EEO, Position Evaluation, Management Process,
13 Consulting Skills and Targeted Selection.

14 Therefore it is perhaps not
15 surprising that she became President of the
16 Board of Education, for Hastings-on-Hudson,
17 New York, where she served as a member from
18 1979 through 1985, as President from 1983 to
19 1985.

20 She is a member of the
21 Executive Committee of the International
22 Parents Organization of Alexander Graham
23 Bell Association for the Deaf and is Past
24 President of the New York State Parents of

1 Hearing-Impaired Children.

2 Ms. Inez Janger.

3 MS. JANGER: I have been asked today to
4 address specifically the elementary and
5 secondary school years.

6 I want to focus on the
7 educational decisions made for deaf and
8 hearing impaired or hearing-impaired
9 children, and how they could but often do
10 not comply with the current laws and the
11 rights of hearing-impaired children to
12 grow, communicate, live and work in the
13 hearing world.

14 You have heard much earlier
15 today about how research proves that it can
16 be done, and during the past few days here
17 at this convention we have seen the products
18 of education that allows this to happen.

19 A young, hard-of-hearing child
20 who has already begun to develop speech
21 at home is placed in a public school
22 kindergarten program out of district, self-
23 contained except for recess, using total
24 communication. Her parents are told that

1 nothing else is available, despite their
2 clear desire to have her develop speech and
3 liberating skills.

4 This child quickly begins
5 socializing with her deaf classmates and
6 drops all attempts to communicate orally
7 with the rest of the kids in school.

8 Oral language development
9 begins to decline noticeably at home. Another
10 child who lives, reads and speaks well is
11 mainstreamed in a regular class through
12 sixth grade, functions quite well at grade
13 level, and upon graduation to junior high
14 is placed in a self-contained class for
15 the deaf.

16 The school says he won't be
17 able to keep up because the school program
18 is now departmentalized and there is no
19 support for the regular academic teachers.

20 Or another version of the
21 same story, and I have heard this repeated
22 numerous times these past few days, a similar
23 child oral functions extremely well in the
24 mainstream, is placed in junior high school

1 in regular classes with a sign interpreter
2 and grouped with several other non-oral
3 students in academic classes, although there
4 has been no request for this nor was it
5 in his IEP, which is the prescriptive
6 vehicle for special services, supposedly,
7 according to the child's needs.

8 In each of these situations,
9 and I could go on and list many others, the
10 parents, however, were able to apply common
11 sense and political pressure and use the
12 IEP to bring about program changes and
13 services more consistent with their child's
14 needs.

15 They wouldn't accept
16 established patterns. They wouldn't accept
17 what the bureaucracy was telling them.

18 In the first case, the parent
19 convinced her local school board to place the
20 child in a regular kindergarten in her home
21 school, and to find an itinerant tutor to
22 work with the child.

23 The parent was able to show
24 that aid was available to this service, the

1 child did not have to be in a special class
2 in order to save the school district money.

3 Aid was available as long as
4 the IEP indicated it as a need for the child.

5 In addition, this parent
6 hires a private therapist to work with the
7 child.

8 In the next situation, the
9 parent continued to browbeat the local
10 placement committee to change the IEP to
11 allow regular classroom attendance with
12 appropriate subject matter tutoring and an
13 hour a day with special language therapy.
14 The IEP now indicates that all academic
15 subjects will be taught in regular classes
16 using regular school curriculum and support
17 will be provided by the regular classroom
18 teacher if requested.

19 Realistically, however, much
20 of this support has turned out to be provided
21 mainly by this practical, educated and
22 articulate parent, not by the school. The
23 child, who had a sign interpreter, succeeded
24 in getting placed in different sections of

1 the same class, and now uses voluntary
2 note takers and extra tutoring after school.

3 These in fact are all success
4 stories. These parents have succeeded in
5 breaking through the red tape, have been
6 highly articulate and quite sure of their
7 objectives.

8 They have been pushy and
9 bothersome, they have pulled heart strings,
10 they have cried, they pulled political
11 strings, and they have been well prepared,
12 much more knowledgeable than anyone else
13 involved about what their child really
14 needed.

15 One can wonder, in the face
16 of this, what the law, the new laws have
17 really changed. These kinds of parents have
18 always been able to beat the system with or
19 without IEPs, with personal and often financial
20 resources.

21 They have insured the rights
22 of their children, and we have seen many
23 examples again of these children in the
24 last few days here at the conference, but

1 what about the parents who can't do it, who
2 lack the energy, the money, the knowledge and
3 time to move bureaucracies they come up
4 against.

5 People who cannot educate the
6 uniformed bureacrats who cannot out maneuver
7 them or threaten legal action and then
8 deliver it when necessary. For parents
9 without resources, these same stories might
10 have ended like this, the five-year old hard
11 of hearing child who has been speaking at
12 home begins to perform as if she were
13 functionally deaf, unaccustomed to using
14 her considerable residual hearing and speech,
15 placed in an environment with limited oral
16 communication and lowered expectations for
17 language development.

18 The child performs as expected,
19 a star among the deafer kids, but far behind
20 her hearing peers.

21 The seventh grader who had been
22 successfully mainstreamed through sixth grade,
23 following the simplified curriculum of self-
24 contained class and does not have the

1 background to move back into the mainstream
2 eighth grade class, so he's mainstreamed into
3 a slower-moving class for kids with learning
4 problems, with non-categorical classes, I
5 guess the term is now, and unfortunately does
6 not get a chance to move back into the
7 mainstream.

8 . The other seventh grader
9 bans together with the non-oral kids, learns
10 sign and a subsection of the hearing class
11 if formed. All communication between the
12 deaf kids and the teacher is through the
13 interpreter. The teaching ends up being
14 done by the interpreter, not the subject
15 matter teacher.

16 In all these cases, the
17 schools use the individual education plan,
18 the IEP, to describe what was available,
19 not what the individual student needed.

20 The IEP became a uniform
21 curriculum and placement tool for any deaf
22 child rather than a plan for the unique needs
23 of the child at a particular point in time.

24 Much to my surprise, I have

1 learned these last few days that these
2 endings are in fact happening with increased
3 frequency to parents who one would have
4 thought, because of their determination,
5 could have moved the system, the bureaucracies
6 are becoming more entrenched in many places
7 in the United States.

8 What Mr. Regan had to say about
9 the hungry and the homeless in the United
10 States was also true for the hearing impaired
11 and their parents. The services are out
12 there to be had, but it takes a fair amount
13 of knowledge, drive and luck to make them
14 available for our children, more than it
15 should be, more than it should take in a
16 reasonably civilized society.

17 Given this situation, what
18 should we, as parents, be asking for?

19 There are no easy answers.
20 The task can be left to legal redress, which
21 is in fact where we are today, witness the
22 number of cases I have heard about the last
23 few days.

24 The laws exist, and it's up

1 to the parents to make them work. Of course,
2 that takes knowledge, resources, great
3 determination, and extracts an enormous
4 emotional toll on the whole family unit,
5 including the hearing-impaired child.

6 Moreover, it limits the
7 benefits of the law and services to the
8 very few, or there can be substantial
9 improvement in parent-child advocacy, I
10 believe, utterly professional and
11 nonpartisan.

12 All professionals having
13 contact with the child and parents must be
14 aware, must be mandated to help parents
15 become aware of options for oral skills
16 development for mainstreaming, and for a
17 variety of services which can and have been
18 used in the past to help children develop
19 their full potential.

20 There must be a public
21 awareness about options, services, about
22 the fact that hearing-impaired children can
23 learn to speak, live and read in the real
24 world, can go to hearing colleges, work in

1 major corporations, be lawyers and doctors,
2 be elected to public office.

3 Public information targeted
4 at the medical communities is also crucial.
5 It is, after all, the medical communities
6 where the first diagnostic contact is often
7 made.

8 The lack of knowledge for
9 the potential for speech, hearing and
10 language development often leads to careless
11 referrals and provision of limited information
12 or worse, misinformation, to parents.

13 When a pregnant woman goes
14 to her obstetrician, she is bombarded with
15 literature about babies, child rearing,
16 and preschool education, information about
17 services, options, potential information
18 about services, options and the potential
19 for speech reading, speech and lip reading,
20 and useful references should be readily
21 available at pediatricians, in the audiology
22 clinics, and hearing aid dealers offices,
23 parents should be bombarded with the
24 necessary information for deciding on methods,

1 programs, assistive devices, etc.

2 Who should provide this
3 public information, where are the advocates,
4 where is the funding, that's the question I
5 don't have the answer for, and I will leave
6 that to you.

7 Non-profit voluntary advocacy
8 agencies like A.G. Bell simply do not have
9 the resources, government-funded agencies
10 very often tend to have a bias and a niche,
11 or geographic base only.

12 They may be only interested
13 in career training and finding out anything
14 from that agency about elementary education
15 may be impossible.

16 Our concern is for all
17 parents, all locations, all ages of children
18 with the laws, knowledge and the will, they
19 can get what they need.

20 Without the knowledge, the
21 laws and the will, the advancements in
22 services haven't changed very much for many
23 of our children, their right to learn to
24 speak intelligibly, to communicate and live

1 in the hearing world, these rights are still
2 unfortunately being denied.

3 CHAIRMAN SCHWARTZBERG: Because some of
4 the members of the audience are scheduled
5 to appear at a luncheon that begins at noon,
6 we are going to take our break at this
7 point.

8 We will, however, attempt to
9 start a little bit earlier, at 1:15, so if
10 you will please be back here at 1:15, we will
11 break at this point.

12 (Whereupon the proceedings
13 were adjourned until
14 June 30, 1986, at 1:15 p.m.)
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STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

COLETTE M. KUEMMETH, being first duly sworn, says that she is a court reporter doing business in the City of Chicago, and that she reported in shorthand the proceedings had at the hearing of said cause, and the foregoing is a true and correct transcript of her shorthand notes, so taken as aforesaid.

Colette M. Kuemmeth

SUBSCRIBED AND SWORN
to before me this 13th
day of August, 1986.

Sally Anne Kilian
Notary Public

LONDORIA & GOLDBTINE - 176 WEST ADAMS STREET - SUITE 2010 - CHICAGO, ILLINOIS 60603 - (312) 236-1030

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THE RIGHTS OF HEARING-IMPAIRED PERSONS

A Public Forum

Illinois Advisory Committee
U.S. Commission on Civil Rights

In Cooperation With

The Section of Individual Rights and
Responsibilities of The American Bar
Association and The State of Illinois
Department of Human Rights

Hilton Hotel and Towers
Williford A Room
Chicago, Illinois

Monday, June 30, 1986

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BEFORE:

MR. HUGH J. SCHWARTZBERG
Chairman

MS. THERESA F. CUMMINGS

MR. ROBERT C. SPENCER

MR. ISIDRO LUCAS

MR. JOHN LINGNER

MS. ERMA M. DAVIS

MR. THOMAS PUGH

MR. PRESTON E. EWING

1 MR. SCHWARTZBERG: Let me call the
2 session back to order, and at this time I
3 would like the following people to come
4 forward: Virginia Stern, Bruce Goldstein, and
5 Mr. J.B. Davis.

6 For those of you who may not have
7 been present at the morning session, in nearly
8 all cases extensive papers have been presented
9 to the Commission and to the Advisory
10 Committee, and summaries are being given here
11 of -- not to exceed 10 minutes.

12 I am sorry to have to limit it to
13 10 minutes because of inconvenience to the
14 speakers, but also because it may give those
15 who are here much less of a flavor of what
16 are, in many cases, just very fine and highly
17 educated submissions.

18 You will find in your program
19 that Mr. Davis appears on the right to
20 employment technology in the work place.

21 He has submitted a paper
22 marked -- closely right to an education; and
23 we have therefore added him in at this time.

24 I would like to -- let me call on

1 Mr. Davis at this point.

2 Mr. Davis was elected Vice
3 President of the Chicago Chapter, NFSD at 19;
4 for 25 years he has served as Grand Trustee,
5 NFSD; and for 18 years he has been Law
6 Chairman of GLDBA; President of the Illinois
7 Association of the Deaf for 11 years, and is a
8 charter member of the Chicago Club for the
9 Deaf.

10 He has been active in legislation
11 on deaf driver rights, on TDDs being required
12 in county sheriff offices, and in the recent
13 securing of legislation to provide TDDs for
14 deaf people in Illinois.

15 He serves as Chairman of the
16 Board of the Silent Coperative Apts. and has
17 served on many committees in education, and
18 has for three years been Chairman of the State
19 Board of Rehabilitation.

20 He has been a delegate to the
21 National Association for the Deaf three times.

22 Mr. J.B. Davis.

23 MR. DAVIS: Thank you.

24 My name is John B. Davis.

1 I was born deaf in Evanston.

2 As a result of my background, it
3 has been real jumbled.

4 I have gone to different
5 education experiences.

6 I spent 11 years in a strict oral
7 environment in Chicago in the public schools,
8 four years in mainstreaming, two hearing high
9 schools with no interpreters and no
10 notetakers, one year in a residential school
11 and three years at Gallaudet College, both
12 with the use of total communication.

13 But most of my education stems
14 from the Evanston library, as I was an avid
15 reader of books at an early age.

16 At age 18 I entered a deaf --
17 entered the deaf community and started using
18 total communication through sign language.

19 When my school days ended I
20 became involved in sports and club activities.

21 I also joined the NFSD and the
22 IAD, the Illinois Association of the Deaf.

23 I am speaking today about the
24 establishment of my own school experiences,

1 what I have learned from the experiences in
2 the Association of the Deaf education, and on
3 my own perspective of meeting deaf people in
4 all walks of life, and talking with them about
5 their school experiences.

6 As a long time leader of the IAD,
7 I began to be concerned about the slow
8 deterioration of the Illinois School for the
9 Deaf; that deterioration is going on in other
10 state schools also; that is the effects of
11 PL42142 that supports mainstreaming of
12 handicapped children in regular school
13 classes; that bill really ruined IAD's
14 enrollment.

15 Madaline Will (phonetic),
16 Assistant Secretary of Education and a mother
17 of a Down's syndrome child, is responsible for
18 this legislation that caused the state schools
19 to deteriorate throughout the United States.

20 She slowed the process of deaf
21 education starting in 1813 with the Hopkins --
22 with Thomas Hopkins Gallaudet establishing the
23 first state school at Hartford, Connecticut.

24 Since 1975 and PL94142 the

1 percentage of deaf children attending state
2 schools has dropped to 30 percent, while 70
3 are attending day programs in their home
4 communities.

5 Each special education director
6 operates his or her area as a -- one out of
7 about 600 special education directors has a
8 degree in deaf education in Illinois.

9 There are about 25 coordinators
10 of hearing impaired programs compared to about
11 2500 administrators in special education,
12 including the coordinators.

13 The expertise of people in deaf
14 education just isn't being applied to the
15 education of deaf children, yet the special
16 education -- expect all deaf children to make
17 complete and rapid progress side by side with
18 their hearing peers.

19 Valuable communication time is
20 lost in bus trips from home to school twice a
21 day.

22 At home after school, the child
23 often has no one to play with.

24 State schools offer a deaf child

1 more hours of learning by encouraging
2 communication 12 to 15 hours a day in the
3 cafeteria, dormitory, classroom, vocational
4 shop, and playground.

5 This compares to a day school
6 with only seven hours and often none at home.

7 In most cases the child is even
8 isolated in his own family.

9 It is a fantasy to expect a deaf
10 child after mainstreaming in school to become
11 normal and be swallowed in the hearing world
12 as an adult, to marry a hearing spouse and
13 live happily thereafter.

14 No traditional school can match a
15 state school in the services offered deaf
16 children.

17 These services include psychology
18 services, audiology, speech therapy,
19 counseling, apparent education support groups,
20 language skills development, occupational
21 therapy, physical therapy, and otolaryngology
22 services.

23 What is particularly disturbing
24 is the concept of least restrictive

1 environment that has been applied to the local
2 neighborhood school.

3 While the state school is seen as
4 the most restrictive environment local
5 educators have joyfully accepted LRE, least
6 restricted environment, and have expanded
7 their programs to absorb deaf children at the
8 expense of state schools.

9 Local directors play the numbers
10 game, the more deaf children in a program the
11 more money they receive; thus an administrator
12 is very reluctant to release a child to
13 Illinois State School for the Deaf.

14 While a provision exists for
15 parents to seek redress in the courts to
16 overrule the decision of a director, very few
17 parents have the determination, money, and the
18 guts to outlast a director in the courts where
19 cases can be postponed time and again.

20 To me this is a gross civil
21 rights abuse and is at the expense of all deaf
22 children now and in the future.

23 Parents as taxpayers whose money
24 help support state schools are denied the

1 right to enroll their deaf children in those
2 schools.

3 This is another civil rights
4 abuse in taxation without representation.

5 We deaf people and concerned
6 parents must work together to be more forceful
7 in demanding that Congress and state
8 governments change this law by removing the
9 deaf from PL94142; growing number of deaf
10 educational professionals are ready and eager
11 to serve in administrative positions and to be
12 available in consultive capacities.

13 It is a waste of time to talk to
14 special education directors who know nothing
15 about deafness and are experts in double-talk.

16 Legislation is the best source of
17 redress.

18 That's where the power is; it is
19 our civil right to do so.

20 MR. SCHWARTZBERG: Thank you, Mr.
21 Davis.

22 The next speaker is Miss Virginia
23 Stern, the American Association for the
24 Advancement of Science.

1 Miss Stern, let me first
2 introduce you.

3 Virginia Stern is Co-Director of
4 the Project on Science, Technology, and
5 Disability of the American Association for the
6 Advancement of Science with headquarters in
7 Washington, D.C.

8 The Project is a national center
9 for information about education, careers, and
10 technology for disabled people in science,
11 math, and engineering.

12 She has conducted workshops and
13 conferences throughout the country on access
14 to education at the pre-college and
15 post-secondary levels, and has published in
16 these areas.

17 Before coming to AAAS, Stern was
18 editor of "Ideas for Families", a national
19 publication for parents of the Lexington
20 School for the Deaf in New York.

21 She is a former board member of
22 the A.G. Bell Association for the Deaf, and
23 currently serves on the Executive Board of the
24 International Parents Association of the A.G.

1 Bell Association.

2 She holds an M.A. degree in Deaf
3 Education from Gallaudet College 1971 and a
4 B.A. degree in History from Stanford
5 University 1955.

6 Mrs. Stern is the mother of four
7 children, three of whom have completed
8 undergraduate degrees, including a profoundly
9 deaf son who has just been awarded a Bachelor
10 of Science from Stanford University.

11 Virginia Stern.

12 MS. STERN: Thank you, Mr.
13 Schwartzberg.

14 The simple fact is that a hearing
15 impaired child born in this country before
16 1960 had limited prospects of higher
17 education, and then primarily in a special,
18 segregated setting.

19 It is true that a small number of
20 talented deaf individuals set their goals
21 independent of prevailing expectations and
22 succeeded in getting admission in and
23 graduating from the college of their choice.

24 Some continued to graduate school

1 and professional credentials.

2 But if these hearing impaired
3 individuals did not have a superior academic
4 record and an extraordinary family, there was
5 almost no one in the education community at
6 large who would say that their goal was
7 possible.

8 A hearing impaired child born
9 after 1960, that is, turning 18 after 1978,
10 when the 504 regulations were first
11 implemented, lives in a different world.

12 Today's world, under that 504
13 law, offers a hearing impaired student the
14 same opportunity as his or her hearing peers,
15 the same right to a higher education, the same
16 right to individual choice on where and in
17 what setting that education might take place.

18 It is now considered right and
19 reasonable for hearing impaired persons to
20 compete with those not hearing impaired.

21 However, that right cannot be
22 exercised without information, and the right
23 to that information must be protected.

24 Under the law, as it is written

1 and as it is being upheld in a startling
2 number and variety of settings, disability,
3 and that included hearing impairment, can't be
4 used to discriminate against a student in the
5 college admissions process.

6 Colleges and universities are
7 required to provide any reasonable
8 accommodation that may be necessary for a
9 disabled student to have equal access to
10 programs and services available to nondisabled
11 students, if the disabled students request
12 them.

13 Please note that the college is
14 under no obligation to seek out disabled
15 students who do not identify themselves to see
16 if there is something they might need.

17 And I might add here that there
18 are some very unreasonable expectations in
19 interpretation of the law where individuals
20 feel that they will go up to the college of
21 their choice and that they will be greeted at
22 the door by six interpreters in black ties who
23 say "Ready to serve you," doesn't really work
24 that way; the services have to be developed

1 and worked out as a cooperative venture.

2 A broad range of options now
3 exists for hearing impaired students to attend
4 and complete courses of studies at colleges
5 and universities throughout the country, in
6 any field and at any level of achievement.

7 However, for hearing impaired
8 students public information and counsel given
9 to students making choices has not caught up
10 with reality; thus the choice is not there for
11 all hearing impaired students because they are
12 not being told about alternate paths.

13 We can get some idea of the
14 impact of the law from the statistics of the
15 higher education community, and some other
16 ideas from anecdotes of direct experience.

17 I am quoting first from the
18 American Freshman National Norms which are an
19 annual national longitudinal study of freshmen
20 in college.

21 1978 was the first year in which
22 any question was asked about disability.

23 In 1978 2.7 % of the entering
24 freshman classified themselves as being

1 disabled.

2 In fall 1985 there was a
3 three-fold increase where 7.7 % of the
4 entering freshman who were disabled.

5 Now, these are the freshman all
6 over the country so you can see the impact of
7 the law that has trippled the number of
8 freshman who are entering colleges and
9 universities.

10 Among disabled freshman the
11 percentage of hearing impaired students
12 remained relatively stable: in 1978 it was 11
13 percent and in 1985 11.7.

14 Well, where do these hearing
15 impaired students get their education?

16 The most popularly known sites
17 are the federally-funded programs designed
18 specifically for hearing impaired students,
19 Gallaudet College in Washington, D.C., which
20 has a student population of about 1500, and
21 NTID, the National Technical Institute for the
22 Deaf, within the Rochester Institute of
23 Technology, with enrollment of about 1300.

24 These are both national programs.

1 They were established before the
2 504 legislation with the specific mission of
3 educating deaf students, in addition to
4 providing a post-secondary education.

5 They do a lot of outreach
6 service, train interpreters, develop technical
7 knowledge and specialized curriculum.

8 The Federal Government also gives
9 direct support to four post-secondary programs
10 specifically for deaf students.

11 These are located in different
12 regions of the country, and have a combined
13 enrollment of about 500.

14 Earlier this morning you heard
15 quoted from a resource directory, College and
16 Career Programs for Deaf Students, which was
17 quoted in the first presentation by Doctor
18 Castle, the new 1986 edition.

19 This directory, in addition to
20 the six federally-funded programs lists 136
21 other post-secondary institutions which
22 currently offer what is called "programs" for
23 deaf students.

24 They have more than 15 students

1 and they meet certain guidelines.

2 This is an excellent document,
3 however the six federally-funded programs and
4 the 136 other programs listed in it represent
5 only slightly more than 10 percent of the
6 sites in the United States at which hearing
7 impaired students are now receiving a higher
8 education.

9 The second edition of the
10 Directory of College Facilities and Services
11 for the Disabled, which has also been
12 published in 1986 by the Oryx Press, surveys
13 2300 colleges and universities throughout the
14 country on how they serve disabled students.

15 This volume lists more than 1300
16 post-secondary institutions that are currently
17 serving hearing impaired students.

18 Now, they do not call themselves
19 programs, you understand, but they are
20 offering a range of support services which is
21 comparable to that offered by schools
22 considered to have programs.

23 These services include oral and
24 manual interpreters, notetakers, paid or

1 volunteer, visual alarm systems, TDDs,
2 captioned television, speech therapy, free or
3 at a fee, tutoring, counseling, career
4 services, and accomodation for all activities
5 on campus.

6 To put this statistic in context,
7 you have to realize that the -- all the
8 post-secondary schools in the United States
9 which are certified by the Department of
10 Education -- that total number is 3300, now
11 1300 of these, one third, are serving in some
12 way the nation's hearing impaired students,
13 not two, not six, not 136, but 1300.

14 In order to underline this
15 statistic with some direct communication and
16 bring it alive in an absolutely up-to-date
17 fashion, I contacted about 100 colleges and
18 universities throughout the country.

19 I wrote them a letter on the 4th
20 of June and told them that I would speak to
21 you today and asked them what they were doing
22 in providing services with hearing impaired
23 students on their campus; and I got 56 people
24 have answered me up to this morning.

1 You may be interested to know
2 almost all of them are providing notetakers, a
3 large percentage are providing sign
4 interpreters, somewhat less but still very
5 many are providing oral interpreters.

6 Almost all have TDDs or visual
7 alarm systems.

8 Many have captioned televisions
9 and offer other services such as speech
10 therapy, tutoring, counseling.

11 These are not obscure
12 institutions.

13 To give you an example of the
14 sort of response our office received, this is
15 right now in this year, NYU has 30 hearing
16 impaired students; Boston University has 10;
17 Minnesota has 40; Emory has 4; Purdue has 11;
18 Oberlin has 5; Notre Dame has 12; Northeastern
19 in Boston has 35; and UC/Berkeley has 20.

20 Now, to put a little more direct
21 experience in this survey, I made a site visit
22 to one of the institutions, the University of
23 Minnesota in Minneapolis, St. Paul, less than
24 a week ago on my way to Chicago.

1 The University of Minnesota
2 serves 30,000 students in total during the
3 semesters, 600 disabled students on campus, 40
4 of these students are hearing impaired, 20 of
5 them do not require interpreters in classes,
6 20 of them do.

7 Both oral and sign interpreters
8 are available upon request.

9 Bringing this information about
10 available options back to focus on the
11 individual hearing impaired students of
12 precollege age, I would like to quote Rhona
13 Hartman, Director of the HEATH Resource
14 Center, the National Clearinghouse on
15 Postsecondary Education for Handicapped
16 Persons.

17 She reports that every week the
18 Clearinghouse receives a call from a counselor
19 or perhaps a parent saying "I have a student
20 who is deaf, where can he go to school?"

21 And I would propose that this is
22 an inappropriate question.

23 It can't be answered because it
24 makes the assumption that the decision to

1 attend a given institution should be based on
2 one's disability; that puts the emphasis on
3 the status of being hearing impaired rather
4 than the status of being an academically
5 qualified student who happens to have a
6 hearing impairment.

7 If you are interested in denistry
8 and you are qualified to be a dentist, you go
9 to a program that teaches denistry, not a
10 program for the deaf.

11 If you are interested in
12 anthropology and have the skills to pursue
13 that science, you might choose to go right
14 here to the University of Chicago; that is
15 what you choose first is the excellence of the
16 program.

17 If you are interested in
18 journalism, you might choose to go to the
19 University of Missouri because of the
20 excellence of their program, not because of
21 their services for the deaf.

22 And then you work with the
23 service providers to receive the services that
24 you need that belong to the student under the

1 law.

2 The question remains how widely
3 known is this information?

4 When a hearing impaired student
5 meets with high school guidance counselor or
6 vocational rehab counselor, do they have
7 access to this information?

8 Do the people who guide the
9 hearing impaired students understand the law?

10 Do they understand that they --
11 that the students can exercise their
12 educational choices?

13 A school does not have to have a
14 special program, it can develop services; and,
15 of course, it makes only -- it only makes
16 sense that the hearing impaired student work
17 with the college to develop those services.

18 We must ask the question: Does
19 the public relations network channel many
20 students into a limited number of choices when
21 in fact they may have a very wide number of
22 choices?

23 Does the vocational rehab system
24 in certain states favor a very narrow range of

1 options?

2 Even within colleges that offer
3 support systems, is there a channeling of
4 hearing impaired students to take certain
5 courses so that all hearing impaired students
6 will be conveniently grouped rather than
7 following their intellectual interests?

8 Are students who request oral
9 interpreters told that they are not available
10 because the counselor who is asked the
11 question is not aware that this is a support
12 option?

13 We must educate all our children,
14 including our disabled children, early on to
15 make choices.

16 We must teach them, as they grow,
17 to be responsible for their education and not
18 expect others to prepare every aspect of
19 education for them.

20 And so information about
21 responsibilities and about rights must reach
22 down to those who need it and who will need it
23 in the future.

24 This information is not reaching

1 far enough today.

2 MR. SCHWARTZBERG: Our next speaker is
3 Mr. Bruce Goldstein of Edwardsville, New York.

4 Bruce Goldstein is Special
5 Counsel to the law firm of Bouvier, O'Connor,
6 Cegielski & Levine.

7 The firm's practice includes
8 advising and representing school districts and
9 other education agencies, with particular
10 emphasis in the areas of education law and
11 handicapped law.

12 In private practice for seven
13 years, Mr. Goldstein was previously an
14 Assistant District Attorney and Assistant
15 County Attorney.

16 Mr. Goldstein taught for one year
17 in the City of Buffalo School District, and
18 was an undergraduate instructor in
19 Constitutional Law at the University of
20 Michigan and an instructor at Bryant and
21 Stratton Business Institute.

22 He was formerly a member of the
23 faculties at the New York State Bar
24 Association Conference on Legal Rights of the

1 Handicapped in 1983 and at the Fifth National
2 Institute on Legal Problems of Educating the
3 Handicapped, the 117th American Association of
4 School Administrators Conference and the 1985
5 National Association of Pupil Personnel
6 Administrators Conference.

7 In addition, he has been a guest
8 lecturer at the State University of New York
9 at Buffalo Law School in the areas of
10 Disability Law and Trial Techniques, and a
11 lecturer in the Lay Advocacy Training Program
12 at the University which he co-founded.

13 Mr. Goldstein holds the degree of
14 Juris Doctor from the University of Michigan
15 Law School where he graduated Cum Laude.

16 While in law school he was a
17 research assistant for Arthur R. Miller in the
18 preparation of the treatise, "Federal Practice
19 and Procedure."

20 He has been lead counsel in the
21 class action lawsuits Gebhardt, et al. v.
22 Ambach, et al., Bushey, et al. v. City of
23 Buffalo Board of Education, et al., Andres,
24 et al. v. Reville, et al., and Bonar v.

1 Ambach, as well as counsel for the Handicapped
2 Intervenors in Arthur, et al. v. Nyquist, et
3 al.

4 Bruce Goldstein is Vice-Chairman
5 of the International Parents Organization,
6 Alexander Graham Bell Association, member of
7 the Executive Committee of the New York State
8 Developmental Disabilities Planning Council,
9 past president of the Western New York Parents
10 Association of the Hearing Impaired, founder
11 of the Erie Coordinating Council of
12 Handicapped Organizations, a member of the
13 Board of Directors of the Western New York
14 Independent Living Project, member of the
15 Board of Directors of the Association for
16 Retarded Children, Erie County Chapter, and a
17 former member of the Boards of Directors of
18 Language Development Program of Western New
19 York, Inc., Autistic Services, Inc., and
20 Buffalo Speech and Hearing Clinic.

21 Finally, Bruce Goldstein is a
22 member of the New York State Assembly Task
23 Force on the Disabled, the New York State Bar
24 Association Committee on Mental and Physical

1 Disability, the Education Committee and Early
2 Intervention Committee of the New York State
3 Advocate for the Disabled, the Erie County Bar
4 Association Committee on Disability, and the
5 New York State Trial Lawyer's Association, and
6 the Western New York Disability Coalition.

7 Mr. Goldstein, for all these
8 reasons and others, is also a recipient of the
9 Erie County Bar Association Special Service
10 award.

11 Bruce A. Goldstein.

12 MR. GOLDSTEIN: As a parent of two deaf
13 daughters and someone who has raised those
14 daughters under 94142, I am of the generation
15 of higher expectations.

16 To paraphrase Doctor Martin
17 Luther King, "I have been to the top of the
18 mountain and I can see the promised land, but
19 we are not there yet."

20 94142 makes parents a partner
21 with the development of their children's
22 educational program.

23 It is a very sophisticated law
24 that guarantees a right to a free, appropriate

1 public education, but that promise of 94142
2 goes unfulfilled and will continue to be
3 unfulfilled unless and until we realize that
4 the 94142 is but a tool, an excellent tool,
5 but like all tools it is only effective if the
6 person who implements it has the skill to use
7 it properly.

8 Most parents, unfortunately, lack
9 the essential knowledge to effectively
10 implement 94142.

11 School districts share this
12 burden because they are often deficient in the
13 information and knowledge that is necessary in
14 order to reach the promise of 94142.

15 This holds true for all
16 handicapped children.

17 A unassisted parent is often
18 viewed by the school district as an uneducated
19 layman.

20 The parent who has some knowledge
21 and attempts to utilize that is often fearful
22 to speak up in the face of the experts or
23 alternatively is made to feel unreasonable or
24 ill-informed.

1 Many areas lack the assistance
2 that is necessary to help parents to implement
3 the law.

4 There are no trained advocates in
5 many areas in this country, and there are no
6 trained lawyers who know anything about 94142;
7 and those urban areas fortunate enough to have
8 some lawyers who are knowledgeable, it is
9 often too expensive for most parents to access
10 that assistance; the attorney's involvement in
11 special education is very labor intensive, and
12 the cost is often prohibitive.

13 Under Federal law there are no
14 protection advocacies that are required to
15 exist in every state, but their obligations
16 are to represent all of the developmentally
17 disabled, and there are a numerous number of
18 people that that requires is much too
19 burdensome for the staffing that is permitted.

20 In addition, their
21 responsibilities are not just for education
22 but for all areas of handicapped and
23 violations of civil rights.

24 And finally the quality varies on

1 a state-by-state basis, so as a practical
2 matter protection advocacies are not available
3 for parents to assist implementing 94142.

4 There is a -- if not a complete
5 absence of training for parents to allow them
6 to take advantage of the benefits of 94142.

7 When we address the needs of the
8 hearing impaired, this program is all the more
9 exacerbated.

10 Unfortunately, using the poor
11 term, it is the blind leading the blind
12 because the school districts don't have the
13 knowledge, and the parents are not given the
14 assistance of the knowledge to join with the
15 school districts.

16 The success of oral, oral hearing
17 impaired persons is in fact part of the
18 problem.

19 It is the very fact of the
20 integration and assimilation of those
21 successful oral hearing impaired persons that
22 leads to a lack of publicity about their
23 success which allows the continuation of
24 misperceptions and stereotypes.

1 Even a knowledgeable parent can
2 become caught in the system.

3 94142 in spirit calls for a
4 particular of services available to meet the
5 individual needs of all persons, and that
6 includes deaf persons.

7 Every school district should have
8 available a continuum of services which
9 provides total communication and an oral, oral
10 approach; however, all too often only total
11 communication is offered as an alternative in
12 many school districts.

13 This leaves the parent with a
14 Hopkins choice, either total communication or
15 placement of the child in the mainstream
16 setting with no support services.

17 Even more insidious is the recent
18 development of the so-called mixed classes
19 whereby children using sign language are
20 placed side by side with children following an
21 oral approach.

22 The school district will respond
23 that's no problem, we won't make the oral
24 child sign; he or she need only read the lips

1 of the translator.

2 Little thought as to how that
3 works in actuality on a day-by-day basis when
4 children are dependent on one another and
5 when the translator ends up being the aide for
6 all of the hearing impaired children, actually
7 happens, undercuts the ability of the
8 effectiveness of the oral program.

9 94142 establishes the concept of
10 least restrictive environment, which says we
11 will not segregate our disabled population;
12 however, the interpretation of least
13 restrictive environment as pursued by the US
14 Government and by school districts and states
15 pursuant to 94142 is of no help to oral/oral
16 children.

17 The concept has been interpreted
18 as a simplistic interpretation and definition
19 which is based solely on physical setting.

20 A child who is in a segregated
21 building is in a more restricted setting than
22 the child in the public school setting.

23 The child who is in the
24 self-contained class is in a more restricted

1 setting than the child in the mainstream
2 class.

3 But when we talk about hearing
4 impaired children, we must however take a step
5 back.

6 We must look at the life plan of
7 the child.

8 Where do we foresee that child
9 being as an adult?

10 Because that is what an
11 appropriate program is about.

12 An appropriate program is to meet
13 the needs of the child, to let him gain those
14 skills and abilities that will allow him to
15 function as best as possible in society as an
16 adult.

17 Accordingly, we must enhance the
18 ability of the child to function in the
19 mainstream to the best of his or her ability.

20 Thus, if an oral/oral child has
21 the potential to function in the mainstream of
22 society as an adult then we have a
23 responsibility to provide that oral/oral
24 option in order to allow him to do so.

1 Unfortunately, parents don't know
2 what is available to them under the law.

3 If they know how to utilize that
4 tool and the U.S. Department of Education
5 refuses to recognize the significance of the
6 least restrictive environment that will permit
7 a child to sometimes be in a temporarily more
8 restrictive setting in order to gain the
9 foundation to allow him or her to be in a
10 therefore less restrictive setting and later
11 as an adult.

12 Finally, the promise of 94142
13 goes unfulfilled because the cornerstone,
14 which has been called the individual education
15 program, is either not used or only
16 superficially utilized in implementation of
17 the law.

18 School districts and parents both
19 lack of the training to draft true IEP's or
20 individual education programs.

21 Every IEP must be specific; it
22 must be measurable.

23 However, almost all schools in
24 this country in setting forth annual goals

1 have for handicapped children, will increase
2 their functional vocabulary.

3 Johnny will increase his reading
4 level.

5 If one takes a step back and
6 thinks about that, Mary will increase her
7 functional vocabulary will apply to virtually
8 every child, how can that be an individual
9 educational program if it can apply to every
10 child?

11 Johnny will increase his reading
12 level will apply to virtually every child from
13 the first grade to the 12th grade, how can
14 that truly be an annual goal if it applies to
15 every year through the child's educational
16 career?

17 IEP's must be drafted to be
18 specific and measurable.

19 Mary will use or identify the
20 following 30 words in spontaneous conversation
21 80 percent of the time while tested three
22 times over a two-week span.

23 Johnny will increase his reading
24 level from X level at the present time to Y

1 level one year from now, then the IEP becomes
2 the real tool of 94142, then it acts as a
3 yardstick or a red flag so that when we all
4 analyze at the end of the year, has Johnny's
5 annual goal been met, and we find that it has
6 not then we can go back and try to determine
7 what went wrong.

8 It doesn't mean the teacher was
9 wrong; it doesn't mean the child was wrong; it
10 doesn't mean nobody worked hard, but it may
11 mean that the goal was too high.

12 It may mean we have to take a
13 step back and breakdown the annual goal into
14 smaller steps, take those smaller steps bit by
15 bit, make the child feel good about himself or
16 herself and progress until we eventually reach
17 that goal.

18 The nature of the program or the
19 mode of instruction may be inappropriate,
20 maybe we need to change that, but until we
21 provide the assistance to parents and until we
22 provide the training to educators and parents,
23 and until the Federal Government through the
24 states monitors the meaning of 94142 in its

1 true spirit, it will only remain a dream.

2 MR. SCHWARTZBERG: I have a problem in
3 terms of those attempting to use the
4 audioloop.

5 I gather that there is no
6 audioloop established in this room at this
7 time; is that correct?

8 I am advised that this can be
9 done within a five-minute period; is that also
10 correct?

11 I am going to take a five-minute
12 break for the purpose of attempting to do
13 that.

14 If it can't be done within five
15 minutes, I have lost any ability to hold my
16 interpreters, so it is going to be a
17 five-minute break.

18 (WHEREUPON, a short recess was had.)

19 MR. SCHWARTZBERG: The court reporter
20 will indicate to me at the point which she is
21 ready to proceed.

22 At this time I would like to ask
23 whether there are any questions addressed to
24 the last panel or actually the last two

1 panels.

2 Any members of the Commission?

3 Yes, Mr. Ewing.

4 MR. EWING: To the members of the
5 panel, I had a lot of questions.

6 The Chairman would never allow me
7 to ask this many questions.

8 I wanted to sort of summarize my
9 questions into one.

10 It has been pointed out that
11 parent involvement is one of the most
12 important aspects of securing equal education
13 opportunity.

14 And when you read public law
15 94142, you come away with a sense that there
16 is no other document anywhere in State,
17 Federal Laws and Regulations that gives a kind
18 of power to parents than does public law
19 94142.

20 So I think my question is: Do
21 you believe that parents really recognize the
22 power that they have whereby a local school
23 district needs their signature of consent in
24 order to implement an educational program?

1 And my other question is that in
2 view of the fact that there is massive
3 undereducation of parents for the
4 responsibility that they have to make
5 educational decisions, and inasmuch as this is
6 required by law that parents be trained, and
7 since there is a crisis in that parents are
8 not trained, how can this be brought about?

9 MS. JANGER: Inez Janger.

10 I think I am speaking for --
11 first of all, the three of us up here are
12 parents.

13 Your first question was do
14 parents recognize the right they have to sign
15 the IEP and the power of the IEP?

16 Absolutely not.

17 Why don't they recognize it?

18 I think what I was trying to say
19 in my presentation is to a great extent -- it
20 is a combination of the awe we all hold of
21 professionals, the expertise or supposed
22 expertise that they present us with; our own
23 fear and sort of grasping for hope at any
24 particular point in time, the numerous

1 situations we have heard of where the IEP is
2 what Bruce mentioned, Mary will read better or
3 Mary will have the services of a tutor period
4 without anybody saying what the tutor will do,
5 and then the statement of the school districts
6 but that's what an IEP is.

7 Parents do not know what an IEP
8 is; parents are not educated, and I don't
9 exactly know the answer.

10 What I tried to talk about, what
11 public information -- I don't have an answer.

12 I think the problem is parents do
13 not recognize their right.

14 They are undereducated, and one
15 cannot count on the educational system, I am
16 afraid, to educate the parent properly, but
17 they sure as heck haven't since the law was
18 passed.

19 MR. GOLDSTEIN: Just to add, to bring
20 that change about would require some mandated
21 programing upon school districts to require
22 the training of those involved in the special
23 education system and to require that they
24 provide the information to the parents or

1 arrange for its provision, which they don't
2 do.

3 Obviously, if you view yourself
4 in an adversarial relationship with parents or
5 sharing power, and you are not used to sharing
6 power, those you can keep out of information
7 keeps you in the power of position.

8 Mass education in this country
9 has always been to teach -- the public
10 education teaches the masses; this law runs
11 contrary to at least a century of public
12 education in this country because we talk
13 about individualism.

14 School districts don't like that;
15 that is administratively difficult, if not
16 inconvenient, so we must mandate training for
17 parents so that they know what to do and how
18 to effectuate; that it won't hurt to educate
19 the educators at the same time.

20 MR. EWING: I would like to point
21 out it is already written into Public Law
22 94142 in three different places within the law
23 that parents must be trained; it is even
24 written under the personnel development

1 section which mandates that funds be spent to
2 train teachers.

3 In the same line is written that
4 parents must be trained, but I wanted to point
5 out is that this is not happening, and that's
6 why we are seeking some ideas on how it could
7 happen in view of the fact that parents don't
8 seem to be effectively organized, but I wanted
9 to point this out since you used the term
10 "mandate," that it also exists in the law.

11 MR. SCHWARTZBERG: Further questions
12 from the panel?

13 There are no further questions
14 then we will thank the participants, and we
15 move next to Doctor Richard Stoker.

16 While this panel is moving down,
17 I also ask that Doctor June Grant of Trinity
18 University come forward.

19 Doctor Richard Stoker is an
20 Associate Professor in the School of Human
21 Communication Disorders at McGill University.

22 He is the author of over 50 book
23 chapters, research reports and published
24 articles on hearing impairment.

1 He is the Editor of The Volta
2 Review, an academic journal in the field of
3 Education for the Deaf.

4 He is a member of several
5 national and international standards
6 committees concerned with technical standards
7 for electronic devices for the hearing
8 impaired.

9 At this point I would like to
10 call on Doctor Richard Stoker of McGill
11 University.

12 DR. STOKER: Mr. Chairman, Members of
13 the Committee, it is a pleasure to be here
14 this afternoon to talk about technology and
15 its impact on the educational process for
16 hearing impaired children.

17 I think that it would be fair to
18 say that technology represents an unfulfilled,
19 as of yet, trump card in our effort to provide
20 educational and other opportunities to hearing
21 impaired children and their parents.

22 Technology has a very special
23 role to play in the education of hearing
24 impaired children.

1 It is in this field that many of
2 the technological advances that have come from
3 the laboratories and research workers have
4 found truth and have been applied and have
5 been proven successful over the years.

6 For example, the use of the
7 electronic hearing aid which was the first
8 commercially successful use of the transistor
9 invented in Bell Telephone laboratories in
10 1951.

11 This is not to say, however, that
12 technology is or can be or necessarily will be
13 an unqualified success in the hearing impaired
14 children.

15 For example, again with hearing
16 aids, several studies have shown that in
17 programs for the hearing impaired between 40
18 and 60 percent of hearing aids being worn by
19 hearing impaired children are not functioning
20 on any given day.

21 That is to say that approximately
22 half of the children in educational programs
23 in the United States today are being educated
24 with ear plugs instead of technological

1 assistance.

2 This, I am afraid, does not well
3 to use to advance technology such as some of
4 those I would like to briefly discuss this
5 morning; however, I do believe that with
6 increased sophistication of teachers and
7 parents and a realization that we do in fact
8 live in a technological world, that there is
9 great promise for such devices in education of
10 hearing impaired children.

11 As for myself, make no doubt of
12 this, I am a child of the technological world.

13 I personally owe a great deal of
14 my own existence to the use of technology.

15 I realize this very strongly
16 every morning when I awake to the bright light
17 flashing in the room waking me up, and reach
18 over to switch off the sound switch which
19 turns on the flood lights in my bedroom.

20 As I then reach for my glasses,
21 which allow me to locate my amplifier hearing
22 aids, and as I put them on and switch them
23 into being, I am not so pleasantly reminded of
24 the auditory world that I have escaped from

1 for an evening's rest.

2 I have been brought over to the
3 dresser to turn off a noise sensitive monitor
4 which warns me of a fire alarm or another loud
5 noise, of course, in my apartment while I
6 sleep.

7 I am then able to check my
8 answering machine to see if any messages have
9 been left on my TDD or telephone device for
10 the deaf, as the messages tumble out on the
11 little letter brightly lit.

12 I often marvel at the fact that
13 this wonderful piece of equipment was not
14 available only a few short years ago.

15 I frequently give a silent thanks
16 to the deaf inventor, Doctor Robert, who
17 pioneered TDD communication along with other
18 individuals some of which -- some of whom are
19 sitting in this very room; what a positive
20 affirmation of the potential for the deaf to
21 lead the deaf.

22 I often muse about how wonderful
23 it will be when I will be able to hook my
24 telephone up and understand what a person is

1 speaking on the other end, without them having
2 to have a similar TDD-type device.

3 There are four basic areas where
4 technology stands to impact very greatly on
5 education of hearing impaired children.

6 The first of those is century
7 aids, century aids such as hearing aids, such
8 as devices which transfer the spoken word into
9 sensation that can be picked up on the skin,
10 such as devices which present visual signals
11 in a pair of glasses where a person can
12 actually read what the other individual is
13 saying.

14 All of these marvelous things are
15 on the drawing boards and in the research labs
16 and are going to be things that will confront
17 us in the very near future.

18 The second area is that of
19 teaching, teaching hearing impaired children
20 as with all other children is being and will
21 continue to be revolutionized by the use of
22 technology such as microcomputers which can be
23 programmed to individualize and patiently
24 teach many things to children under the

1 guidance of a teacher.

2 I would like to emphasize that
3 because technology cannot just be turned on
4 and worked, it needs to be cultivated in the
5 context of an intelligent educational plan to
6 utilize these things.

7 The third major area is that of
8 telecommunications, of using the
9 telecommunications network to create advanced
10 potential for hearing and deaf people to
11 communicate on an equal basis.

12 We are all aware, I think, of the
13 increasing use of telephone communication in
14 our society; and one of the most promising
15 aspect of this increasing use of
16 telecommunications is that it will allow
17 individuals to communicate with hearing people
18 on a daily basis without having to overcome
19 the entire phase of the communication
20 difficulty experienced by the hearing
21 impaired.

22 The last area then is the medical
23 professions, the ability to accumulate and
24 quickly diagnose hearing loss in infancy is

1 now a reality.

2 It is not -- this equipment is
3 not used as effectively and as consistently
4 and as often as it should be, however it is
5 available or does allow the hearing impaired
6 child to be diagnosed virtually at birth, and
7 for educational programing to begin
8 immediately with all of the attendant
9 benefits.

10 What do we need to bring about a
11 heightened use of technology in this field?

12 First of all, we need that
13 universal bomb that we call money.

14 It is not inexpensive to
15 implement many technological aids to the
16 hearing impaired; and there will need be a
17 commitment among various government agencies,
18 parents, and schools to providing these
19 technological devices that will make the lives
20 of hearing impaired individuals more full,
21 more capable, and able to utilize the various
22 educational services available to them.

23 We will require more than just
24 this however; it also will require training.

1 It will require the hearing
2 impaired individuals themselves become expert
3 consumers; that they become knowledgeable;
4 that they become demanding; that they do not
5 accept poor quality or poorly designed
6 technological assistance.

7 It will also require that
8 professionals and parents become more
9 knowledgeable; that they learn to accept the
10 limitations and work with the strengths of
11 various pieces of technology.

12 This leads to what I believe will
13 be an entirely new field and that is the
14 assessment of technology for the disabled,
15 where centers and professionals will be
16 trained to evaluate the technology needs of
17 people with disabilities.

18 Not everyone needs the same
19 packet of goodies; not everyone needs the same
20 assistance.

21 It is very individualized, very
22 unique situation for every individual; and
23 therefore it will be necessary to develop
24 specialized assessment procedures and

1 practices to make sure that the technology is
2 available to the hearing impaired.

3 With this heightened individual
4 need, awareness of individual need, I am
5 confident that we can work together to bring
6 about the technological revolution that has
7 thus far evaded our grasp, even though many of
8 us have lived long enough to see an enormous
9 increase in use of technology in society at
10 large, and the hearing impaired have lagged
11 behind in their ability to make use of these
12 excellent, unique, and creative devices.

13 I am sure that with the
14 cooperation of all involved in this process,
15 this day will come sooner rather than later.

16 Thank you very much.

17 MR. SCHWARTZBERG: Doctor June Grant.

18 June Grant earned a Bachelor's
19 Degree from Central Institute for the Deaf,
20 Washington University, Saint Louis in 1941, a
21 Master's from Trinity University in San
22 Antonio, Texas, and a Ph. D. from the
23 University of Texas in Austin.

24 She has taught hearing impaired

1 children at the Central Institute for the Deaf
2 and at Sunshine Cottage in San Antonio where
3 she served as Academic Head.

4 In addition, she has taught
5 learning and language disabled children.

6 Currently she is a Professor of
7 Education at Trinity University in San Antonio
8 where she is Director of Special Education.

9 The Department has programs to
10 prepare teachers for hearing impaired,
11 language disabled, emotionally disturbed,
12 physically disabled, and mentally retarded
13 children.

14 Doctor June Grant.

15 MS. GRANT: My assignment was to speak
16 on education and the hearing impaired student,
17 but the mandate and what are the practices.

18 And when we talk about bilingual
19 hearing impaired children, we are talking
20 about a minority within a minority.

21 In other words, the number -- we
22 all know that hearing impairment is a very low
23 incident handicap, we talk within that
24 handicap, the number of children who come from

1 the bilingual homes very often not bilingual,
2 they are simply nonEnglish speaking homes --
3 we are talking about a very small percentage
4 of children, but yet a large number of
5 children.

6 Some of the predicted figures of
7 things to come are really frightening.

8 It has been predicted that by the
9 year 2000 there will be 40 million nonEnglish
10 speaking in the United States, so if we think
11 we have a little problem now, we have one that
12 is going to grow bigger and bigger as the
13 years go on.

14 Right now there are four and a
15 half million school children from homes where
16 English is not the spoken language in the
17 home, so this -- even though that is a small
18 percentage of the number of school children in
19 the United States, that is a large hunk of
20 children.

21 The demographic studies put out
22 by the -- by Gallaudet College every year,
23 last year accounted 57,731 hearing impaired
24 children.

1 Now, these are the children who
2 are in programs for the hearing impaired; this
3 does not count the hearing impaired children
4 who are mainstreamed or those who are out in
5 schools and receiving no services whatever.

6 But of that number over 7,000 of
7 those children or 15 percent of them come from
8 homes where English is not the language of the
9 home.

10 So we have a large percentage and
11 yet a minority of children who come from homes
12 where English is not the language spoken; and
13 to talk about those homes or these children as
14 bilingual is a real misnomer because very
15 often it is very monolingual as far as the
16 homes go and the children themselves are
17 monolingual in many cases rather than
18 bilingual.

19 But we do have legislation to
20 provide for each of these conditions; we have
21 Title 7 of the Elementary and Secondary School
22 Act which was enacted in 1968, the public law
23 95561; and we have public law 94142, which has
24 been mentioned so many times here, to provide

1 for all the education for all handicapped
2 children.

3 Now, what would it take to have
4 the kind of program that we need for children
5 from nonEnglish-speaking homes who are hearing
6 impaired?

7 I think there are four factors
8 that need to be attended to.

9 Those are: Adequately trained
10 personnel and enough of them, appropriate
11 assessment instruments, adequate and
12 appropriate materials for the children, and
13 parental and community support.

14 I think those are four main
15 topics we need to address.

16 I haven't prioritized these, and
17 I don't know how to prioritize them.

18 I think they are all equally
19 important, but I think in order to talk to
20 them at all we will put them in an order of
21 what would have to come first; and I think the
22 thing that has to come first would probably be
23 parental and community support, and here we
24 have a dichotomy again because within each

1 handicapping condition -- and I speak of
2 bilingual, if it were true it wouldn't be
3 handicapped -- but I speak of the child from
4 the nonEnglish-speaking home, and within this
5 condition there are options and within
6 education of the hearing impaired there are
7 options also which have been amply covered,
8 and I won't talk about that -- but within
9 bilingual education there are several options.

10 Two main categories are bilingual
11 education as opposed to ESL, English as a
12 second language; and we will take ESL first.

13 In ESL the idea is to immerse the
14 students in English-speaking programs and have
15 them pulled out -- that is a term that is used
16 for intensive English instruction for a period
17 a day, usually an hour, something like that,
18 and the kind of program that is usually is a
19 program that is behaviorly oriented where
20 there is constant drilling on using English
21 without too much concern, according to a lot
22 of the experts, on what kind of comprehension
23 the children are having, but this is a
24 drill-type material.

1 Most educators of bilingual
2 education, but they are very prevalent because
3 they are easy to do, and it doesn't take as
4 much training for personnel.

5 Now, even within bilingual
6 programs there are choices.

7 The choices are a maintenance
8 program as opposed to a transitional program;
9 and in a transitional program the idea is to
10 give these children as much English as -- give
11 them -- the idea is to get them into a totally
12 English speaking programs as soon as possible.

13 So, in other words, they are
14 given programs in the native language as long
15 as necessary, but the goal is to get them into
16 English only programs just as soon as
17 possible; whereas the maintenance programs are
18 supposed to maintain the home language plus
19 the home culture throughout the program.

20 However, even in these programs
21 it usually is for a limited time, ordinarily
22 three years.

23 If it starts at the preschool
24 level, generally it is while the children are

1 ages 3, 4, and 5; and they tend to put them in
2 English-speaking programs at 6 years or
3 first -- or it is the first and second and
4 third grades, but by the fourth grade most of
5 these programs are finished, but there are
6 exceptions of course.

7 So as I said, within each
8 category we have options, and strong opinions.

9 We have had some strong opinions
10 already addressed as far as education of
11 hearing impaired children go so I won't
12 address that now.

13 To get back to the topics, the
14 community.

15 What can we do to get community
16 support -- for the community I mean the total
17 community; I mean the legislatures, the school
18 districts, the local governments, the religious
19 organization, the health services, the news
20 media, the parents' group, all of these
21 categories.

22 We have the legislation; it is on
23 the books.

24 It is not always implemented, and

1 it is certainly not implemented to the extent
2 that we would like for it to be, as we've had
3 evidence here already.

4 School districts, most of them
5 comply to the letter of the law, if not within
6 the spirit of the law.

7 Local governments, many of them
8 give lip service without giving actual
9 support, and some of them don't even do that.

10 Religious organizations, and I
11 speak of this because I come from an area
12 where most of the nonEnglish-speaking children
13 represent Spanish-speaking homes, and most of
14 the Spanish-speaking population is catholic;
15 and we could get and do get in some -- great
16 support from the Catholic church, but I think
17 all of the religous organizations need to be
18 able to lend support to this sort of thing.

19 The news media do -- in San
20 Antonio we have good news coverage and
21 positive in bilingual education but -- not for
22 hearing impaired but -- and the parents'
23 groups, it is a sad situation.

24 In San Antonio in particular we

1 If they illiterate, they must be
2 notified either by telephone or by personal
3 call at the home, but there is nothing that
4 says they must come; and in some cases we get
5 cooperation and sometimes not so good.

6 But so much for the community and
7 the parental support.

8 I think this is going to have to
9 be the first thing, that there is going to
10 have to be a great deal of pressure from this
11 group -- what about personnel, now?

12 We have requirements and
13 certification or endorsement requirements for
14 teachers of the hearing impaired; and we have
15 requirements, certification, and endorsement
16 requirements for teachers of children in
17 bilingual programs, but we have nothing that
18 combines the two.

19 It is as if these two entities
20 never interface, and they do very, very
21 frequently as we know.

22 And what is the answer to this?

23 I don't know if we ask teachers
24 to get additional certification to be a

1 teacher of the hearing impaired, to be a
2 bilingual teacher and then to get
3 certification in education of the bilingual
4 hearing impaired.

5 I think we are asking for the
6 moon.

7 I think that it's -- take extra
8 time; it will take extra money, and we don't
9 have that kind of personnel.

10 And what does it take of these
11 personnel?

12 These people have to be -- should
13 be affluent in Spanish.

14 We have -- in the University I
15 represent, we have worked very hard to recruit
16 Mexican-American students into the university
17 in general; and we have very high entrance
18 requirements, and those Mexican-American
19 students who meet these entrance requirements
20 very often are middle class students and very
21 frequently don't even speak Spanish.

22 I mean these are people who have
23 been raised in the American milieu, as it
24 were, and they have lost tract of their

1 culture.

2 All right. So we have a great
3 deal of trouble getting the right kind of
4 personnel.

5 The only thing that I know of
6 that has been rather successful that we have
7 been able to get a number of bilingual fluent
8 Spanish speakers for teacher aids, but these
9 are not professionals, they are
10 paraprofessionals.

11 Now, the standard -- all teacher
12 preparation programs meet certain standards
13 put out by National Colleges of American
14 Teachers of teacher education programs; and
15 two of the standards within the requirement
16 are that any teachers who are certified must
17 be sensitive to the plurality of American
18 culture.

19 They must realize there are
20 students who come from different kinds of
21 cultures, and the students must be sensitized
22 to this; also they must be sensitized to the
23 special needs of children who have needs --
24 need special programs for learning, in other

1 words, Public Law 94142 and the program -- the
2 Title 7 of the Secondary Elementary and
3 Secondary School Act.

4 But there is, of course, that
5 would say that they have to know and have some
6 experience in the education of handicapped
7 hearing -- of hearing impaired children from
8 nonEnglish-speaking homes.

9 So we have a long road here.

10 We have a very small of personnel
11 who are qualified to teach these children in
12 their native language, who are capable of
13 dealing with the parents in their native
14 language; and I just don't know what the
15 answer is going to be in order to make that --
16 to increase the size of that group of
17 personnel.

18 Materials, the publishers,
19 publishers of textbooks and things of that
20 nature have been very slow to address the
21 needs of bilingual programs in general, much
22 less the programs for hearing impaired
23 children.

24 Maybe this isn't so bad for

1 teachers of hearing impaired children because
2 many of the materials that they use are
3 teacher made anyway; however, we need to have
4 something from which to start, and there is
5 very, very little available.

6 The Skyhigh program was mentioned
7 here this morning.

8 It is a program that is used in
9 Texas for parent-infant programs.

10 Now, parts of that have been
11 translated into Spanish so that parent-infant
12 facilitators can deal with parents in their
13 native language and help them out with that;
14 and there is a -- what is called a Hispanic
15 Parent Outreach Program in Texas that is
16 teaching parents who do not speak English sign
17 language, and instead of using English
18 translation are using Spanish translation of
19 American sign language.

20 Now, the problem with this is
21 that American sign language in general is not
22 the sign system used even in the schools that
23 do not have oral/oral programs; most of these
24 use some sort of manual English, some sort of

1 signs of English.

2 Texas has its own particular sign
3 system called briefed signs.

4 It is very much like seeing
5 essential English, and parts of that have been
6 translated into Spanish, but there really are
7 no -- there is no volume of materials for
8 hearing-impaired kids in Spanish.

9 This same program, this Spanish
10 Outreach Program has listed 248 volumes on
11 sign language in Spanish that is in all of the
12 United States.

13 123 of them are published by the
14 Lexington School of the Deaf, well, they have
15 a large population of nonEnglish-speaking, and
16 60 of them are from Texas, which is the
17 Texas-Mexican border, and 15 of them from the
18 school in California, and the rest of them in
19 every school will have one or two books for
20 parents in Spanish.

21 Another problem that I mentioned
22 is that of an assessment and children who do
23 not speak English, like children who come from
24 Spanish in the home traditionally have

1 suffered bias.

2 And all of us who are educators
3 of hearing impaired children know how they
4 suffer from a bias if they are measured by a
5 verbal test for intelligence or anything else
6 because their verbal skills are not generally
7 what they are hearing.

8 So just to start talking about an
9 assessment for these children brings us at a
10 really disadvantage, a terrible disadvantage;
11 and as far as I know there are no real
12 solutions to this problem.

13 There are tests that have been
14 translated into Spanish, but these have been
15 highly criticized by the leaders in bilingual
16 education; they say -- that existed in English
17 version are simply translated into the Spanish
18 version, and the students are not much better
19 off.

20 What has been suggested that
21 not -- that educators not rely on these
22 standardized tests as the only measures of
23 placing students, but instead develop some
24 observational techniques that would help them

1 place children in appropriate programs.

2 So in summary, I would like to
3 mention two programs that, I think, are really
4 doing a wonderful job and hope that maybe they
5 can lead the way into better things: The
6 Rhode Island School for the Deaf has a project
7 called Project Opportunity, and they provide
8 services for children of nonEnglish-speaking
9 homes, and they have more than one language,
10 they have Spanish, children from
11 Spanish-speaking homes, Portuguese, and even
12 some others; and they are doing an admirable
13 job.

14 Their -- is utilize the language
15 and the culture of the home because even after
16 our children learn English, and that is our
17 main objective, is that they should be
18 functional and fluent in English, but even
19 after that, their home culture is always going
20 to be a part of their total life, so don't
21 ignore it.

22 And the literature in bilingual
23 education emphasizes to the greatest extent
24 that the home language should be the one to be

1 the primary one in the language of the
2 starting point because this is where the
3 children are going to get the input.

4 MR. SCHWARTZBERG: Doctor June Grant, I
5 think at this point I am going to have to call
6 time because we are really running quite a bit
7 over.

8 DR. GRANT: The other program is
9 Lexington School for the Deaf; and those two
10 programs need to be exploited really.

11 MR. SCHWARTZBERG: At this point I
12 would like to ask if there are any questions
13 to the advisory committee?

14 I see no questions.

15 I have one question from Doctor
16 Lucas.

17 DR. LUCAS: A quick question for Doctor
18 Stoker.

19 When does a technological advance
20 become so commonplace that it would be needed
21 or would be mandated by the regular civil
22 rights legislation and regulations?

23 MR. SCHWARTZBERG: Doctor Stoker?

24 DR. STOKER: Let me make sure that I

1 understand the question.

2 When will they become so
3 commonplace --

4 MR. SCHWARTZBERG: Let me try to
5 rephrase it.

6 Technology changes over time.

7 What is the rule that helps
8 determine when a particular technological
9 change becomes reasonable accommodation?

10 Is there something other than a
11 rule of reason that one can apply or is it
12 just all wrapped up in this wonderful word
13 "reasonable"?

14 DOCTOR STOKER: I am afraid I am going
15 to have to go through your later suggestion, I
16 don't think -- I do not think there is any
17 general rule that I could give you there.

18 What is reasonable to one person,
19 however, may seem very unreasonable to
20 another; and I would like to add that very
21 often -- even very expensive technology is
22 less expensive than the consequences of
23 ignoring the ability of the hearing impaired
24 individual.

1 MR. SCHWARTZBERG: Thank you, Doctor
2 Stoker.

3 Any additional questions?

4 None. Let's turn from the Right
5 to An Education to the Right to Employment.

6 And as this panel steps down, I
7 will ask that Robert Menchel of the National
8 Technical Institute for the Deaf, Miss Bonnie
9 Tucker of Phoenix, Arizona, Mr. Sy DuBow,
10 National Center for Law and the Deaf, and Mr.
11 Rocky Stone of S.H.H.H. for the hard of
12 hearing, Mr. Alan Post, a lawyer of
13 Springfield, Illinois, if those five would
14 please come forward.

15 I will begin with -- Mr. Stone is
16 going to be the first to leave, although he is
17 going to be able to share some of the panel,
18 because he has a plane to catch and he will be
19 leaving here at approximately 4.

20 Mr. Rocky Stone lost his hearing
21 at age 19 while serving in the United States
22 Army.

23 He graduated from the University
24 of Southern California with honors in 1949.

1 His combined scholarship and
2 fellowship at the school at John Hopkins
3 University in 1949 and 1950 which led to his
4 Master of Arts Degree, and then spent 25 years
5 in -- a period during which he was severely
6 deafened with the Central Intelligence Agency
7 of the United States, the CIA, including 17
8 years abroad.

9 His last position in Washington,
10 he was responsible for all Soviet operations
11 worldwide.

12 He returned to the United States
13 at age 50, and in the year 1979 he founded the
14 organization known as S.H.H.H, Self-help For
15 the Hard of Hearing, in November of that year,
16 and started membership solicitation for that
17 organization in the summer of 1980.

18 Various observations have
19 suggested that the growth of that organization
20 since that time has been one of the most
21 remarkable organizing feats that we have seen
22 in recent years.

23 Mr. Rocky Stone, President of
24 Self-help For the Hard of Hearing.

1 MR. STONE: Thank you, Mr.
2 Chairman.

3 I don't usually read speeches,
4 but testimony before a distinguished
5 Commission such as this, I try to be a little
6 bit more precise.

7 Most of my work is motivating
8 work in which we try to stimulate people to
9 understand their problem and try to do
10 something about it, but civil rights
11 safeguarded by the Constitution and by the
12 Bill of Rights, but that is just the
13 principal.

14 But because of the fact that I
15 have been assigned the task of speaking about
16 practical aspects of access legislation and
17 policy changes implies that there must be a
18 considerable gap between the principal and the
19 reality of what occurs today, and that is
20 certainly true.

21 If I were to attend the very
22 highly advertised Statue of Liberty
23 celebration next week in New York, I would be
24 unable to participate in any of those

1 ceremonies for the simple reason that they are
2 communicatively inaccessible.

3 There will be millions of people
4 like me in the United States who, if they had
5 the ability to receive the benefit of the
6 technology that Doctor Stoker and others have
7 described to you, we could be in the
8 mainstream of life.

9 I think there is a very definite
10 communication here implicit in the existence
11 barriers is the denial of fundamental rights,
12 the right to assembly, the right to
13 employment, as we are discussing here, and
14 even the right to due process because many
15 courtrooms are among public facilities that
16 remain communicatively inaccessible; certainly
17 denial of access, be it physical or
18 communications is in violation of both the
19 spirit and the intent of civil rights laws,
20 particularly as they have evolved through
21 clarifying legislation and court tests over
22 the last 20 years.

23 The law represents a major
24 resource and sometimes the course of last

1 resort in which handicapped people must turn
2 if their rights are to be affirmed.

3 Did you hear that worried
4 "affirmed"? That is the key word because that
5 brings us to the practical aspects of access.

6 We, those of us who are hearing
7 impaired, must do the affirming.

8 Our record in this regard is very
9 weak.

10 Since 1973 Congress has sought to
11 forbid discrimination against all handicapped
12 individuals; and yet just four months ago in
13 1986 the National Council on the Handicapped
14 issued a report to the Congress and to the
15 President in which the Council noted that
16 existing civil rights laws do not cover
17 discrimination on the basis of handicapped.

18 NCH recommended that Congress
19 enact a quote, "new comprehensive law"
20 requiring equal opportunity for individuals
21 with disabilities with broad coverage in
22 setting clear, consistent, and enforceable
23 standards prohibiting discrimination.

24 The law remains a tool which we

1 hearing impaired people must be prepared to
2 use in asserting our rights within its
3 framework, without this existing or improved
4 legislation will mean nothing.

5 Access is imposed by law in two
6 ways: By the element of equal opportunity
7 and/or by the legal provision guaranteeing
8 equal access to services and to programs.

9 Where can hearing impaired people
10 who need help in finding and holding a job go
11 for help?

12 Many turn to state vocational
13 rehabilitation agencies. Even the employed
14 person may need vocationally-oriented advice
15 or counseling to individual in advancement, to
16 determine more personally satisfying
17 employment or to avoid further injury to his
18 or her hearing in the present employment
19 context.

20 Those too young to work need to
21 help coordinate their education with
22 vocational goals, and older persons who desire
23 employment to supplement retirement income
24 should also have advice and assistance

1 available, but there are many problems
2 inherent in the nature of the population to be
3 served.

4 The term hearing impaired
5 includes deaf and hard of hearing people;
6 typically however services and benefits from
7 legislation and/or regulations have focused on
8 deaf people.

9 Recently a trend has developed to
10 include to some extent that population which
11 we describe as hard of hearing.

12 In terms of ability effectively
13 to receive spoken communication through the
14 auditory process, there is a thin line between
15 profoundly deaf and severely hard of hearing
16 people.

17 Intent to provide services to
18 both immediately triples the constituency; in
19 other words, with two million deaf people, we
20 add over four million who are severely hard of
21 hearing to total over six million possible
22 recipients of services.

23 There is talk too of giving more
24 recognition to the functional aspect of

1 hearing disability in addition to the more
2 diagnostic and measurement of decibel loss.

3 If you have a 60 decibel loss,
4 and I have a 110 decibel loss, and neither of
5 us can understand what the other person is
6 saying to us, it really doesn't make much
7 difference diagnostically.

8 The key word is function, and the
9 degree to which we cannot only direct the
10 attention of our medical and professional
11 society in order the functioning aspect of
12 hearing loss and the government as well that
13 will determine how far we are able to advance.

14 Interpreting and implementing
15 existing regulation becomes increasingly
16 difficult, as we move away from something that
17 is very clearly defined, it is at the far end
18 of the spectrum of need, profound deafness;
19 people understand that a little better anyway
20 than the ambiguity which often occurs in
21 moderate to severely hearing impaired persons
22 in the work place.

23 Recent trends in government
24 and -- a recognition of the problems and

1 perils that deaf persons and a company's
2 willingness to provide services and to make
3 accommodation for this large population are a
4 beginning, but it is slow going and it is
5 going to continue to be slowing going for
6 sometime.

7 The hard of hearing person often
8 has disability in using the telephone to set
9 up an interview.

10 Let me give you an example, what
11 I think is a pretty representative type of
12 conversation that goes on among people that
13 are in our particular -- the phone rings and a
14 female voice says "Mr. Jones, this is Mrs.
15 Shift. We received your resume, and we would
16 like to have you come in tomorrow morning at
17 10:00 o'clock; our address is 3347 Street,
18 have you got that?"

19 "Is this Mrs. Smith?"

20 "Yes, yes."

21 "Mrs. Smith, we have got your
22 resume.

23 We would like you to come in at
24 10:00 o'clock tomorrow."

1 The tentativeness, the hesitation
2 immediately conveys a picture in the eye of
3 the interviewer of somebody who is not too
4 sharp.

5 The question of whether they even
6 go through with the interview at that point is
7 a very significant one, but you usually
8 struggle through to get the time and the
9 address, and you get there the next morning --
10 if you can get by that next interview by some
11 miracle of a combination of empathy and
12 assertiveness and perhaps even admitting that
13 you have got a problem which is Catch 22
14 because as soon as you admit that you have got
15 a problem, they form, the supervisor can and
16 frequently does form in his or her mind the
17 degree of limitations that you have in the job
18 because they don't know a thing about you or
19 your problem.

20 They simply react to the fact
21 that if you are severely hard of hearing, you
22 cannot do certain things.

23 I was fortunate in the CIA; they
24 didn't treat me as a disabled person.

1 They related to me on the basis
2 of my abilities, and it is because of that
3 reason that I was able to rise to the top of
4 that organization, plus my own drive and
5 competence, but if I didn't have the chance,
6 the openness of the personnel and the
7 administration of that organization permit me
8 to do that, I would have been dead in the
9 beginning.

10 Most of the people who interview
11 us have -- make these decisions in the past
12 and continue -- will continue to the degree
13 that they remain uneducated.

14 And we have to do a lot of
15 educating;
16 they cannot decide what our limitations are.

17 In relating to the supervisor, if
18 we do get a job, we have a serious problem.

19 Again the question is do you
20 admit the hearing loss or do you try to hide
21 it?

22 And if you do admit it and try to
23 work with it, to what degree is that person
24 going to accept those conditions and those

1 moderate differences of approach which make
2 the -- the difference of life and death to you
3 as a hearing impaired person.

4 Again it is a matter of
5 education.

6 We have to make some modification
7 of the environment on the job, not much, but
8 some, but again there has to be an educated
9 willingness to accept these modifications so
10 that they don't -- they are not construed as
11 simply giving somebody something special as
12 opposed to equal treatment of all other
13 employees.

14 What they are actually doing is
15 giving us the access that we need to perform
16 at whatever level we are capable in that work
17 place by making these accommodations; and as
18 Doctor Stoker said, most of the time they are
19 not very expensive.

20 We have trouble in acquiring the
21 necessary tools with which to do the job,
22 environment considerations.

23 We have trouble in maintaining
24 the job after acquiring it, and after we put

1 on a visible hearing aid.

2 Throughout the United States I
3 have talked to people who, when they put a
4 hearing aid on in a sensible effort to
5 maintain effective communication in the work
6 place and in society, they are fired.

7 The people who are fired most
8 frequently are teachers, school teachers.

9 There are faces in this audience
10 that I recognize who have lost their jobs
11 because of the onset of hearing loss.

12 One, I believe, is a
13 stenographer, another was a research person,
14 but right here in Chicago.

15 You have very specific examples
16 of what it is we are talking about; job
17 maintenance becomes a very important aspect of
18 civil rights in this context.

19 If you travel, the barriers of
20 the use of the telephone, inability to hear
21 announcements at airports and train stations,
22 difficulty in hearing a door lock, smoke
23 alarm, or a phone ring in a hotel room, and
24 the overall strain of attending leaves us limp

1 at best, and at worse costs us our job.

2 Legislation effecting all of
3 these situations already exists, but few hard
4 of hearing people are aware of it, and even
5 fewer employers take the initiative in
6 addressing the problem.

7 The size of the gap between
8 legislation and compliance, in my opinion, is
9 the sum of ignorance on the part of both
10 employer and employee; neither can educate the
11 other, which is the beginning of compliance,
12 if they have no knowledge of the subject.

13 In those organizations where
14 serious efforts are being made to understand
15 and comply with laws regarding people who are
16 handicapped, inclusion of the visible
17 condition in their consideration has been
18 slowed to -- and that is understandable.

19 There is no point in simply
20 waving our arms and getting angry about it.

21 Many of these people sincerely
22 are interested in trying to do something in
23 the way of accommodation, but they don't
24 really look at a hard of hearing person as

1 having a problem; and it is only when the hard
2 of hearing person is willing to explain that
3 in a nonemotional way, that we can make any
4 real progress.

5 Oh the laws on the books aren't
6 going to help too much unless the employer is
7 sensitized to the fact that a communication
8 access is on a bar with physical access; by
9 and large they gravitate toward what they can
10 see.

11 They gravitate toward what they
12 think is obvious; clearly education is the
13 major problem.

14 Employers must be made aware that
15 hard of hearing people are covered under the
16 same legislation that relates to people with
17 physical disabilities; communication access is
18 on a bar.

19 It is accepted in the standards
20 of the architectural -- there are specific
21 definitions in answer to the question that was
22 raised here before about what constitutes
23 reasonable accommodation in terms of
24 communications access; and they are described

1 as an annex to this paper, which I have
2 submitted to this Board.

3 The employer must be taught what
4 problems arise in the work place due to
5 hearing impairment and what can be done to
6 resolve them.

7 Hard of hearing people must be
8 informed of the rights, very difficult due to
9 the size of the population, its diversities,
10 and the cloaks of anonymity worn by so many of
11 its members.

12 Hard of hearing people must
13 assert their rights; no one is going to do it
14 for them.

15 In spite of the goodwill of many
16 of our hearing people, there is no better
17 advocate in this issue than we who have the
18 problem.

19 In our society there is no
20 automatic implementation of law, people have
21 to insure compliance, that requires deep
22 involvement in their own cause; and until
23 recently hard of hearing people did not even
24 perceive a cause, but they are learning.

1 In our economic and political
2 system social issues usually face an uphill
3 fight, and it is not just in this
4 administration, I do not foresee any
5 administration coming to Washington that is
6 going to be significantly more responsive in
7 our economic constraints over the next 20, 10
8 years.

9 The issues must be made highly
10 visible and presented in a way so that the
11 person having no experience with the problem
12 will understand it and perceive that action is
13 required along the lines recommended by
14 proponents of the issue.

15 This has always been difficult
16 for those conditions which are invisible,
17 first and foremost among that group are those
18 who are hearing impaired.

19 Sign language makes deafness
20 visible; it tells the world that
21 communications are being sent and received
22 manually.

23 For 100 years, organizations of
24 and for deaf people have worked to providing

1 support structures disseminating information
2 about the civil rights of deaf people, and
3 with varying degrees of success have organized
4 constituencies to participate in the process
5 of securing those rights.

6 Just six years ago this month the
7 only successful national organization of hard
8 of hearing people began its struggle to
9 organize and inform a constituency which
10 should soon play a major role in improving the
11 lot of all hearing impaired people.

12 The reason I use that word "all"
13 is that we have the numbers.

14 If you have two million deaf
15 people struggling for years with the
16 assistance of parents and professionals to
17 meet the kind of demands that are placed on --
18 by our society, it is difficult.

19 If you add the other 18 million
20 hard of hearing people in this country to that
21 2 million then the numbers become very
22 significant; that last statement implies a
23 commitment on our part to work closely with
24 deaf people and their organizations in pursuit

1 of our mutual objectives.

2 Self-help for Hard of Hearing
3 people is only six years old.

4 We have 12,000 due-paying
5 members.

6 We are embarked on an educational
7 program through our publications, foremost of
8 which is our Journal S.H.H.H, which has an
9 estimated 200,000 readers.

10 We have negotiated a cooperative
11 action plan with the Council of State
12 Administrators of Vocational Rehabilitation,
13 Rehabilitation Services Administration, and
14 the National Institute of Handicapped
15 Research, to include specifically services for
16 hard of hearing people.

17 We work closely with and on an
18 equal basis with -- through a joint task force
19 set up by President Gary Lee and myself -- we
20 have been successful in enlisting the support
21 of professional groups in the hearing health
22 delivery field; and we have excellent
23 relationships with professionals throughout
24 the country.

1 Unlike the nice lady who said
2 that the parents were in awe of professionals,
3 I must say we are not.

4 We work with professionals on an
5 equal basis; and we appreciate very much their
6 input, but in awe, we are not.

7 Our 192 chapters and groups in 43
8 states; we have members of all 50 states, are
9 embarked upon a national advocacy program
10 requiring communications access for hearing
11 impaired people in all buildings supported by
12 government funds and all programs supported by
13 government funds, such as the National
14 Endowment for the Arts.

15 Our members are engaged at state
16 and local levels at a variety of legislative
17 activities.

18 In a national survey to determine
19 priorities for services and research during
20 the next 10 years, the problem of hard of
21 hearing and deaf person who face
22 discrimination in the labor market is being
23 examined.

24 We note that employers have been

1 reluctant to depend upon the worker with
2 impaired hearing, despite evidence that their
3 fears are unfounded, and that such an employee
4 can be as good or better than any other.

5 The prejudices is often deep, and
6 it is reinforced when the hard of hearing
7 person or deaf employee is placed in
8 situations that exacerbate the difficulties in
9 communication.

10 The problem remains large, but
11 the framework for action is in place by
12 including the hard of hearing person in the
13 interpretation of existing legislation and
14 regulation, which has come about through
15 policy changes in the last six years.

16 We are opening a new area.

17 The large numbers of hard of
18 hearing people can reinforce efforts by deaf
19 people to obtain practical means of access in
20 the labor market, through national programs of
21 employer education, grassroot supports for
22 appropriate legislation, and increased
23 representation on Federal and State
24 Commissions, Boards, and organizations which

1 frequently affect us directly.

2 While our problems require
3 different solutions in many cases, deaf and
4 hard of hearing people in combination can
5 begin to realize a world of equal access in --
6 by the Rehabilitation Act of 1973.

7 Thank you very much.

8 MR. SCHWARTZBERG: Our next speaker is
9 Miss Bonnie Tucker.

10 She is an attorney specializing
11 in litigation for large corporate clients,
12 particularly antitrust, trade secrets,
13 business torts, and contract disputes.

14 At this point I would like to
15 call just about a minute break for the benefit
16 of the court reporter.

17 (WHEREUPON, a short break was had.)

18 MR. SCHWARTZBERG: I had begun to
19 introduce Miss Bonnie Tucker.

20 Let me, at the risk of repeating
21 myself, go back to the beginning of that
22 introduction.

23 Bonnie Tucker is an attorney with
24 the firm of Brown and Bain in Phoenix,

1 Arizona.

2 She specializes in litigation for
3 large corporate clients, particularly
4 antitrust, trade secrets, business torts, and
5 contract disputes.

6 She received her Doctorate in
7 Jurisprudence from the University of Colorado
8 in 1980 when she was Editor in Chief of the
9 Law Review -- let me repeat, she was Editor in
10 Chief of the Law Review at the University of
11 Colorado Law School; and she graduated Order
12 of the -- the highest honor society.

13 She clerked for one year for the
14 honorable William E. Doyle, the 10th Circuit,
15 United States Court of Appeals.

16 She is a member of the Arizona
17 Bar, the Colorado Bar, and the California Bar.

18 She is chairperson of the Arizona
19 Council for the Hearing Impaired.

20 She served for the past four
21 years as member of the National Advisory Group
22 to the National Technical Institute for the
23 Deaf.

24 She is a member of the Board of

1 Directors of the Arizona School for the Deaf
2 and Blind. .

3 She is the author of several
4 articles on rights of the hearing impaired
5 people.

6 She will teach in 1986/1987 a
7 three-credit course at the Arizona State
8 University College of Law on the rights of
9 physically handicapped persons.

10 She is profoundly deaf, and she
11 has been profoundly deaf since infancy.

12 Miss Bonnie Tucker.

13 MS. TUCKER: Mr. Schwartzberg, Members
14 of the Commission.

15 I am very happy to have the
16 opportunity to address you today with respect
17 to employment, with respect to the employment,
18 the rights of hearing impaired people have
19 their rights in three courses, the United
20 States Constitution, Federal Statutes and
21 State Statutes and Regulations.

22 Due to the impossibility of
23 covering this very broad -- I will limit my
24 summary this afternoon to a discussion of

1 Federal.

2 There are three primarily Federal
3 Statutes that are intended to assist
4 handicapped people with respect to employment,
5 Section 501, 503, and 504.

6 The three primary Federal
7 Statutes that I intended to -- are we all set
8 here?

9 Okay, thank you.

10 I will start from the beginning,
11 okay?

12 With respect to employment, there
13 are three primary Federal Statutes that are
14 intended to assist the handicapped people:
15 Section 501, 503, and 504 of the
16 Rehabilitation Act.

17 The Section 501 of the Act
18 prohibits the Federal Government from
19 discriminating in matters of employment on the
20 basis of handicapped; and it requires federal
21 employers to take affirmative action to hire
22 qualified handicapped people.

23 A qualified hearing impaired
24 person in section 501 is one who with or

1 without reasonable accommodations of and if --
2 in terms of education and experience for the
3 particular job.

4 Under this Section federal
5 employers are required to make reasonable
6 accommodations on an individual's hearing
7 impairment.

8 With this statute we have a
9 little -- it is reasonable if it does not have
10 undue hardship on the operation of a federal
11 agency program.

12 The term reasonable accommodation
13 is specially defined to include interpreters
14 that require job restriction to eliminate that
15 barrier for hearing impaired persons that a
16 medical technology -- answer the telephone
17 when the secretary is away from the desk.

18 The second statute, Section 503
19 of the Rehab Act requires any company with the
20 federal contract or subcontract with more than
21 \$2,500 to take affirmative action to employ
22 qualified handicapped people.

23 Several hundred thousand private
24 businesses are affected by this statute which

1 requires federal contracts to make reasonable
2 accommodations for employees' hearing
3 impairment.

4 Reasonable accommodation per
5 Section 503, but those are not cause undue
6 hardship for the employers when looking into
7 these -- as the business of necessity and the
8 expense of the accommodation.

9 There are two significant factors
10 to understand with respect to Section 501 and
11 503.

12 First, they both require
13 affirmative action. No discrimination is not
14 sufficient.

15 Therefore, employer is subject to
16 Section 501 and 503 are advocated to actively
17 recruit qualified handicapped people.

18 Second, they both require the
19 basis of reasonable accommodations.

20 Now, if that represents
21 accommodation to allow hearing impaired person
22 to perform the function of a particular job, a
23 reasonable -- of that must be the nature and
24 cost of the accommodation.

1 So the ultimate decision will
2 rest on a large part upon the state of
3 technology, and often what services are
4 available to assist the hearing impaired
5 person and how much it will cost the employer
6 to purchase such a system.

7 As technology advances, therefore
8 more and more necessary accommodations will be
9 held to be reasonable.

10 The third Federal Section of
11 Section 504, the Rehab Act, prohibits all
12 recipients of federal -- from discriminating
13 against otherwise handicapped qualified people
14 because of the term "Federal Finance
15 Assistance" to encompass anyone as well as
16 to -- this section applies to a vast number of
17 businesses.

18 Moreover, the Supreme Court
19 recently ruled contrary to the ruling of
20 separate lower courts that when a handicapped
21 person seeks relief for employment
22 discrimination on Section 504, it does not
23 have to be shown of the primary objective the
24 federal financial assistance was to promote

1 employment.

2 This ruling will expand the
3 number of situations for Section 504 as held
4 to apply.

5 Unfortunately, however, the
6 recent Supreme Court -- under a recent Supreme
7 Court ruling, Section 504 will probably be
8 limited to specific department between the
9 business or program that receives the federal
10 financial assistance.

11 For example, if only one branch
12 of a company receives federal financial
13 assistance, that branch will have to comply
14 with the mandate of Section 504 but the other
15 branches of the company will not.

16 Now, this is a serious detriment
17 to the implementation of Section 504 unless --
18 and this really needs to be amended.

19 The need for that amendment was
20 recognized and the amendment was proposed in
21 Congress in 1984, that amendment passed the
22 House; as far as I know nothing is happening
23 about that right now.

24 The goal of Section 504 is to

1 allow a hearing impaired person to reach the
2 same level of achievement in his skill of
3 employment as that reached by others employed,
4 the most integrated setting appropriate to the
5 person's needs.

6 Unlike Section 501 and 503,
7 Section 504 does not contain affirmative
8 action component so employers subject to
9 Section 504 do not have to take steps to
10 affirmatively create handicapped people.

11 They do, however, have to provide
12 reasonable accommodations, the same as they
13 are subject to Section 501 and Section 503.

14 With respect to Section 504 an
15 otherwise reasonable accommodation can perform
16 the essential function of the task in
17 question; accommodation is held to be
18 reasonable, it does not cause the employer
19 undue hardship when looking at the nature of
20 the player's program, the nature of the
21 program operation, including the composition
22 and structure and the type and cost of the
23 accommodation need.

24 Now, the issue of reasonable

1 accommodation is directly related to the
2 question of whether a handicapped individual
3 is otherwise qualified for -- the Supreme
4 Court has ruled to be otherwise qualified for
5 a job, a handicapped person must show that he
6 is qualified inspite of his handicap.

7 The court interpreted this as
8 meaning that the individual must show that he
9 meets the criteria for the job apart from the
10 handicap, and that the physical standpoint
11 relating to his handicap is either not
12 job-related or cannot -- the court have been
13 very confusing and conflicting decisions with
14 respect to the -- which will render a
15 handicapped person otherwise qualified for a
16 particular job.

17 Each case is decided in light of
18 the, and unfortunately in accord with the view
19 of the particular judge hearing the case.

20 No one has come up with a clear
21 cut formula for the uniform application of
22 Section 504.

23 It will be helpful if we can to
24 evaluate whether a handicapped individual is

1 otherwise qualified.

2 Even if we succeed in that -- I
3 don't think we will ever eliminate the
4 subject.

5 From the things that I am going
6 to assign to my class that I will teach in the
7 University for the first time in my life, I am
8 going to give them all the exercise to bring
9 to class one day a summary of how they think
10 we can establish objective criteria for
11 deciding if the person is otherwise qualified.

12 Maybe they are just starting law
13 students, but maybe they will come up with
14 something the rest of us haven't been able to
15 come up with.

16 There are two other issues in
17 relationship to 504, they need to be mentioned
18 because in my opinion the amendment to this
19 section deals, for example, with the programs
20 specifically of the Federal Financial
21 Assistance or a prospective criteria for
22 determining whether a person is otherwise
23 qualified should also address these two
24 issues.

1 First, Section 504 does not state
2 who has the ability of proving that a person
3 is not otherwise qualified or is otherwise
4 qualified.

5 I think that the statute should
6 be amended to require the employer to bear the
7 burden of proving that the handicapped is not
8 qualified to perform the job in question, even
9 with his assistance of reasonable
10 accommodations rather than with -- the
11 Handicapped Act -- to prove that he or she is
12 qualified.

13 Section 504 is intended to
14 eliminate discrimination based on stereotype
15 judgments concerning the capabilities of
16 handicapped people.

17 Thus, the burden should lie with
18 the employer to show that he has conducted a
19 careful and objective inquiry into the actual
20 capabilities of a handicapped person and has
21 concluded that there are real and not imagined
22 reasons why the handicapped person is not able
23 to perform in a job or that there are real
24 reasons unrelated to the handicapped but for

1 not hiring the handicapped person.

2 Absent this requirement, the goal
3 of Section 504 is easily defeated and has been
4 easily defeated in many published court cases.

5 The second issue involves a
6 question of whether to be given to the
7 decision of administrators of federally-funded
8 programs of the -- that it does not have to be
9 shown that an employer intentionally
10 discriminated on the basis of handicapped in
11 order to prove that the employer violated
12 Section 504.

13 Some courts upheld a considerable
14 deference should be given to decisions made by
15 administrators in Federally-funded programs,
16 as long as there is no evidence that -- intent
17 or as long as that is not shown that the
18 purpose of the employer's requirements was to
19 deny benefits for handicapped people.

20 Section 504 should be amended to
21 preclude such difference since administrators
22 or employer's decisions may be based upon the
23 very type of erroneous -- about the
24 handicapped being a condition or paternalistic

1 attitudes that Section 504 was intended to
2 remedy.

3 These three statutes, Section
4 501, 503, and 504 of the Rehabilitation Act
5 apply only to federal employers or contractor
6 and to recipients of federal financial
7 assistance.

8 Many states, however, have
9 intended laws that provide educated people
10 with some relief from employment and
11 discrimination in the private sector;
12 additionally almost all states have statutes
13 for prohibiting discrimination.

14 These statutes may be broadened
15 and offer more protection than the federal
16 statutes.

17 Analysis of these laws, many of
18 which are relatively new and untested is
19 beyond the scope of my talk today.

20 The difficulty of acquiring
21 private employers in a free enterprise system
22 to hire a handicapped person and to make
23 reasonable accommodations for the disabilities
24 for these employees is obvious.

1 Private employers are concerned
2 with safety, and the maximization of profits.

3 There is little uniformity among
4 the states with respect to questions of how
5 far they are willing to go in telling private
6 employers who they must hire and how they must
7 spend their money.

8 A hearing impaired person who has
9 been discriminated against by a private
10 employer should look to the laws of the
11 applicable state to determine, first, whether
12 this state's antidiscrimination laws apply to
13 private as well as public employers.

14 Second, whether the hearing
15 impaired person falls within the state's
16 definition of a handicapped person.

17 Some states, for example, define
18 that term "handicapped" as a condition
19 unrelated to the ability to perform a job.

20 So in this case all an employer
21 has to do to avoid compliance with this
22 statute is to show that an applicant's hearing
23 is somewhat related to the ability to perform
24 the job, which can always be shown.

1 Third, the hearing impaired
2 person has to find out the number of employees
3 that the employer must have in order to be
4 subject to this state law.

5 Fourth, if the state law requires
6 that the employer to take steps to take
7 affirmative action to hire and promote
8 qualified handicapped people, and we need to
9 look at the scope and breath of the state
10 statute.

11 On the positive side, more and
12 more states are making substantial efforts to
13 prohibit discrimination against handicapped
14 people, and every year the existence of
15 technology improves, making it easier for
16 employers and administrators or administrators
17 of service to make accommodations for hearing
18 impaired people.

19 On the negative side, the Supreme
20 Court is currently reading the federal law on
21 a very restrictive manner which, in
22 combination with the Reagan Administration,
23 the negative attitude about the civil rights
24 has not been encouraging.

1 Obviously, however, things are
2 looking up for hearing impaired people.

3 We need to insure that this
4 positive trend continues; and I hope that the
5 Commission will take an active role in that
6 part.

7 Thank you very much.

8 MR. SCHWARTZBERG: Sy DuBow has been
9 Legal Director of the National Center for Law
10 and the Deaf since 1975.

11 He has worked on federal and
12 state legislation to advance the rights of
13 hearing-impaired people.

14 Mr. DuBow has also been counsel
15 in several federal court cases involving
16 disability rights.

17 These cases have included issues
18 related to interpreters in colleges and
19 universities, special education, and
20 employment.

21 Two recent Supreme Court cases he
22 has been involved with are Consolidated Rail
23 Corporation versus Darrone supporting full
24 coverage against employment discrimination in

1 any federal program, and Irving Independent
2 School District versus Tatro finding clean
3 intermitten catherization as a necessary
4 related service for a handicapped child.

5 Finally, he has lectured and
6 written extensively including co-authoring the
7 paperback book Legal Rights of Hearing
8 Impaired People.

9 MR. DUBOW: My job is to wake you up,
10 the end of the day here.

11 Employment opportunities for deaf
12 people, there are real severe restrictions
13 because of negative employer attitudes.

14 When deaf and hard of hearing
15 persons are hired, it is usually at low level
16 jobs, at low pay with few job protections.

17 Even if an employer hires a deaf
18 or hard of hearing person, they show
19 resistance to promote them.

20 Both blue collar and white collar
21 employees who are hearing impaired are
22 continually passed over, ignored because they
23 are deaf from various kinds of promotions.

24 So these employer attitudes are

1 the number one barrier to employment
2 opportunities for deaf and hard of hearing
3 people.

4 Employers often make stereotyped
5 wrong assumptions about the capabilities of
6 hearing impaired people.

7 One study indicates that
8 handicapped people must show generally that
9 they are more qualified than the hearing
10 people that are hired.

11 For deaf people and hearing
12 impaired people the most frequent problem with
13 attitudes relates to -- that is a sign meaning
14 safety -- safety.

15 Because of fears of safety they
16 have refused to hire or promote qualified
17 handicapped people, especially deaf and
18 hearing impaired people.

19 One example here in Chicago
20 involved the Chicago Transit Authority; there
21 was one deaf man who graduated from the
22 Illinois Rehab Department, number one, top of
23 his class in training to become a bus
24 mechanic.

1 He was a bus mechanic or a bus --
2 depending on the size; and he was turned down.

3 Because they said there would be
4 a danger for all of these buses going into the
5 maintenance garage, and because of that they
6 couldn't hire him.

7 Now, that deaf man himself
8 suggested a very simple reasonable
9 accommodation.

10 Why not just move my worksite to
11 an area that I can see all of those buses
12 coming in?

13 No problem, it is not going to
14 cost you anything.

15 They still refused until we
16 threatened a lawsuit, and then they agreed.

17 But that reasonable accommodation
18 was very simple, and again was suggested by
19 the deaf person themselves, who frequently are
20 in the best position to recognize what is a
21 reasonable accommodation.

22 A little off to the side, an
23 interesting example involves professional
24 architects.

1 There was a library, and it was
2 being constructed, a beautiful library.

3 The problem is they needed a
4 ramp, a ramp, okay.

5 Well, the architect had a
6 beautiful idea; and he had this ramp going
7 like that, a very steep angle with three steps
8 at the bottom.

9 Now, that was a ramp for Evil
10 Kanevil (phonetic) but not for a handicapped
11 person, but not for a handicapped person, but
12 they do that because they do not ask for input
13 from the handicapped person themself.

14 We see that again and again.

15 We see sometimes an employer will
16 call a meeting and not invite the deaf person
17 or the hearing impaired person.

18 For example, the post office has
19 safety meetings, important to discuss what
20 they should protect themselves for; and they
21 refuse to invite the deaf person, and there
22 are many deaf people that work for the post
23 office.

24 Instead they tell the deaf person

1 it is okay, it is all right; we will give you
2 a summary later.

3 We will tell you what is
4 important or what is not.

5 What if they had a question that
6 could cause or prevent an injury?

7 Another recent example was from
8 Florida that we were involved representing,
9 where an agency refused custody to two deaf
10 parents.

11 In Florida recently, a deaf
12 couple were denied custody of their children
13 simply because they were deaf, you hear that
14 better?

15 Again, it showed an attitude, an
16 attitude that deaf people or hearing impaired
17 people could not make decisions themselves.

18 You are saying, well, that is
19 kind of crazy in this day and age, but it
20 happens again and again.

21 There is the problem of hearing
22 people never meeting a deaf person; never
23 meeting a hearing impaired person so they
24 don't know how to handle that situation.

1 Common practice with
2 professionals or with lawyers is the deaf
3 person comes to see the lawyer, and an
4 interpreter comes along or a hearing friend,
5 and the lawyer says pointing -- the lawyer
6 says to -- directly to the interpreter or to
7 the friend -- what is his problem?

8 Tell me about his problem, never
9 looking at him in the eye, the deaf person.

10 How many times has that happened
11 where they ignore you?

12 You are isolated.

13 We see that again and again
14 because of hearing people's insensitivity and
15 inability to deal with a person who has a
16 disability.

17 Recently in Washington I was in
18 court, and they appointed a lawyer who only
19 knows one sign; the sign is "Not to worry."

20 The deaf person walked into the
21 courtroom, and the lawyer said "Not to worry,"
22 and that was it; and the deaf person never
23 knew what happened in the proceeding.

24 They just went out another door

1 and had to pay some money; and they never were
2 explained the proceedings, but we had seen
3 that again and again where deaf people are
4 left in the dark in employment situations and
5 they are frequently, frequently isolated.

6 We have here a situation where
7 courts, employers, legislators are making
8 basic decisions about the rights of hearing
9 impaired people but without involving them in
10 those decisions.

11 Too often in the past hearing
12 people, maybe good intentioned, have spoken
13 about the needs of hearing impaired people;
14 and as Rocky pointed out -- he just left -- it
15 is for the deaf people, the hearing impaired
16 people themselves that must affirm their
17 rights, but they have to be given an
18 opportunity to affirm their rights.

19 It is with that in mind that I
20 must say, with a bit of shock and chagrin,
21 that this Advisory Committee failed in meeting
22 their responsibilities.

23 It seems to me that when we talk
24 about an attitude problem, we have one right

1 here on this Committee, when they refused to
2 permit the largest consumer organization of
3 hearing impaired deaf people, the National
4 Association of the Deaf, ten minutes to speak
5 at this forum when they allowed 10 minutes to
6 speak on the qualifications of one lawyer
7 here.

8 I found it totally shocking
9 because when I was informed of this conference
10 to substitute for Mr. -- I noticed that they
11 were all representatives of the Alexander Graham
12 Bell Association, that's fine; there should be
13 your presence here, but I noticed no members
14 from Illinois.

15 I noticed no members from the
16 frat -- I notice no members from the National
17 Association of the Deaf.

18 Now, these are groups and no, not
19 the President of the Illinois Association of
20 the Deaf; and I recommended them to Mr. Lucas,
21 and he said fine.

22 And then on my urging J.B. Davis
23 and -- were here but no others; and I find
24 that a bit shocking in this time, if we are to

1 have a balanced forum, not to include the
2 major organizations involving deaf people.

3 A. G. Bell should be represented
4 and should be involved, but we should be all
5 of us to discuss all of our problems and not
6 have just half a loaf.

7 It is with that that I close; and
8 I have submitted my paper and my
9 recommendations, but I would hope that the
10 proceedings here will be open for addition
11 from other groups that have a contribution to
12 make so that the future of hearing impaired
13 people will not be determined by hearing
14 people without full input.

15 Thank you.

16 MR. SCHWARTZBERG: I am sorry that Mr.
17 DuBow did not look at the -- here at the
18 out -- at the time first that additional
19 materials can be submitted in writing at any
20 time through July.

21 Second, we regret that the time
22 that -- made any discussions -- we include
23 three of his discussions; and we further
24 regret that Mr. DuBow has seen fit to take the

1 attitude which he takes.

2 Nevertheless, this Commission
3 will as it always does be open to people who
4 wish to appear before it.

5 We have often opened up to hear
6 those who wish to appear before us.

7 We meet on a regular basis in the
8 federal building.

9 And if there are additional
10 people who wish to appear before us, we will,
11 of course as we always have, hear them.

12 Now, let me turn to the next
13 person on the agenda, and that is Mr. Alan
14 Post.

15 Alan R. Post is a graduate of the
16 University of Wisconsin, Madison, with a law
17 degree in 1972.

18 He is admitted to the Bars of six
19 states, including Wisconsin, Maryland,
20 District of Columbia, Nebraska, Minnesota and
21 Illinois.

22 He is currently an attorney with
23 Sorling, Northrup, Hanna, Cullen and Cochran,
24 Ltd., Springfield, Illinois.

1 He has been an attorney with the
2 Interstate Commerce Commission Washington,
3 D.C., 1972-76, the Union Pacific Railroad
4 Company, Omaha, Nebraska, 1976-78, the
5 Burlington Northern Railroad Company, St.
6 Paul, Minnesota, 1978-83, Illinois Bell
7 Telephone Company, Chicago, Illinois, 1983-86.

8 Activities involving persons with
9 handicaps include membership in the State of
10 Minnesota Council for the Handicapped, St.
11 Paul, 1982-83, Legal Review Chair of the Spina
12 Bifida Association of America, Chicago, 1983
13 to present, and President of the Spina Bifida
14 Association of Minnesota, Minneapolis, 1982.

15 His office address is P.O. Box
16 5131, 800 Illinois Building, Springfield,
17 Illinois, 62705.

18 It says here-- and I am not
19 really here to give his phone number -- I am
20 here to provide you with the information that
21 we welcome.

22 Alan R. Post.

23 MR. POST: I suppose that makes me
24 sound like a redneck conservative utility

1 lawyer that doesn't necessarily mean that I --
2 I share a lot of frustration, and I have felt
3 them personally, and I know exactly what he is
4 talking about, where he is coming from.

5 The correct pronunciation is
6 Spina Bifida.

7 I appear before you also as a
8 parent of a 10-year-old daughter who cannot
9 walk; that young lady was put in the hospital
10 this morning for some major surgery, so if I
11 seem a little less connected, she is at
12 Children's Hospital undergoing the knife right
13 now.

14 The Commission did ask some very
15 pertinent questions, and rather than burdening
16 them, I would like to address some of the
17 questions.

18 One of the questions was how can
19 you help parents carry out their legal rights?

20 One way you can do it is to pay
21 their legal bills when they win.

22 There was a brief mention of the
23 Tatro case, they ran up a quarter of a million
24 legal bill -- to require that their 7-year-old

1 daughter have some very personal private
2 administration through plumbing so that she
3 could go to the bathroom, otherwise they are
4 going to keep her out of school.

5 Now, every other civil right,
6 whether you are a female, black, anything but
7 the handicapped, we can get legal bills paid.

8 Handicapped folks, sorry, you
9 cannot get your legal bills paid when you win;
10 that's assuming you are willing to put up with
11 the trauma of the litigation, the hassles of
12 having your daughter's toilet matters made
13 public.

14 I understand that, my daughter
15 has the same procedure, that's one suggestion,
16 cover the legal bills, go along with Senator
17 Witer's (phonetic) bill to amend 503, 504.

18 When the parents win, to cover
19 the legal bills; the parents will then sit up
20 and listen because they will have some
21 incentive to hire -- I am not in that area of
22 practice; I have been a salaried employee
23 worried about utility price increases, you all
24 love that when your electricity -- that has

1 been my fun and games for the last 15 years.

2 Technology, I agree
3 wholeheartedly with Doctor Stoker that I am a
4 child of technology.

5 Our sights are not set high
6 enough here.

7 I have been fooling around with
8 my briefcases, kind of inbetween speakers,
9 with all of the gadgets and garbage that I
10 carry around to cope with courtrooms, noisy
11 meetings, but our sights are nowhere near high
12 enough.

13 I started with headsets from
14 crystal radio and my electrical engineer
15 father said "Here, you can hear better with
16 this."

17 And we graduated to a headset for
18 the family tv set, and all of this junk back
19 here, and basically radio and headsets, jam
20 the sound into your ears.

21 That is Rocky's philosophy,
22 self-help for the hard of hearing; don't buy
23 the thing from the hearing aid dealer, buy it
24 from Radio Shack or the local fix-it store,

1 but jam that sound into your ears in some
2 self-help manner.

3 I will give you a crazy example,
4 but the next time you see a Federal Express
5 truck, look inside the front seat and see if
6 you don't see a little tv screen; that thing
7 is a little TDD, and somebody can write
8 messages across that, and that's exactly what
9 they do in that Federal Express truck.

10 You can be deaf, and they can
11 write you messages; stop the truck before you
12 do that.

13 And you can see the messages;
14 very interesting because of office automation
15 you have a tv set.

16 You have secretaries, you have
17 people pounding things out.

18 Pretty soon we will all be
19 writing messages back and forth; we come into
20 the mainstream.

21 I have been into the mainstream;
22 it is difficult, but we are starting to get
23 somewhere.

24 How much should it cost?

1 I know people who are paralyzed
2 from the neck down, they breathe on oxygen.

3 They live in an electrofied
4 wheelchair; it costs the employer \$20,000 to
5 modify the work place so they can modify --
6 our sights are nowhere near high enough.

7 None of this stuff behind me
8 costs -- I am a \$45,000 a year taxpayer --
9 isn't that a reasonable invention?

10 It is cheap. Please wake up to
11 it; it is cheap for us.

12 One of the speakers emphasized
13 early diagnosis, absolutely essential and
14 critical.

15 Start jamming the normal sounds
16 into the kid's head as soon as possible.

17 People look at me and say "How
18 did you ever learn to talk normal?"

19 My mom and dad jammed that sound
20 into my ears, \$20 headset for the tv set.

21 Again, what is reasonable
22 accommodation?

23 \$20,000, you make 50,000 a year,
24 that is cheap.

1 Over a course of a lifetime you
2 pay quite a few taxes, why not blow your money
3 some more on cellular technology or any kind
4 of technology.

5 That was -- but it is basically a
6 telephone, and all you do is use it like an
7 ordinary telephone.

8 Why worry about the -- carry your
9 own phone with you; put it up to your ear and
10 bing it out and get a volume control.

11 Now, that is 3,000, but you will
12 find them running over in the Chicago
13 Mercantile Exchange, the traders make enough
14 money, and they live by the telephone.

15 The doctors start doing the same
16 thing -- not so crazy.

17 I have a phone like this in my
18 car because it was a phone that I know I can
19 depend on.

20 I come to the Chicago Hilton, I
21 can't use the phone in the room; my wife says
22 "My God, I can't even hear."

23 The old trusty Radio Shack
24 device, \$30.

1 It happens to be made by Walker,
2 and it is pretty good; plug it in, and it
3 works if everything is compatible.

4 I have been accused of wanting to
5 be a big shot; I asked for a speaker phone.

6 It costs you \$70, but someplaces
7 have very rigid regulations how many square
8 feet you can have, depending on what your
9 grade level is.

10 But if you are hearing-impaired,
11 you deserve it.

12 How much does it cost?

13 Go down to the store and buy one
14 if you have to, but buy a good one; buy a
15 cheap one, it is no good.

16 I think I have got everybody's
17 attention.

18 I got started on this thanks to
19 Mother Bell, and I don't have that many good
20 things to say about Mother Bell, but one of
21 the good things they did in 1974, they came
22 out with one of the first hearing aid
23 compatible adaptors that cost all about \$7.

24 How did I find out about it?

1 Not through a -- program.

2 It was buried in a dark fine
3 print of the Wall Street Journal, but you
4 cannot get this today.

5 It costs about 90 to \$100.

6 When we had Mother Bell as a
7 group, they provided them to everybody for
8 about \$7.

9 The basic purpose is to make any
10 phone hearing aid compatible, that's what this
11 gadget does.

12 And you thought that I was going
13 to talk about the law.

14 So I decided to bring the
15 technology with me; that was a small tv set.

16 If you are in the yuppy -- you
17 see people carrying these things and wearing
18 the fancy headset along with it, yuppy shoes
19 and their fancy clothes and everything else,
20 but it is a damn good hearing aid.

21 A transistor radio from 1957,
22 what would we do without it?

23 It was invented in 1947, just
24 think how far we have come.

1 And, of course, last but not
2 least, it is a tape recorder that you can also
3 use with the headset.

4 And if you look at all of the
5 Japanese tv sets, they are two steps ahead of
6 us.

7 They have two jacks on virtually
8 every tv.

9 You can plug in one of these in,
10 and you can listen at your own pleasure or you
11 can kill the sound completely.

12 How much does this cost?

13 \$20, cheap.

14 I got lots of batteries back
15 there.

16 But this is a transistor radio
17 that I started out with in 1958, probably one
18 of the first ones made.

19 You might laugh if you see the
20 ads from the Chicago area or other major
21 metropolitan areas.

22 I think if you want to be an
23 outside salesperson some day that has a lot of
24 value because like the Federal Express truck,

1 that machine has the -- of shipping and
2 receiving written messages, which is what a
3 TDD does.

4 And if you can turn the sound up
5 in a speaker phone box in the sort of a car,
6 it is amazing how well you can control your
7 sound environment.

8 All of you who are
9 hearing-impaired, you have to reach out and
10 try it.

11 If you sit around and wait for
12 the government to do it all for you, you are
13 going to be waiting an awful long time in
14 today's environment.

15 These people are
16 well-intentioned, but they are living proof
17 how they aren't going to do it for you.

18 \$3,000 for this, go ahead and
19 laugh.

20 Try it, it is hearing aid
21 compatible; and for those of you who have
22 money or who have access to it -- or if you
23 want to go to work.

24 Hey, I have a hearing impairment,

1 but provide me with one of those things that
2 you give to the brokers, I want to be able to
3 use the phone.

4 And you become a taxpaying
5 citizen, and you can raise hell when you feel
6 like it when you have to.

7 Now, this is a long way from my
8 speech -- I am open for questions.

9 I know we are running way behind,
10 so I will just stop there.

11 MR. SCHWARTZBERG: Robert Mencehl.

12 Robert S. Menchel is a Senior
13 Career Opportunities Advisor and Assistant
14 Professor at the National Technical Institute
15 for the Deaf at the Rogers Institute for
16 Technology.

17 He received his BS in Physics
18 from Clarkson University and his MBA with
19 honors from the Rochester Institute of
20 Technology.

21 An expert in the employment of
22 handicapped people, he served as the National
23 Role Model under the AAAS in 1977-78.

24 He is on numerous Boards of

1 Directors and served as the chairperson of the
2 New York State Governor's Committee on
3 Employment of the Handicapped.

4 He has published and presented
5 more than 60 papers related to the employment
6 of hearing-impaired people.

7 Mr. Robert S. Menchel.

8 MR. MENCEHL: I think that I can speak
9 my experience inside myself when I
10 interviewed -- once I interviewed for 63 jobs
11 after I graduated from college, and so I think
12 I have a little bit of background; and I feel
13 very strongly that all people have the right
14 to employment and job satisfaction.

15 Work is more than a job.

16 Work offers us independence,
17 securities, to earning an income.

18 It also gives us a social
19 mobility.

20 There are so many conflicting
21 things right now about the underemployment and
22 unemployment of the hearing-impaired, and this
23 is very difficult to really know where we
24 stand.

1 For example, in 1974 it was said
2 there was a very high percentage of
3 hearing-impaired people who were employed,
4 something like 97 percent were working, oh
5 that's wonderful.

6 In 1985 they reported that males,
7 20 years old or over, had an employment of
8 73.9 percent, and that was a little bit lower
9 than national average of 73.3, again that is
10 wonderful.

11 But I recently received a report
12 that said not only are many deaf Americans
13 underemployed, but underemployment among deaf
14 Americans is very high, compared with a
15 general public and even other disability
16 groups.

17 52 percent -- 71 percent in
18 California.

19 It is very hard to believe
20 that -- I don't know if we have -- on what it
21 is and what employment is of the
22 hearing-impaired, but I am seeing that it is
23 higher for the average for some and probably
24 not for others, but I will explain as I get to

1 the end of my paper.

2 I have a question now that I am
3 very much afraid of, one that I'm -- one that
4 I have -- I have seen becoming -- probably one
5 that we have overlooked, and, that is, are we
6 preparing the hearing-impaired for the job
7 market?

8 What I am scared of, and what
9 people are overlooking, is that those who are
10 not hearing-impaired, those who have a college
11 education or those who have even one or two
12 years of college education are taking away the
13 entry level jobs that the hearing-impaired
14 people used to go into.

15 They are no longer going to be
16 available for them.

17 A second thing that many of us
18 may not be thinking about is hearing-impaired
19 people are not competing with other
20 hearing-impaired people for jobs.

21 We have to remember that they are
22 competing with the hearing people.

23 If hearing people have better and
24 better education than we are providing to the

1 hearing-impaired, then we are going to see
2 them employed.

3 It is very clear that the
4 connection between higher unemployment rates
5 and low-level education shows the importance
6 of education in the job market; and we will
7 need more of it as we progress.

8 We also have begun to see that if
9 you look back on it, that the deaf people were
10 put into jobs -- what were called where they
11 are working with things.

12 Some of them were working with
13 technically -- a very, very small percent were
14 working with people.

15 But as we look down the road, we
16 are going to see more and more jobs be the
17 ones where we are working with people.

18 Employers are looking for
19 qualified deaf people who have the skills that
20 are in demand in the marketplace.

21 These people will be found in the
22 educational system.

23 The fact that the educated and
24 qualified deaf people can successfully compete

1 in the labor market is borne out by many
2 records.

3 NTID has had a very high
4 percentage of employment of 95 percent in
5 1983, that is just an example.

6 So if we are providing direct --
7 the right type of education, then we are
8 seeing that we can meet the labor market okay.

9 I think that we will take --
10 excuse me just a minute -- I think that
11 parents and educators and vocational people
12 should take pride, and also I think that we
13 must give a lot of credit to young deaf people
14 themselves that have entered the work force,
15 and have composed what they have done, but we
16 still have a long way to go.

17 Let me give you quickly what we
18 have already spoken about, some of the
19 barriers of employment for the
20 hearing-impaired.

21 The employers again and again,
22 through all of the studies that I have looked
23 over, going way back into time right up to
24 today, is that they worry about communication.

1 They worry about safety,
2 insurance rates, both real insurance rights
3 and unreal insurance rates, and what kind of
4 attitudes do employers have towards the
5 hearing-impaired?

6 But probably the most important
7 thing is that they do not have the
8 information.

9 There is a great amount of
10 information available, but it is not getting
11 down to the people who need it.

12 They are worried about safety.

13 There are many papers that have
14 proved that hearing-impaired employees are
15 safe.

16 I, for one, already have one
17 handicap; I don't want another one.

18 They have had negative
19 experiences with one deaf person so they go
20 and lump all of them into the same category;
21 and they stereotype them, and they will not
22 hire another one.

23 They are worried about
24 performance on the job.

1 They will use every reason in the
2 book they can not to hire one.

3 They will use medical exams, and
4 say you did not pass that because of your
5 hearing impairment.

6 They will use tests with
7 vocabulary that can't be understood by a
8 hearing-impaired person; and they will use
9 that as an excuse for not hiring.

10 They will say they cannot afford
11 the time and afford the requirements that are
12 necessary to train them.

13 They think it would take more
14 time, but there are the mistakes -- there is
15 information; there are training programs.

16 The problem is that that
17 information is not reaching the employers, or
18 if it is reaching the employers, it is
19 reaching a very small number of them.

20 We do not have the resources to
21 reach out all across the United States.

22 We do not have the resources to
23 supply all of the employers with information.

24 NTID does have some excellent

1 training programs, but the numbers of
2 employers that we can reach are so small
3 compared to the need.

4 They also think that there are
5 only some jobs for deaf people.

6 They feel that deaf people cannot
7 do this, this, this or this, but they can do
8 this.

9 Sometimes they think that the
10 jobs that are very noisy are best suited for
11 deaf people, and that is a mistake.

12 We know that, but they don't know
13 that.

14 It is becoming very clear that
15 they do not have the information.

16 They do not know what kind of
17 support there is.

18 They are not aware that there are
19 resources available for them.

20 We have found from our
21 experiences that we will supply them with
22 backup, backup support, they are more than
23 willing to take a chance on it.

24 Also we have told our employers

1 that if you have a problem five years down the
2 road, call us up; we are not going to place
3 someone in a job and then close the door on
4 them.

5 We will be able to help them any
6 time.

7 We are working with a company in
8 New York right now who hired one of our
9 students about 8 years ago, and they called us
10 up a month ago; they are having some problems
11 with him.

12 Also we have people working in
13 affirmative action with people who are working
14 with hearing-impaired people.

15 We have placement people in the
16 Federal Government who cannot communicate with
17 the hearing-impaired employees; they don't
18 have TDDs in their office, so the people can
19 communicate with them.

20 We must provide this information.

21 We must develop some type of
22 system that will provide this information to
23 the people who so badly need it.

24 It is so important.

1 I can quote from one person, "A
2 deaf employee's successes are related to his
3 or her supervisor's awareness and
4 understanding of deafness."

5 Another problem of -- I guess it
6 is upward mobility.

7 It has been a serious problem for
8 years, but again we are not really sure what
9 the problem is about upward mobility.

10 Some people have said that it is
11 very, very big problem.

12 Other people have said that they
13 don't really know if it is there.

14 I feel presently that it is a
15 serious problem.

16 We find hearing-impaired people
17 who have been working wonderful on their job,
18 who are receiving very good job ratings, but
19 we do not see them being promoted.

20 Why is that not so?

21 If we really think about it for a
22 minute, if the deaf workers are underemployed,
23 it is not because -- it is not the deaf person
24 who is losing out, it is society itself

1 because we are wasting a valuable resource by
2 keeping these people underemployed.

3 It is a waste of our natural
4 resources that could be better utilized.

5 And if we commit them -- part of
6 the problem with underemployment is due to the
7 employers' attitudes, but I also think that
8 part of the problem is due to communication.

9 And for many of them the use of a
10 telephone, very often an employer will say "As
11 you move up, you will have to communicate more
12 and more with other people," and the employer
13 is afraid that the hearing-impaired person
14 cannot do it.

15 They don't know or they may not
16 be willing to give the support service needed
17 for that; maybe they are not willing to bring
18 in an interpreter, maybe they are not willing
19 to provide the technology that would make
20 those things available to them.

21 Yes, I will agree that the
22 telephone has been a problem, but what we have
23 heard already today about technology and what
24 it is -- and I myself use the telephone

1 everyday -- my computer is becoming more and
2 more my telephone.

3 And I think that we are seeing, a
4 little ways down the road, when we'll have an
5 audiovisual voice that people can communicate
6 on the computer what you are hearing on the
7 telephone.

8 But right now, again to quote,
9 "To a deaf person the telephone is a constant
10 remainder of his handicap and of his
11 dependence on others for its use."

12 It also stands as an invisible
13 barrier to his vocational advancement for he
14 has found, from sad experiences, an
15 employment -- he is considered for employment
16 only to positions which do not require the use
17 of the telephone.

18 And I think another thing that
19 employers are not really aware of is that they
20 are not really aware of the fact that most, if
21 not all people, have -- hearing; they do not
22 know that many, many deaf people can use the
23 telephone.

24 We have to educate them on that.

1 There is so many things that have
2 already been brought up; I am not going to
3 repeat the things that are on the market.

4 We must also look at the barriers
5 of training that we give for upward mobility;
6 and we must look at the problem of retraining
7 for those people who may lose their jobs or
8 who may -- changing technology that will
9 become very, very serious problem if we do not
10 think right now about retraining and preparing
11 deaf Americans, we will be facing an even
12 higher unemployment.

13 But I am not going to put all of
14 the blame on the employers.

15 I am going to state right now
16 that educators, parents, and vocational people
17 must take part of the blame.

18 If you do not get these children
19 or give these children the encouragement that
20 they -- and the information that they need,
21 they are not going to reach the potential that
22 they can.

23 Creative programs are important
24 to these deaf children.

1 We, as teachers, we, as parents,
2 and we, as educators, must be aware of what
3 deaf people have done.

4 We must show them that if they
5 want to try something, they can do it.

6 You must not limit them; you must
7 not limit them in any way.

8 You must give them all of the
9 opportunity you have.

10 You must never, never say to a
11 deaf person you cannot.

12 Let them try. How do we know
13 what they can do if we don't let them try?

14 That is your responsibility as
15 teachers, as parents, and as vocational
16 people.

17 MR. SCHWARTZBERG: I think it is on
18 that note that we are going to have to call
19 time.

20 And we thank you very much.

21 As you know, the Commission has
22 the full draft, and this is certainly one of
23 the papers where the full draft is of
24 extraordinary strength.

1 Thank you very much, Professor
2 Menchel.

3 The first one is Joyce Tucker who
4 is the Director of the Illinois Department of
5 Human Rights.

6 I have been carefully garnering
7 biographies of each of the participants, and I
8 looked in front of me, and I find that I do
9 not have a biography of Miss Tucker.

10 I suppose the reason for that is
11 that Miss Tucker has been an extremely active
12 member of the Committee which planned this and
13 serves as sponsor of the Illinois State
14 Advisory Committee of the Illinois rights, but
15 she does that over and beyond her work as the
16 Executive Director of the Illinois -- the
17 State of Illinois Department of Human Rights.

18 And it is my very great pleasure
19 to introduce to you at this time Miss Joyce
20 Tucker.

21 MS. TUCKER: I think that there are
22 those who are in the audience that thank that
23 bio was not there.

24 It is enough to say that I am the

1 Director of the Department of Human Rights,
2 and I have been since July 1 of 1980 when the
3 Department was created.

4 I am also an attorney.

5 Miss Tucker, the other Miss
6 Tucker, shared with you the Federal Law
7 governing the rights of hearing-impaired; and
8 she suggested that it was important that you
9 take a look at the state law in order to
10 understand the full protections available to
11 the hearing-impaired in any particular state.

12 In Illinois the state law
13 governing the rights of the hearing-impaired
14 is the Illinois Human Rights Act as well as
15 the fact that the State Constitution itself in
16 Section 19R001 prohibits discrimination
17 against handicapped people.

18 Illinois is one of the few states
19 with explicit constitutional protection for
20 disabled people.

21 The Illinois Human Rights Act,
22 the Act which the Department of Human Rights
23 administers prohibits discrimination in
24 employment, housing, access to financial

1 credit, and public accommodations, and
2 employment on the basis of race, sex, color,
3 religion, age, ancestry, marital status,
4 unfavorable discharge from the military
5 service, and handicapped, physical and mental.

6 This Act establishes civil rights
7 for hearing-impaired people in the following
8 four areas: employment, housing transactions,
9 access to public accommodations, and financial
10 credit.

11 The Act also expressly prohibits
12 discrimination against people who use hearing
13 dogs.

14 The landlord or manager of a
15 housing unit is restricted from adding a
16 surcharge to a lease because of the presence
17 of a hearing dog.

18 The employment coverage of the
19 Human Rights Act is probably one of the
20 broadest of any states civil rights law.

21 All employers, with the exception
22 of the Federal Government in the State of
23 Illinois, is covered by the handicapped
24 provisions of the Human Rights Act.

1 The prohibitions in the areas
2 other than handicapped require an employer to
3 have 15 or more employees, but with regard to
4 handicapped the law says you have one or more
5 employees and that covers everyone.

6 In addition, an employment agency
7 cannot really refuse to hire or refer an
8 individual that has a hearing impairment; and
9 no employer in the state can lawfully deny
10 employment for a person that has a hearing
11 impairment.

12 Any labor organization is
13 prohibited from refusing to represent a person
14 because of a hearing impairment.

15 Offering further protection for
16 hearing-impaired people, the Act, through its
17 interpretive rules, requires all to provide
18 reasonable accommodations.

19 Accommodations can include job
20 restructuring, reassignment of duties of a
21 hearing-impaired employee, acquisition of
22 equipment such as a TDD, and the provision of
23 sign language interpreters and other similar
24 actions.

1 Miss Tucker, I think, explained
2 in quite detail what a reasonable
3 accommodation is, and the Illinois law tracts
4 the federal law.

5 Job applicants in Illinois have
6 the right to request reasonable accommodations
7 to the test procedure or other personnel
8 processes, such as the interview.

9 An applicant who would like a
10 sign language interpreter for an interview can
11 request that from the employer.

12 Labor organizations have to
13 provide accommodations to the hearing-impaired
14 members which may mean providing an
15 interpreter at union meetings.

16 In some cases reasonable
17 accommodation can make the difference between
18 the hearing-impaired person being able to do a
19 job at all.

20 The Human Rights Commission, the
21 adjudicatory body under the Human Rights Act,
22 has recently ruled that an employer must
23 reinstate a hearing-impaired man to an
24 alternative position and provide accommodation

1 of a pager that has a flashing light instead
2 of an audiosignal.

3 The employer, a hardware store,
4 had argued this, a deaf person could not work
5 in such a capacity because when he was in the
6 warehouse he could not be reached for work
7 assignments.

8 Two things that should be
9 stressed in regards to employment cases are
10 that in the State of Illinois a charge must be
11 filed with the Department within 180 days of
12 the alleged discriminatory event, and that
13 necessary accommodation must have been
14 requested by the employee or the job
15 applicant.

16 Various forms of relief are
17 available under the Human Rights Act,
18 including reinstatement, back pay, restored
19 benefits, cease and desist orders as well as
20 attorney's fees.

21 The Human Rights Act is a very
22 comprehensive bit of legislation, but no one
23 law can address all of the concerns of the
24 hearing-impaired.

1 There are two other recent
2 Illinois laws affecting hearing-impaired
3 people which you should know about.

4 The first requires the state to
5 provide TDDs for all deaf people in the state
6 free of charge; this law must be fully
7 implemented by 1997.

8 The second law requires
9 transportation centers such as Am Track,
10 airports, and bus stations to provide TDDs for
11 its deaf customers.

12 We believe that Illinois has a
13 good foundation in law for insuring the rights
14 of the hearing-impaired; more is needed.

15 The Department of Human Rights is
16 willing to work with others to not only
17 broaden but strengthen the laws governing the
18 rights of the hearing-impaired.

19 You probably have this flyer that
20 my staff prepared on the rights of the
21 hearing-impaired.

22 We have a separate flyer on the
23 variety of handicapped issues which the
24 Department governs in terms of the Human

1 Rights Act.

2 We are willing to listen to your
3 suggestions and receive your input in terms of
4 what the State of Illinois should be doing and
5 what the Department of Human Rights can be
6 doing with respect to the rights of the
7 hearing-impaired.

8 Thank you.

9 MR. SCHWARTZBERG: At this time I would
10 like to call Ms. Jill Wine Banks.

11 Many of us first became aware of
12 Miss Jill Wine Banks at the time of the
13 Watergate matter.

14 At that time she was a member of
15 the prosecutorial staff.

16 I think to some extent some
17 newspaper photographers particularly enjoy
18 singling out Miss Banks at that time, but
19 subsequently some of us were less aware
20 perhaps that she tried the coverup conspiracy
21 case in which President Richard M. Nixon was a
22 co-conspirator.

23 After that point she next
24 achieved visibility as General Counsel of the

1 United States Army.

2 She served at the Pentagon in
3 1977 thru 1980, and her appointment by
4 President Jimmy Carter.

5 After that she became a partner
6 of the Chicago firm of Jenner & Block.

7 When the Attorney General of the
8 State of Illinois indicated that he was going
9 to restructure his office to establish a
10 Solicitor General with primary concern over
11 all of the appeals within the state, he chose
12 as the first person to hold that office Miss
13 Jill Wine Banks.

14 She presently serves as Deputy
15 Attorney of Illinois; and it is my pleasure at
16 this point to present her to you.

17 Miss Jill Wine Banks.

18 Thank you very much.

19 MS. BANKS: Personal regards to you
20 from the Attorney General.

21 Attorney General Hartigan indeed
22 sends regrets to everyone.

23 He is very sorry that he could
24 not be here with you today personally,

1 unfortunately the responsibilities of his
2 office have forced him to be out of town.

3 It is my pleasure to represent
4 him here today; and I would also like to point
5 out that many members of our staff are here
6 today, the head of our Disabled Advocacy
7 Division, Susanna Smith, and I think Karen
8 Myer was on a program this morning, and Leanne
9 Marshal Cohen, I see sitting in the back who
10 works for our division.

11 We also have in the audience, I
12 think, many members of our Advocacy Division's
13 Advisory Counsels, and although I am not going
14 to take the time to introduce them all, they
15 are all here and can be helpful to you if you
16 have any questions later on.

17 The concern that has brought all
18 of you to this forum, the rights of the
19 hearing-impaired is a subject about which
20 Attorney General Hartigan feels very strongly.

21 As a result of his concern the
22 office has provided vigorous new
23 representation for hearing-impaired persons
24 since the time he became Attorney General in

1 1983.

2 This representation has been --
3 new legislation, changes of policy, and
4 negotiated agreements that make an important
5 difference in the lives of the
6 hearing-impaired citizens of Illinois.

7 Before I go over some of the
8 office's accomplishments concerning the
9 hearing-impaired, let me explain briefly the
10 new direction of the office and the focus of
11 the office under Attorney General Hartigan.

12 Attorney General Hartigan, more
13 than any other person who has held that office
14 in history, has emphasized the Attorney
15 General's role as the lawyer for all of the
16 people of this state.

17 By Illinois Statute the Attorney
18 General represents other offices and agencies
19 of the state government, but state law also
20 empowers the Attorney General to act as the
21 lawyer for all of the citizens whenever their
22 rights as a group are at stake.

23 Our common law provides a broad
24 interpretation of this power.

1 In addition to continuing and
2 strengthening the advocacy programs begun by
3 Attorney General Hartigan's predecessor, which
4 included programs for consumers, utility
5 customers, crime victims, and also the right
6 of people to have a safe and clean
7 environment, Attorney General Hartigan has
8 created new divisions to expand this role.

9 He has created divisions to help
10 the interests of senior citizens, farmers,
11 veterans, and disabled persons.

12 These new divisions have been
13 greatly aided by individual councils which the
14 Attorney General formed to give guidance to
15 these divisions.

16 Representatives of other state
17 and local agencies, businesses, and the
18 professions, as well as members of the
19 academic community and citizen groups serve on
20 these councils.

21 They serve voluntarily and
22 without pay and give the various divisions to
23 the office invaluable insight and expertise.

24 The new division of the office

1 which most directly concerns all of you here
2 today is the Disabled Persons Advocacy
3 Division, which the Attorney General created
4 in the spring of 1983.

5 Ours is the first and only state
6 Attorney General's Office in the country to
7 have a full-fledged division devoted solely to
8 protecting the rights of the disabled persons
9 and investigating the legal and societal
10 problems they face.

11 The division, which is guided by
12 two advisory councils, one composed of lawyers
13 and one composed of consumers, brings issues
14 concerning the rights of disabled persons to
15 the attention of the courts, the state and
16 federal legislatures, and the public.

17 I am going to concentrate here
18 this afternoon specifically on the division's
19 advocacy for hearing-impaired persons, but
20 first I would like to point out that the
21 division's efforts over the past three years
22 have resulted in important victories for
23 citizens with all types of disabilities.

24 To cite just one example, at the

1 recommendation of the division and its
2 advisory council Attorney General Hartigan
3 represented 30,000 disabled Illinois residents
4 in a successful lawsuit against the Federal
5 Social Security Administration.

6 As a result, these citizens are
7 now receiving millions of dollars in benefits
8 which they had previously been denied.

9 They had been wrongfully
10 terminated, and as a result of this lawsuit
11 they were reinstated.

12 In order to be of the greatest
13 possible help to hearing-impaired citizens on
14 a daily basis, the office has acquired
15 necessary specialized equipment and staff
16 members have necessary specialized skills.

17 The main office in Springfield
18 and Chicago and regional offices located
19 throughout the state are equipped with TDDs.

20 Division staff in Chicago are
21 fluent in total communication; other staff
22 members are aware of the obligation to provide
23 interpreter services and are learning total
24 communication through an inhouse program or

1 through qualified organizations at the local
2 level.

3 Staff from the Disabled Advocacy
4 Division in Chicago are travelling statewide
5 this summer to provide regional office staff
6 members with training concerning the rights of
7 the hearing-impaired.

8 Karen Myer, who I mentioned
9 earlier was on a program this morning or at
10 some other time during this conference, has
11 organized this entire training program
12 throughout the state for our office.

13 The division is working with
14 other divisions to provide appropriate
15 referral of hearing-impaired citizens to the
16 various programs that the office offers.

17 For example, a hearing-impaired
18 citizen with a consumer complaint will be
19 referred to the consumer division, but a
20 qualified member of the Disabled Persons
21 Advocay Division will remain available for
22 interpretation and necessary assistance.

23 With this system of linkage
24 within the office and a statewide training

1 program, Attorney General Hartigan is
2 determined to improve on the record of service
3 to the hearing-impaired, which the office has
4 already established.

5 Over the past three years the
6 office has negotiated and successfully
7 resolved numerous individual cases involving
8 the rights of the hearing-impaired; many of
9 these cases have centered on the right of the
10 hearing-impaired to have interpreter service
11 when necessary.

12 For example, the division upheld
13 the right to interpreter services for
14 hearing-impaired persons involved in courtroom
15 proceedings and in dealings with the Social
16 Security Administration.

17 The division also successfully
18 defended the right of the hearing-impaired
19 parent to have interpreter services provided
20 by a child's school so that the parent could
21 fully participate in meetings concerning the
22 child's education.

23 The division also upheld the
24 right to interpreter services for holding

1 employment in either private sector or the
2 public sector.

3 In one case the division
4 negotiated with a suburban park district to
5 provide interpreter services for a young girl
6 who wanted to play on a softball team.

7 The division successfully
8 resolved a case in which a citizen was denied
9 auto insurance on the basis of hearing
10 impairment, and an out of court -- I am
11 sorry -- an out of date and unfair hearing
12 impairment testing procedure which was being
13 used by a transit authority for employment
14 applicants was changed as a result of the
15 division's negotiations.

16 The procedure the transit
17 authority had been using failed to measure
18 improvement of hearing through the use of
19 hearing aids; job opportunities were being
20 lost as a result of that unfair test and are
21 now opened because of the results of the
22 office.

23 After receiving a complaint that
24 Chicago O'Hare had only one operable TDD in

1 the entire airport and that it was available
2 only during limited hours, the division
3 entered negotiations with O'Hare officials,
4 and as a result there are now TDDs in all
5 three O'Hare terminals; and they are available
6 at all hours.

7 When a major health insurer
8 refused to provide coverage for an implant for
9 a severely hearing-impaired child, the
10 division became involved, and the matter was
11 resolved; the operation was performed, and the
12 insurance companies are now doing this on a
13 routine basis.

14 In addition to the litigation
15 efforts and the successes we have had in that
16 area, the Attorney General and the Disabled
17 Persons Advocacy Division have actively
18 supported legislation benefiting the
19 hearing-impaired.

20 During the past three years we
21 have seen important new bills become law in
22 Illinois: The Hearing Aid Consumer Protection
23 Act created standards and enforcement
24 procedures to prevent fraud and

1 misinterpretation in the marketing and sale of
2 hearing aids.

3 Prior to the enactment of this
4 law, Illinois was a mecca for unscrupulous
5 hearing aid salespeople.

6 Bill 984 created a public --
7 requiring transportation facilities such as
8 train stations, bus terminals, and airports to
9 provide TDDs.

10 The Universal Telephone Service
11 Protection Law of 1985 requires in part the
12 provision of TDDs at no cost to eligible deaf
13 and severely hearing-impaired consumers.

14 The Attorney General's Office
15 concerned about the Illinois Commerce
16 Commission proposed rule to implement this new
17 law is working with hearing-impaired
18 organizations statewide to propose changes in
19 the rule.

20 We believe that there should be a
21 provision for an advisory council representing
22 the hearing-impaired community to work with
23 the ICC staff and the state's telephone
24 companies in developing the TDD program.

1 We also believe there should be a
2 voucher system so that hearing-impaired
3 consumers can select the equipment they need
4 and -- rather than having to accept what is
5 provided under a central distribution system.

6 Finally, we want to assure that
7 responsibility for the program will rest with
8 local carriers and that existing
9 administrative -- and procedures are
10 utilized.

11 The Illinois Environmental
12 Barriers Act, which was drafted by -- improves
13 and expands upon the State's previous
14 accessibility standards.

15 It applies to both publically and
16 privately owned buildings used by the public.

17 Specific features of the new law
18 which relate to the hearing-impaired include,
19 one, a requirement of specialized emergency
20 signals such as visual smoke alarms and
21 elevator signals; two, a requirement that
22 public telephones must provide amplification
23 devices for the hearing-impaired; three, a
24 requirement that new multi-story housing must

1 be adaptable to the needs of environmentally-
2 limited residents.

3 The Attorney General's Disabled
4 Division has made extensive and detailed
5 recommendations to the Illinois Capital
6 Development Board, the State Agency which is
7 developing standards to implement this
8 requirement.

9 Attorney General Hartigan, as a
10 State's chief legal enforcement officer, will
11 have the responsibility of enforcing Illinois'
12 new Environment Barrier Act.

13 Considering the Attorney
14 General's record in advocating for the
15 disabled for the past three years, it can
16 fairly be said that the responsibility for
17 enforcement is in good hands.

18 He actively supported a city of
19 Chicago ordinance requiring visual smoke
20 alarms in one out of every 50 hotels rooms in
21 all Chicago hotels; under the ordinance which
22 was passed by the Chicago City Council last
23 week and which becomes effective January 1 of
24 next year, hearing-impaired hotel guests will

1 be able to request rooms with visual alarms.

2 Attorney General Hartigan has
3 already testified in support of a pending
4 Chicago ordinance that would require buildings
5 with elevators to maintain a registry of
6 environmentally-limited persons on the
7 premises, whether living there, working, or
8 visiting.

9 This means that in an emergency,
10 fire department personnel would know the
11 locations of persons requiring special
12 assistance.

13 The ordinance would also require
14 preparation and posting of an evacuation plan,
15 which provides for the needs of
16 environmentally-limited persons.

17 Also actively supporting another
18 bill which has been introduced in the Illinois
19 Senate and which will be voted on next fall,
20 this bill would create the Illinois Insurance
21 Act.

22 It would provide an insurance
23 pool for persons who have been considered high
24 risk by the insurance industry and who have,

1 therefore, been denied coverage or offered
2 only limited coverage or very costly coverage.

3 As many of you here know persons
4 with disabilities can experience extreme
5 difficulties in obtaining adequate and
6 affordable coverage.

7 The passage of the Comprehensive
8 Health Insurance Program Act would be a long
9 overdue solution to this problem.

10 Everything Attorney General
11 Hartigan and the Disabled Persons Advocacy
12 Division has done -- and I have discussed only
13 the highlights of the past three years --
14 stems from a Committee of the citizens of this
15 state with disabilities, including hearing
16 impairment, are entitled to work, to travel,
17 and to communicate just like anybody else.

18 They are entitled to feel safe;
19 and they are entitled to enjoy the public
20 facilities and other offers in their
21 communities like anyone else.

22 Over the past three years the
23 office has achieved meaningful gains for the
24 hearing-impaired and for citizens with other

1 disability.

2 In every case what has been
3 gained is no more than what other citizens
4 already have.

5 As a division builds on what it
6 has accomplished so far, equal opportunity
7 will remain the central motivating factor.

8 Working with the two advisory
9 councils to develop new programs and
10 legislation, making certain that laws and
11 programs we already have are working,
12 responding to complaints and requests for help
13 from individual citizens, the division will
14 continue making Illinois a place where
15 citizens with disabilities have vigorous
16 representation in government and equal
17 opportunity under the law.

18 Thank you very much for letting
19 me be here today.

20 MR. SCHWARTZBERG: Let's turn now to
21 the members of the Committee.

22 Questions addressed to this
23 panel?

24 I do not have questions addressed

1 to this panel so we will turn then directly
2 to -- Doctor Breunig, Doctor Latham Breunig.

3 It might be possible to begin to
4 introduce Doctor Latham Breunig's biography
5 which begins with the time when he first
6 became an Eagle Scout.

7 I do not propose to do that
8 today.

9 Doctor Breunig is retired from
10 Eli Lilly and Company.

11 At age 3 Doctor Breunig had a 25
12 percent hearing loss, and by age 7 his loss of
13 hearing was 95 percent.

14 He attended Wabash College,
15 Indiana, earned his Ph.D. in Chemistry from
16 John Hopkins University, and also studied at
17 Purdue University, Indiana, in the field of
18 statistics and quality control.

19 Among the many organizations in
20 which he has been active, the President's
21 Committee on Employment of the Handicapped,
22 the American Statistical Association, the
23 Clarke School for the Deaf, the Alexander
24 Graham Bell Association for the Deaf, where he

1 served on the Board of Directors for 24 years,
2 two of them as president.

3 In 1968 he founded
4 Telecommunications for the Deaf and was Chief
5 Executive Officer of Telecommunications for
6 the Deaf until the year 1978.

7 He has been particularly active
8 in the development of oral interpreters for
9 deaf people.

10 Even to list the special awards
11 presented to Doctor Breunig would take more
12 time than we have, but they include those by
13 the President's Committee on Employment of the
14 Handicapped Commendation by President Johnson
15 in 1967, Service to Mankind in 1968, and the
16 Governor Branigin's Award in 1969.

17 The list goes on and on, it
18 certainly -- the presidents who have chosen to
19 turn to Doctor Breunig include the present
20 incumbent who appointed him to the National
21 Council on the Handicapped in 1981 and
22 reappointed him in the year 1983.

23 It is my pleasure to introduce
24 for our wrapup Doctor H. Latham Breunig.

1 DR. BREUNIG: Thank you very much, Mr.
2 Chairman, and members of the Illinois
3 Committee on the U.S. Commission of Civil
4 Rights.

5 It is a honor to be here to
6 attempt to put closure on this important
7 forum, with so many distinguished advocates,
8 that we have a very important responsibility
9 to provide for the hearing-impaired citizens
10 in the State of Illinois.

11 You have heard the right to
12 knowledge and education and employment and
13 focused on the state of the art.

14 My charge is to look to the
15 future of the hearing-impaired people, and
16 that it reminds me of my fraternity initiation
17 based upon a book of Issiah, Terrors of the
18 Night, the recently published book
19 perspectives in -- which was edited by David
20 gives us an excellent overview of the field,
21 although my personal opinion is that my name
22 was misspelled in the book.

23 Time permits only excerpts from
24 the chapters.

1 In his chapter on audiology
2 states for most of the children that we work
3 with amplified sound can provide the brain for
4 the sum of the raw material it needs to
5 naturally evolve in order to enhance a
6 communication system, whatever the degree of
7 residual hearing.

8 It is a biological birth right
9 that should be used and depended upon whenever
10 possible.

11 Rationalization of the
12 methodology dispute so that it does not
13 dominate the field is one of the charges of
14 the author; it is indeed a civil right of
15 every hearing-impaired child to have the
16 fullest opportunity to develop inherent verbal
17 communication skills.

18 It is unfortunate that an
19 otherwise excellent publication, Legal Rights
20 For Hearing-impaired People, which is
21 published by Gallaudet College propogates a
22 myth about lip and speech reading.

23 President Johnson, the greatest
24 enemy of truth and very often said -- and that

1 was a contrived lie continued the myth.

2 The myth persisted and is
3 unrealistic.

4 The perfection of the speech is
5 designed -- is secondary to the act to
6 generate meaningful communication, but it is
7 about time when we say we have to stop
8 worrying about what hearing-impaired children
9 can't do or have not learned about English;
10 and we need to pay attention to what they know
11 about communication.

12 And we know now for 400 years the
13 teaching of speech has been pretty much the
14 same.

15 There have been breakthroughs
16 over the last 20 years.

17 And the stage is set for
18 progress.

19 My crystal ball tells me that the
20 spoken language will always be the most
21 respective key for the entry of
22 hearing-impaired people into the educational,
23 economic, cultural and social affairs of the
24 world about them; whether their speech be --

1 or smooth, their capability to use it is still
2 the -- and the chapter in the book on academic
3 placement has raised some difficulties with
4 this concept of the least restrictive
5 environment.

6 The National Council on the
7 Handicapped has developed a book called
8 Independence that the United States Department
9 of Education promulgate for the application of
10 the least restrictive environment requirement
11 should clarify that the primary determinant of
12 which educational setting the least
13 restrictive is the educational appropriateness
14 of the program.

15 Now, after discussing the
16 characteristics of the mainstreaming programs
17 of the deaf child, it concluded that the least
18 restrictive environment for deafness is one
19 that is populated by people who are especially
20 trained to understand deafness; and it
21 concludes we must keep in mind that the
22 educational placement should not be
23 competitive in that the final act should be
24 designed and evaluated constantly in the light

1 of its effects on the whole life of the child.

2 I was asked to look at trends in
3 the general population, and they will continue
4 to exist.

5 There will continue to exist the
6 stereotype of deaf persons; that more deaf
7 youngsters having acquired spoken language and
8 will grow up and interact with the world
9 around them.

10 And I can tell you that in 1975
11 my wife and I moved to Washington; as we have
12 gone about the shops and the stores in the
13 city and we talked with the people, oh, I
14 didn't know deaf people could talk -- in
15 Washington D.C., so there is a lot that needs
16 to be done.

17 For services and sources, it
18 seems to me these will be enhanced if Congress
19 and the Executive Branch of Government could
20 implement the 45 recommendations of the
21 National Council for the Handicapped that are
22 spelled out in the book Independence.

23 Incidentally, this book as a
24 reference to the Civil Title 2 in the Civil

1 Rights Act of 1964 entitled 8 of the Civil
2 Rights Act of 1968 so -- there is a lot of
3 meat in that book that this Committee could
4 look at with respect to government and
5 private -- the role of the Federal Government,
6 what may well diminish through the monetary
7 and social constraints well those of state and
8 local governments become important, and
9 instead of running to Washington
10 hearing-impaired people need to cultivate
11 their local resources and their participation
12 in independent groups.

13 Hearing-impaired people need to
14 reach out and become active in their community
15 life, and this way they will be able to make
16 contact with people in local governments and
17 the projects within industry.

18 Needs to be directed to
19 diminishing the stereotypes on the whole; it
20 would seem that the signs of promise are
21 there.

22 This morning I believe Doctor
23 Lucas asked one of the people if there were
24 any laws requiring speech; there is one basic

1 right guaranteed by Article 1 of the Bill of
2 Rights of the United States of America, the
3 freedom of speech.

4 MR. SCHWARTZBERG: I would like to
5 thank Doctor Breunig.

6 I would like to, at this point,
7 point out some things which I pointed out
8 earlier but which I would like to repeat at
9 this time.

10 We are open to additional
11 materials on the subject that we considered by
12 this forum today.

13 Written statements may be
14 submitted for consideration of the Committee
15 and for inclusion in the record, et cetera.

16 The materials can be given to the
17 staff person at the registration desk at the
18 outside of this room.

19 They can also be mailed before
20 the 20th of July, 1986, to the United States
21 Commission on Civil Rights, 230 South
22 Dearborn, Room 3280, Chicago, Illinois, 60604.

23 This public forum of the Illinois
24 Advisory Committee to the United States

1 Commission on Civil Rights has focused on the
2 civil rights of hearing-impaired persons.

3 Under Federal Law this Advisory
4 Committee is to report to the U.S. Commission
5 on the information gathered here today, so
6 that after considering this information, the
7 Commission may make recommendations to the
8 President and to the Congress.

9 We again thank the organizations
10 in cooperation with which we have held this
11 forum today: The Section on Individual Rights
12 and Responsibilities of the American Bar
13 Association, the Illinois Department of Human
14 Rights, and the Alexander G. Bell Association
15 for the Deaf.

16 We also offer our most cordial
17 thanks to all of the presentors, the experts
18 that shared information with us today.

19 We face the extraordinary
20 experience of a great many more people wishing
21 to give testimony at this forum than there was
22 possibly time within which to do it.

23 We regret that there are not more
24 hours in the day, but we stand ready to hear

1 additional information and to learn more from
2 anyone who wishes to enlighten us on the
3 problems of the deaf, and on the ways in which
4 this society may deal with those problems, not
5 only simply as a matter of right against the
6 state but as a matter of legislation to deal
7 with these problems in that more general
8 context that we have often labeled civil
9 rights.

10 And so this meeting stands
11 adjourned.

12 Thank you very much.

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1 STATE OF ILLINOIS)
)
 2 COUNTY OF C O O K)

3

4 MARYJO JORGENSEN-BARNES, being first
 5 duly sworn, says that she is a court reporter
 6 doing business in the City of Chicago, and
 7 that she reported in shorthand the proceedings
 8 had at the hearing of said cause, and the
 9 foregoing is a true and correct transcript of
 10 her shorthand notes, so taken as aforesaid.

11

12

13

Maryjo Jorgensen-Barnes

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SUBSCRIBED AND SWORN TO
 before me this 13th day
 of August, 1986.

17

Sally Ann Clark
 Notary Public

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