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ABSTRACT

Potentials of three classifications of rubella deaf blind children are discussed. Potentials for children at the middle trainable level and below are discussed for the areas of communication skills, daily living skills, mobility and orientation, vocational effort, and self-control and social interaction. For children in the upper trainable through lower educable level, consideration is given to potentials in communication skills, independent daily living skills, mobility and orientation, vocational effort, and social interaction and recreational skills. Potentials for middle educable and above children are discussed for the areas of communication skills, independent daily living skills, mobility and orientation, vocational training and social interrelationships, and recreation. Attention is given to types of facilities and resources to meet needs of deaf blind persons as adults. The role of the general public is considered. (MYS)

POTENTIALS OF RUBELLA DEAF-BLIND CHILDREN

By

Benjamin F. Smith

Ten years have now elapsed since the dark days of the 1964-65 rubella epidemic. We are now able to sit back in sober fashion and measure some of the consequences. One of the most serious of these consequences and the one of greatest concern to us here, is the estimated population of five thousand children born in this epidemic who have both hearing and visual defects or, in other words, who are deaf-blind children.

Thanks to the tireless efforts of many people, professionals, parents, and lay persons, and to a sympathetic and responsive congress, a large percentage of these deaf-blind children now find themselves in stimulating programs designed to develop their human potentials. However, the potentials of children who are visually and auditorially impaired from rubella are not easily understood by the casual observer or even by those of us who have been working with them for the last ten years. As if the deafness and blindness of these children were not enough to tax our understanding, we quickly discover that large numbers have additional complicating handicaps. Many are mentally retarded, some of them severely so. Many of them seem to demonstrate some form of perceptual dysfunction beyond the deafness and blindness. It is as if the same destructive force that damaged hearing and vision, alsc, in a fiendish way, scrambled the circuitry on the switchboard of the central nervous system. Perhaps related in some way to these factors already mentioned is the characteristic of emotional disturbance commonly found among these children, to say nothing of the emotional frustration that often appears in those who must care for them. If there is truth in the comments just recorded, it would seem most appropriate that we analyze

and study the potentials of these children with a view of projecting both their needs as adults and the contributions they are likely to be able to make in our society.

To classify deaf-blind children into groups is rarely appropriate and is often unfair to the individual for each child, even if he is deaf-blind, has his own individual characteristics, his peculiar strengths and weaknesses and his own peculiar desires and goals. Yet, for us to understand in broad terms the scope of the problems we face with deaf-blind children, it seems necessary to distinguish some broad groupings. Let us for the sake of discussion, therefore, identify three of these broad groupings and then go on to consider the potentials represented within each group. We must remember, of course, that the boundary lines between these groups are vague and flexible and that there can be overlapping as far as particular characteristics of individual children are concerned.

For the purposes of this discussion, let us use these classifications:

1. Middle trainable and below
2. Upper trainable through lower educable
3. Middle educable and above

This author has a mistrust of formal intellectual measurements made in terms of IQ's. We have adolescent deaf-blind children who have been unable to advance beyond a primary level in academic scholarship and who, therefore, might be considered to be at the lower levels of the IQ range. Nevertheless, they have been able to function in independent living and to reach a degree of vocational success expected only of handicapped students within the normal range of IQ. Let us, therefore, use terms that express practical functioning levels.

1. MIDDLE TRAINABLE AND BELOW - Almost everyone seems to agree that of the estimated five thousand deaf-blind children before us, the largest percentage of them would fall in this lowest functioning class. Undoubtedly, there will be disagreement as to the size of the percentage in this group but until we have more complete and accurate statistics, we can only estimate the numbers within it. From observation, from correspondence and from discussion with others, this writer would guess that the percentage of somewhere between 60% and 75% would be near the truth. A number of this group, of course, are to be found in institutions for the mentally retarded, and appropriately so, or in a similar setting because these children are completely dependent on others and probably will be so for the rest of their lives. A number in this group are being given stimulating training programs in residential settings outside of the institution and still others are being trained in a day class setting and being housed with their families or in foster homes. Because of the low functioning level of these children and often because of their restless, hyperactive nature, families in foster homes find these children most difficult to tolerate. Many have tried gamely to adapt themselves to the needs of the child only to collapse under the constant, long term pressure. Others have made a successful adaptation, but often at a great sacrifice to the integrity of the entire family. Certainly family involvement in the lifetime careers of these severely handicapped children is to be desired and sought, but in the total career programming for these young ones, there must be some recognition of the fact that there will have to be other facilities available to share with the family their responsibility for these quite dependent deaf-blind persons.

But this suggests that this lowest class of deaf-blind young people has very little potential. If considered in a relative sense, this is not necessarily true. Certainly very few of them will be able to undertake competitive vocational effort. Probably only a few will be able to make a nominal contribution in a sheltered workshop. Some will be able to tolerate and perform simple, repetitive tasks under careful supervision for periods of time On the other hand, in terms of developing skills that will reduce the burden upon those about them, let us examine some of the areas of potential development for this low-functioning group of deaf-blind children. The following comments, of course, are predicated upon the existence of a structured and stimulating training program for them.

Communication Skills: In general, this group of children is likely to be limited to very basic gestures and signs developed on the basis of direct conditioning. For those at the lower level of the group to make known their toilet needs, their hunger and thirst demands, and their comfort and discomfort may become the limit of their communication skill. From the middle to the upper levels of this group, however, we may expect a more extensive repertoire of signs and gestures. Most of the concepts present in the communication interchange will be very concrete and related to a large variety of daily living activities. Also, the degree of vision of the individual and the degree of hearing of the person will have considerable bearing upon how extensive and how effective the communication process becomes. Within the upper segment of this group and within the concrete gesture and sign framework, the frontiers of communication may be limited only by the imagination and resourcefulness of those instructing the children. As these children grow to adulthood, we may be astonished at their capability for acquiring a variety of use-

ful concepts within the communication area. The primary caution must lie in their continuing need for close and direct supervision since most of them will lack the judgment or the sophistication to take advanced action without it.

Daily Living Skills: Again, at the lower levels of this group we can expect very little progress in the acquiring of independent living skills. Some of these children have been and will continue to be bed patients and major goals may be to learn to sit and to walk. However, a considerable number at the middle and upper levels of the group may be expected to acquire a high degree of independence in living skills by the time they have become adults. This will include toileting, dressing, feeding, and personal grooming. For a number it may include making beds, keeping the room in order, clearing dishes from tables, assisting with dishwashing and laundry preparation and similar chores. Again, one important key to success with this group of clients will be the resourcefulness of the supervising adult and their constant presence on the scene.

Mobility and Orientation: Once again, at the lower levels of this group a prime objective may well be the ability to sit and to stand and to move under direction from one place to another, and some of the clients may never acquire these basic skills. On the other hand, as we move up into the middle and upper levels of the group, considerable potential may be found. In combination with satisfactory communication concepts, independent movement within well defined and known physical environment will be acquired by many. It is unlikely, however, that many of this group will acquire the judgment or the skill to travel freely and unsupervised in the complex framework of a community. If they are able to do so, the chances are they will have proven to have greater ability in all areas of function and will have moved up into a higher group in

terms of potential. On the other hand, it may be expected that many of these lower functioning persons may come to recognize and to respect limits on their mobility beyond which distress or even danger may be expected.

Vocational Effort: The vocational future for this group must be considered very bleak, indeed. For those in the middle to lower level of this range, handling their personal grooming and assisting in some of the household chores may have to be considered their vocation contribution. Others at the upper levels of the group may be able to perform some simple repetitive hand tasks either in their residential settings or in an adjoining sheltered workshop. Very structured and carefully supervised procedures will need to be followed to result in any vocational success.

Self-Control and Social Interaction: Here perhaps is the most significant area of all for our attention as it relates to this low functioning group of deaf-blind persons. The control they are able to acquire of body, attitude and emotion and the way in which they are able to interact with others, free of conflict and comfortably, cheerfully and considerately, will have much to do with their ultimate contribution to our society. For a number in this group, and not necessarily those at the lower level, this type of control of body, of emotion or of social interaction may be unobtainable. For this number, direct and most certainly exhausting control by assigned staff, perhaps in an institutional setting, may be necessary. On the other hand, a large number of this group, in the opinion of this writer, may be brought to the satisfactory level of body control and happy social interaction with others through a prolonged and carefully structured program of training. Many of these

children will respond satisfactorily to conditioning and to consistent handling under behavioral modification. Certainly, if this type of training can help a significant number of them overcome their hyperactivity and variety of socially offensive sounds, body movements and other physical habits, then it is well worth the investment. This potential within the group and the training program to develop it may well make the difference between the need for complete institutionalization and the possibility of a less restrictive living setting.

Summary: From the foregoing consideration of our lowest group in potential, two or three general conclusions seem to emerge. In the first place, a significant number of this lowest group have very limited potential indeed and will probably need throughout their lives some form of enlightened, institutionalized direct care. Secondly, a rather large segment of this lowest group has considerable potential for independent life style within a trainable format. Thirdly, the development of this potential will be extended most effectively by the imagination, resourcefulness and consistent application of the staff directing the training program. Fourthly, the potentials present in any individual within this group do not always at once reveal themselves. Under the stimulation of an effective training program, some of these children may well show the potential enabling them to rise in performance into the next higher grouping.

2. UPPER TRAINABLE THROUGH LOWER EDUCABLE - The percentage of our five thousand deaf-blind children falling in this group is much smaller than that for the previous lower functioning group. This writer would estimate the percentage from 15% to 25% of the total, although history may record that the percentage will be higher because of the elevation of some of those from the lower group due to effective programs. Although the

numbers in this group are fewer, the degree of potential for training is considerably greater and at the upper limits can approach almost complete independence. Yet, a number of the deaf-blind children in this group display or have displayed some of the same characteristics found among children in the lower group. Hyperactivity and emotional disturbance of varying degrees are common. Patterns of perceptual dysfunction defined in this group as varying forms of learning disability are often present. However, in general, there is a greater capacity within this group to overcome these problems through consistent, well-structured training. Perhaps this is because success more readily follows in the wake of effective training with these children. Let us look more closely into the specific potentials for the children in this group.

Communication Skills: In general, the members of this group respond reasonably well to the total communication process and, at the upper limits of the group, often surprisingly well. Almost all will use effectively at least the rudimentary gestures and signs necessary to meet their daily needs and many will acquire this language at a more sophisticated level and will communicate swiftly. Particularly from the middle to the upper level of this group language can develop to the point of being expressed by effective fingerspelling. Reading and writing of the printed word may follow, and in some cases may be expected to reach up into the fourth, fifth, or even sixth grade level of performance. A number, of course, will not reach the sophistication of significant reading and writing skill and many will be able to receive and understand the language of communication better than they can express it. Here and there a child in this group may acquire some speech, receptive and expressive, but in general this group is not likely to be highly oral. Again, the degree of residual sight and hearing can make a great difference in per-

formance. If considerable hearing is present, then a great amount of oral language may follow. If there is a great deal of sight, then written language will be facilitated. If there is a good deal of both, then the child may not seem to belong in this group at all but rather in the next higher one, although this may be misleading. A serious problem arises in the communication process in these children. Except for those who may develop effective speech, all will have a form of communication which, although effective among those who understand this form of communication, can isolate them from others who do not understand this manual form. This is unfortunate and can serve to limit the entry of these people as adults into full relationship with others in the normal adult world even though their other potentials might entitle them to this entry. At any rate, this group of children is capable of acquiring effective communication skill with others and this potential should be exploited to the fullest.

Independent Daily Living Skills: In general, this group has a high potential for the development of independent daily living skill except for a few at the very lowest level of the group and a few more who may have additional physical or orthopedic handicaps. All of this group should be able to gain complete independence in dressing and grooming, in feeding, and, perhaps, in the preparation of their food, in general housekeeping skills, in the purchasing of necessary goods and services and in the budgeting of their funds. Some of those at the upper limits of this group who have a great amount of useful vision should be able to acquire almost complete independence in their living styles as adults. Others who do not have this degree of useful vision will require varying degrees of supervision and guidance. Most of those at the lower levels will undoubtedly need some type of supervised group living setting or family or foster home direction. However, almost all of the members of this group

should be able to make a significant contribution to the maintenance of themselves and others in whatever group living setting they find themselves. This is, of course, contingent upon a thorough and consistent training program during their growing years.

Mobility and Orientation: Again, in this group of deaf-blind children we should expect potential for considerable understanding of the process of independent travel and for the assumption of a good deal of responsibility in relation to it. This, however, is not to suggest that all of these people by the time they are adults will be able to travel independently or that even a large number of them will. Many of those from the middle to the upper level of the group who have sufficient useful vision and/or hearing will be able to travel quite freely. Those who do not have this degree of vision, however, will be dependent upon others for the travel process beyond the limits of the familiar environment where no serious traffic hazards exist. More important, however, a large number of this group should be able to understand the limitations placed upon their independent travel and learn to live graciously within these limitations. Even for the less able members at the lower level of this group independent travel within comfortable, safe, familiar surroundings should be attainable. This again presupposes a well developed and effective mobility training program for these children during their growing years.

Vocational Effort: Vocational effort at some level or another for almost all of the members of this group should be considered an attainable objective. True, some at the lower levels of the group and those who may have additional handicaps involving weakness of manual skill or coordination or continuing degrees of hyperactivity, emotional disturbance or other personality flaws may be able to acquire only

minimal vocational success. The less able of the group may find their effort limited to day-activity center work. Others may find the sheltered workshop the limit of their attainable goal, but a considerable number at the middle to upper levels of the group should be able to find vocational outlet in competitive industry, in some type of business practice or in one of the many people-service fields. At Perkins School for the Blind, a few adolescent deaf-blind persons in this class demonstrated, under a concentrated training program, their ability to meet these suggested vocational goals. Again, the degree of vision and hearing that remains to the individual can make a significant difference in the degree of independence one can attain. The degree of independent travel and the skill of easy communication related t this degree of sight and hearing are important factors.

Social Interaction and Recreational Skills: Most of the members of this middle group of deaf-blind children have the potential to develop the personal care skills and the social amenities necessary to make them acceptable in the adult world. Certainly they have ample potential to acquire normal social recreation skills. They can learn to roller skate and to ice skate, to swim, to play a variety of games, to bicycle tandem style, to hike and to participate in a variety of social activities. Their difficulty in social adjustment is more than likely to arise, particularly for those with little vision and/or hearing, from their dependence upon others for safe travel and from their ineffective communication skill with others who do not understand their form of communication, if it is not oral. For many of the members of the deaf-blind persons in this group, these factors can place a strain upon their relationship with families, foster homes and even others who share a less formal and casual relationship with them. A demanding manner, perhaps arising from frustration

over the inability to be independent, can often be associated with these persons. The results can be distress and withdrawal on the part of the normal adult world. It is not that this group of deaf-blind persons lacks the potential for adjusting socially to the adult world but rather that they must have continuing, consistent counseling during their growing years. Thought must be given to adult living settings that will minimize the stresses and strains caused by their dependence in travel and their limitations in communication. Again, a number of the children in this group will find these problems minimal because of their considerable amount of vision and/or useful hearing.

Summary: With this middle group, also, two or three general concepts seem to emerge. First of all, considerable potential for independence in many phases of life activity exists within this group. Those with considerable vision and/or useful hearing will often be able to make an independent adjustment to the adult world; those with equal mental and physical ability, but lacking the sight and hearing, will find this independent adjustment more difficult. Secondly, this group in general has far more potential for making an independent adjustment to the adult world in terms of practical, everyday living skills and a greater likelihood of making a vocational contribution to their support than their low attainment in formal scholarship or academic performance would suggest. It would appear that with these children skills related to language development and reading and writing are depressed, whereas with proper training experiences, attainments in the practical routines of everyday living need not be depressed as much. Thirdly, again it becomes obvious that the realization of the considerable potentials of this group is dependent upon an effective and consistent training program through the formative years.

3. MIDDLE EDUCABLE AND ABOVE - The experience of this writer suggests that this group, unfortunately, is an extremely small one as compared with the other two groups, perhaps no more than 5% to 10% of the total of five thousand. In fact, we seem to find very few of the rubella deaf-blind reaching this level of potential. Most of the members of this group appear to have received their handicapping condition from a source less devastating to other parts of the human organism. Again, of course, degrees of residual vision and hearing play an important part in the development of potential. Emotional stress often seems present in the early developmental stages with these children, perhaps related to the frustration an active mind finds in its effort to penetrate the barriers placed upon it by blindness and deafness. However, achievement levels, both academic and non-academic, are usually high and the concept-building process can be effective.

Communication Skills: Not all but most of the members of this group are able to master oral language. Many in the early stages quickly learn the basic gestures and signs of the communication process and under proper instruction are able to advance into the oral mode. This is an important capability for these people because it enables them to communicate directly with people who are unfamiliar with the sign language of the deaf.

Independent Daily Living Skills: Except for those in this group who have additional motor or orthopedic handicaps, the mastery of satisfactory independent daily living skill poses no serious problems. Under a consistent and effective training program and one that includes counseling to help in developing positive attitudes, these children should become quite independent as adults as far as daily living and self-care skills are concerned.

Mobility and Orientation: Again, unless the child has a good deal of useful vision or a large amount of useful hearing, or both, he is going to be quite dependent upon others for any extensive travel. The members of this group will be able to master the techniques of independent travel in familiar and hazard-free areas without much difficulty, but beyond this rather narrow scope, they will be dependent upon others. They should, however, receive as complete training as possible to make them as free as they can be of dependency and also to provide them with an awareness of spatial matters.

Vocational Training: Obviously, vocational success for this group is more promising than for most members of the other groups. The range of opportunity is greater and the training process is less complicated.

At the upper levels of this group will be a handful of persons capable of professional training and professional service. The problem here is not so much in providing training at the college level and beyond, but in finding the opportunities in which they can function once they have received their training. It is difficult for an administrator to imagine employing a person who is blind and deaf. Yet, a number of deaf-blind professionals have proven that it can be done. Rehabilitation and guidance counseling of both normal and handicapped clients is a possible career. Teaching is also a goal that can be reached by some when thought of in the proper setting and dealing with the appropriate students. Self-employment in business enterprise in a few cases has been found productive.

Unless the members of this group have additional handicaps involving motor function, the more advanced skill trades are certainly possible. Leonard Dowdy, who, though not a "rubella" deaf-blind person, has been totally blind and profoundly deaf since nineteen months of age,

has demonstrated well the capability of a deaf-blind person in the operation of simple factory machines and advanced assembly operations. The ultimate boundaries in these areas for capable deaf-blind persons have not yet been approached.

There are three factors which can stand in the way of success for deaf-blind individuals in this class. The first is their own lack of will and desire and other possible personality defects. The second is their failure to receive appropriate and effective education and training. The third is the unwillingness of employers to give them a trial or the lack of an effective placement service to assist them in finding their vocational niche. The same, of course, could be said for a number of the middle group of deaf-blind persons we considered earlier.

Social Interrelationships and Recreation: Potential for success with other members of our society must be considered high for this group of deaf-blind persons. However, this success will not come without considerable effort on the part of the deaf-blind individual and of those who are educating him for the social encounter. The subtleties of gracious, unselfish "give and take" with others are understandings that do not come easily to one who is deaf-blind even though he be highly intelligent. During many of his formative years in the educational process, the deaf-blind child finds himself very much the center of attention without the benefit of vision and hearing to bring him the experience of these subtleties through direct observation. His inclination is to remain self-centered much longer than do most of the rest of us. Therefore, it is important to provide him with effective personal counseling at every step of his training.

Another serious problem facing these people socially arises from the difficulty they find in taking the initiative in making and maintain-

ing social contacts. This difficulty is imposed by the limitations of the communication process. Usually, the deaf-blind person must wait for the other person to make contact before a social interaction can take place. Electronic devices attached both to the telephone and typewriter have helped to ease this problem but greater understanding on the part of non-handicapped people and their willingness to take more initiative with deaf-blind people are necessary to bridge the gap.

Certainly, with an appropriate training program, the deaf-blind persons in this group can master almost all of the necessary social skills for successful interaction. This includes a great variety of recreational skills which can serve as a framework for effective social relationships.

Summary: The summary for this group can be very brief. Given a thorough and complete educational and training program, adequate adult rehabilitation support and an informed, accepting public, the percentage of successful careers among this group of deaf-blind persons should be high indeed.

FACILITIES AND RESOURCES - Before closing, let us take just a few minutes to consider some of the types of facilities and resources that may be desirable to meet the needs of these deaf-blind persons as adults. First, consider the lower trainable group which probably is by far the largest in number. Complete supervisory care would seem to be the order for the future for most of the members of this group. Here and there a family may find within it the resources to care at home for one of these people as long as the family exists intact. This is likely to be rare over the long haul. Already too many families have been torn asunder by the presence of a seriously retarded deaf-blind child. To find satisfactory foster home placements on a permanent basis for these persons is equally unrealistic. Some type of group living with professionals who are

both competent and sensitive to the human need will be necessary to serve these clients. There is nothing wrong with an institution even though it be separated from the everyday life of society, if it is enlightened and recognizes the integrity of the human being. Small self-contained cottage family units in a pleasant setting where the deaf-blind can be treated and encouraged to do everything possible for themselves and to help in the joint effort wherever it can be done would seem to this writer to be appropriate. We must not lose sight of the possibility, of course, that here and there a deaf-blind person at the upper limits of this group may, through a stimulating program, develop the ability to advance into a broader life style. This will be expensive as compared with the economic return that is likely, but we are still a wealthy nation and should have human value as our most important goal.

The outlook for the middle group is, of course, more promising for the future involvement of its members in our regular social order. A large number of this group will need considerable supervisory care but more because of the ineffective communication and limitations upon travel than upon inability to function in daily living activities and in vocational effort. Small community residences containing eight to ten persons in each would seem to be a model that could meet the needs of many. These residences, supervised by professionals, should enlist the cooperative effort of every member in the house maintenance. The program should provide for an intermingling of the house members within the community and include such matters as food shopping, social and recreational contact and vocational effort. There should be available to the clients of the residence for vocational purposes

1. an opportunity for vocational tasks within the premises of the house itself,

2. a sheltered workshop within feasible travel range for those who may be able to participate in it, and

3. an opportunity for employment in open industry for those at the upper levels who may well be able to succeed in this way.

This writer sees these community residences as being of two forms. The first would be a residence made up of just deaf-blind clients and their supervisors. Many in this group will need this type of exclusive residence because of their inability to communicate easily except with other persons who understand gesture, sign language and finger spelling. On the other hand, a second type of community residence should be considered for any member of this group who is able to make a successful adjustment in communication and can take effective initiative with persons who are not deaf-blind. These deaf-blind individuals might well join a community residence for other types of handicapped people and in this way broaden their life style.

We should not overlook the possibility of individual placement for some members in this group. Many of these persons, particularly at the upper levels of this middle group, can be absorbed into a family or foster home setting and succeed adequately if they have had proper education and training. Great care must be given, however, to making certain that the individual is truly prepared for this type of life style and that the family or foster home has adequate support to make the relationship a successful one. There may be a few members of this group, particularly those who have some useful sight and/or hearing, who may be able to live independent lives, to marry and to have a family. The important thing is that we raise up in the next few years a cluster of experienced, sensitive professionals who are able to understand the needs of these deaf-blind individuals and of society and who have the energy and resources to fit

the two together.

It is the conviction of this writer that this group as a whole, if handled in a way similar to the process just suggested, can be almost independent, can be self-supporting, can make a contribution to our social order and can have in return enriched and fulfilled lives that will be well worth the efforts we make.

In the small group of higher functioning deaf-blind rubella persons, there should be a greater concentration on establishing individual home and family placements. If we play our cards properly, this group should be productive and successful and should be helped to find opportunities for complete family living. This may be within marriage and family life for some. It may be in a foster home for others. It may be in a professional community residence for still others. Certainly, in a community residence, there should be an effort to desegregate the deaf-blind wherever communication skills make this possible. If a sizable number of this group finds itself relegated to a sheltered workshop, we will have missed our mark. If a significant number of the highly trained professionally capable persons find themselves unemployed, we will also have missed our mark. This is a small population and certainly we can find the resources and the dedicated professionals to give a concentration of effort toward the success of every member in it.

THE GENERAL PUBLIC - Now let us consider one last topic, in some ways perhaps most important of all, the role of the general public. We can prepare our deaf-blind clients as completely as it is possible for them to be prepared in communication skills in travel and mobility, in vocational skill and in social processes and still fail our clients. If at the end of the process the general public is both deaf and blind to the needs of this group of people, much must be done to inform, to arouse the interest

and to solicit meaningful involvement in programs for deaf-blind persons. We cannot expect to operate a successful community residence for a group of well-trained and well-qualified deaf-blind adults if the people in the community are going to resent their presence, shun contact with them or just stand by passively and watch them with curiosity as they move in and out of the community. A little effort on the part of many, many human beings can serve to bring rich fulfillment to the lives of our deaf-blind clients. Many people are perfectly willing to involve themselves but are anxious and fearful concerning the encounter. Other "do-gooders" will plunge in in the most inappropriate way and cause equal anxiety and fear on the part of the deaf-blind clients. At every local level where deaf-blind persons are, and this should be a highly decentralized process of living, there should be active campaigns to arouse the public to the need and to positive action.

Beginning with the rubella epidemic in 1964 and 1965, our social society was presented with a challenge to prove whether or not this society has reached a stage of enlightment in human understanding and has come of age spiritually. The Congress of the United States demonstrated this enlightenment by voting the necessary funds. A large number of professionals have rolled up their sleeves in response to the challenge and have made remarkable progress. It now rests with the Congress and the professionals to enlist the full support of our entire society to make the final proof conclusive.

April 4, 1974