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ABSTRACT

Presented are the proceedings from a 1973 national conference on the development of service programs for and with deaf people. Opening papers include an introduction to the use of American Sign Language in community programs, a deaf woman's view of her world, and guidelines for the family physician in diagnosing and treating the deaf. In the next section, personal experiences are recounted by a deaf parent with hearing children, hearing parents of deaf children, and four deafened or hard of hearing adults. Described are various resources to help the parent and child (such as the school for the deaf and the community college) and to help the deafened adult (such as a university hospital and the Lions International). Federal programs serving the deaf are reviewed and the role of the volunteer is discussed. Future program development plans (which resulted from the conference) are reported by representative teams from seven states: Florida, Kentucky, Maryland, Massachusetts, North Carolina, Pennsylvania, and Virginia. Conference exhibitors are listed and conference evaluation forms are provided. Appendixes include hints for the new user of manual communication, an outline of how the Lions Club can help the deaf, and the program agenda. (LS)

PROCEEDINGS OF NATIONAL CONFERENCE ON PROGRAM DEVELOPMENT FOR AND WITH DEAF PEOPLE

October 9-12, 1973

Sponsored by

the Office of Public Service Programs,
Gallaudet College and
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with the National Association of the Deaf,
cooperating.

NATIONAL CONFERENCE ON PROGRAM DEVELOPMENT FOR AND WITH DEAF PEOPLE

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Purpose and Plan of the Conference

Dr. A. June Bricker
Department Head
State Leader
Extension Home Economics
University of Maryland

It might help for me to explain how and why this particular conference came into being--A National Conference on Program Development for and with Deaf People.

It is no accident that we are here today. There may be a more rational development of this conference than first appears. At the outset, the climate at both the Maryland Cooperative Extension Service and Gallaudet College was conducive for such a joint effort. Extension had intensified its commitment to reach new audiences, and Gallaudet College was expanding its public service programs. To say that Extension's involvement with deaf people began with an agent and deaf volunteer gives a distorted picture, because again the climate in the organization had its influence. Our development had renewed not only its intent to serve new audiences, but also staff development opportunities for working with blind people had already alerted staff to audiences with unique needs. And so the Extension Home Economist and the deaf volunteer came together. The creativeness and dedication of each of these persons opened wide the doors of opportunity. That the volunteer was a Gallaudet graduate had advantages. Skills in human relations and patience in program development were required to achieve the success that initiated programs in two other adjacent counties.

Gallaudet College, through its Office of Public Service Programs, saw in Maryland's program a service to deaf people that might be possible throughout the United States. The seed was planted. Maryland Extension Service saw its opportunity to provide leadership. Eighteen months later this conference was born.

On the planning committee were professional staff members from Extension Service--Federal, State and County representation; from Gallaudet College--representatives from the Departments of Public Service Programs and Continuing Education; from the National

Association of the Deaf, and volunteers from the deaf community and Extension Homemakers. In developing this national conference, members of the planning group agreed that new dimensions had been added to their own professional and personal growth and development.

With the objectives determined, it was logical to build into the conference a framework that would facilitate cooperative efforts when the conferees returned to their states. A unique feature of this conference is its focus on the family--recognizing the interdependence of both human and societal resources within the family and community.

State Leaders of Extension Home Economics were asked to take the initiative in getting together a state team of no less than five members representative of appropriate agencies and volunteers from both the deaf and hearing communities. The state teams were to use the national conference to become better acquainted, relate the program content to their state situation and lay some groundwork for developing a plan of action to program with the deaf community.

The success of this conference can only be partially determined in light of the program presented. What happens after the excitement of the conference is passed and we return to busy schedules is the measure of success. Will we dare return to programs as usual, or will we accept the challenge to share our vision of extended and expanded service with people who can help us make things happen? Our experiences here should support the very fundamentals of program development <u>for</u> <u>and</u> <u>with</u> <u>people</u>.

Gallaudet College--A Continuing Resource

Mr. Albert T. Pimentel, Director
Public Service Programs
Gallaudet College

Gallaudet College is a multi-purpose institution serving national and international needs. In a comparatively small student population of twelve hundred, there are students representing almost every state and approximately ten foreign nations. With the signing of the Charter of the College by Abraham Lincoln during the war between the states, Gallaudet College received its mandate to serve deaf people. Gallaudet College represents the largest and longest continuing effort in services to deaf people in the United States.

For many years, in addition to providing a liberal arts program for deaf students, the College has been engaged in training persons with normal hearing to become school counselors, teachers, audiologists, speech pathologists, and administrators in programs for the deaf in this country and in other places in the world. We have recently expanded our public service efforts to include more orientation to deafness for those many professional community service workers who do not serve the field of deafness directly but who nevertheless have valuable programs that could assist deaf citizens of this country in the same way that such programs make a positive difference in the lives of the normally hearing population.

Through the efforts of the University of Maryland and the Cooperative Extension Service in the State of Maryland, we have become aware of the potential of the Cooperative Extension Service team. Indeed, the considerable pioneering effort of the Cooperative Extension Service in Maryland in serving deaf people provides a model for such orientation program on deafness and the basis for program development in other states.

The Gallaudet College campus provides a natural setting for learning about deafness. In no other place in the world are you apt to find as many deaf people and normally hearing people professionally trained to work in the field of deafness, the literature and related resources on the subject of deafness. These total resources become a supporting part of the orientation program and are continuously available to you in your future program efforts to include deaf people in your on-going programs at home.

For this Conference, in addition to a number of excellent professional and volunteer resources from the community, we have obtained the services of a number of campus personnel representing our Model Secondary School for the Deaf, our Department of Drama, Department of Psychology and Department of Counseling. We are grateful for their service contribution to this program.

We are pleased that this cooperative venture with the University of Maryland is now a fact. The time and efforts that you are committing are appreciated. We know your continuing efforts in services to deaf people will be appropriately in keeping with the work and spirit for which Cooperative Extension and related workers are well known.

Getting to Know You

INTERPERSONAL AWARENESS

Dr. Robert Mehan
Supervisor of Training
Department of Counseling
Gallaudet College

A teaching-learning encounter provided the basis for "Interpersonal Awareness." Participants with no prior knowledge of sign language practiced the newly introduced sign phrases, "My name is _______" and "What's your name?" Then, choosing one deaf person with whom to work, they had the task of learning the appropriate fingerspelled responses. A third group, hearing persons skilled in signs, observed the encounter and offered assistance as needed.

In this way, the elements of fear and avoidance potentially present in such a new situation were confronted at the start of the program. Put into immediate contact in a one-to-one situation, participants received positive encouragement in their attempts to communicate in a new medium. In subsequent conference activities, participants could build on this.

Dr. Mehan related this encounter to the observation that pity and paternalism are the two most damaging attitudes prevalent in working with deaf persons. In this teaching-learning situation, hearing participants could appreciate first hand the resourcefulness and independence of deaf persons. It is precisely these qualities that are denied by paternalistic workers with deaf people. Many programs aimed at deaf persons have not succeeded because they did not recognize that deaf persons want to be part of the decision-making process. Deaf persons know what they want and need and have this great wealth of information to contribute in planning programs. Ultimately, the success of programs developed for deaf people depends on how closely and carefully planners have listened to their deaf colleagues. It is a matter of working with and not for.

ON STAGE: A SLICE OF LIFE

Mr. Gilbert Eastman
Chairman, Department of Drama
Gallaudet College
and
Mr. Eric Malzkuhn
Instructor of Drama
Model Secondary School For the Deaf
Washington, D. C.

In an effort to give some insight into the very real problems deaf people face when they seek help from service agencies and run into communication difficulties, three "slice of life" skits were presented.

The first dealt with the inability of a social worker to understand that some deaf people's lack of skill in English may result in statements that are not literally the truth.

The second showed how a doctor's recommendations can easily be misunderstood. This can lead to tragic results when the doctor does not write his recommendations down for the deaf person.

The third portrayed the disillusionment of an eager young deaf student who wished to take a special course at a nearby college and no interpreting services were provided.

(See Appendix I for script of skits.)

SIGN ON: THE AMERICAN SIGN LANGUAGE IN YOUR COMMUNITY PROGRAMS

Mr. Willard Madsen
Coordinator of Sign Language
Programs
Gallaudet College

Good evening! I have been asked to present some kind of a "Sign On" as part of the program this evening to help introduce you people to the world of communication with the deaf. I am most happy to have the opportunity to do this, and I will do it first by speaking briefly on the use of sign language as a communication medium and second by demonstrating a few common expressions in sign language that you can pick up here, use, and take with you when you leave the program this evening.

Before I begin discussing the use of sign language as a communication medium, I should like to share with you a very recent experience of mine. This experience was rather typical insofar as everyday communication problems of the deaf go. It was certainly very similar to some of the things you just saw demonstrated by the skits Mr. Eastman and Mr. Malzkuhn prepared.

Anyway, I had to go to People's Drug Store in the shopping plaza near by home to get a prescription filled and purchase a few items. Since I did not have enough cash with me, I had to write a check for the amount. Now, when the sales clerk was checking out my check, she happened to make some remarks to me, but I did not understand what she was trying to tell me. I am usually in the habit of not telling people I cannot hear unless I have to, and usually I do have to. Anyway, I asked the salesclerk to please repeat what she said. She did, but I still did not get all she said. I had an idea of what she was talking about, but was not completely sure. At that point, I had to tell her I was sorry, but I could not hear and would she please repeat what she said.

"Never mind!" she said. Now I have been told that so many hundreds of times in my life, and I think I have reached a point in my life where I have decided that I am not going to accept "never mind" in answer to something I do not understand by lipreading. I said to her:

"What do you mean, 'Never mind!', ma'm?"

"Oh, it wasn't important!," she said.

"If it wasn't important, then why did you bother to say it in the first place?" I asked. I could see that she was becoming quite flustered and didn't quite know what to do.

I said, "Look, ma'm, the fact that you said something to me was important simply because you were talking to me. The fact that I didn't understand you does not make it less important, and I think I have a right to know what you said to me because you were saying it to me!" I could tell the poor girl was confused. At that point, I explained to her as tactfully as I could why I had done what I did. Then I asked her to please repeat what she had tried to tell me. She did, but I still could not understand it all so I asked her to write it down. She did, and it turned out she was simply trying to tell me about some people she thought lived next door to me. You see, names are the most difficult words to lipread most of the time. It was no wonder I did not catch on to what she was saying. But I told her I did not know anyone by that name, and I have lived in the same house for more than twelve years. I know all my neighbors, but I thanked her for her patience and understanding and assured her again that I did not mean to embarrass her--only that I wanted to know what she was trying to tell me.

Experiences like this happen quite frequently to many other deaf persons as well as to myself, and I think it is a good case in point. Even with the excellent speech and lipreading skills I have today, I continue to be frustrated with day to day communication with people around me who do not want to repeat something you do not get the first time around. This brings us to the point of the topic I am supposed to speak on this evening.

I should like to tell you that interest in sign language communication has been phenomenal in America in recent years. Everywhere you go, you are almost bound to hear of any number of classes or programs open to the public which deal with learning sign language. That is, if you are in any way involved with deaf people or with programs dealing with the deaf. At Gallaudet, we have a large evening program open to the public, as well as to our own faculty and staff persons who wish to improve their personal communication skills in order to better work with our deaf students. This program, like many others throughout the United States, was started by the local and national associations of the deaf. A large majority of persons enrolled in our classes, from basic manual communication through interpreter training, however, come from the metropolitan community--government workers, employers of deaf persons, co-workers from private businesses, church workers, vocational rehabilitation workers, college and university students, persons aspiring to future employment in jobs relating to deafness, housewives, and friends and neighbors of deaf people--a real cross-section of the community. We have a total registration this fall of 320 persons, including our undergraduate students, faculty and staff members. This does not include off-campus programs we sponsor. However, even with this large number of persons pursuing courses in sign language and interpreting for the deaf, we represent only one of a growing number of community programs or classes offered in this area alone. Many community and/or evening programs, as well as churches and other private groups, sponsor classes in sign language. And this trend has become prevalent in many other metropolitan areas throughout the country.

What is the American Sign Language? Simply stated, we may say that it is a means of manual communication used by thousands of deaf and hearing impaired individuals and their friends in these United States. Sign language, in one form or another, is used by people throughout the world, be they deaf or hearing. Historically speaking, we may say that sign language has its roots in the earliest forms of communication known to man which depended much upon the use of gesture and pantomime in addition to the many hand symbols which represent basic ideas or concepts. I often define sign language as an "idea language" because many of the signs we do use, even today, represent basic concepts or ideas. Many of these same signs have evolved from natural gestures which have been used to communicate the same ideas.

Although sign language is not a written language like English, German or French, it is today recognized as a language in its own right because it adheres to certain linquistic principles and because it has a structure and grammar of its own. It is possible to use sign language in English patterns by using fingerspelling for words which have no signs. This is what we do when we use "total communication" or the simultaneous method which means talking, fingerspelling and signing at the same time, like I am doing now.

An important factor in using sign language, as with any language, is that of "intonation." Whereas in English or some other spoken language, one would vary meaning of words by changing tonal qualities, deaf persons do the same by varying the degree of facial expression used. Take, for example, the sign for the word "angry" or "cross" /exemplify with varying degrees of emphases through facial expression/ or the sign for the word "hungry" which is a natural expression tracing the direction food and drink travel from the time it enters our mouths until it settles in the stomach /exemplify in the same way/.

Another important aspect of sign language that marks it as a living language among man's many forms of communication is the fact that many traditional sign concepts have undergone adaptation to make it easier to use the language in more parallel patterns of English syntax, particularly for teaching purposes. Not many years ago, we had the basic sign concept for any given group of people together /illustrate/. This basic sign concept could mean things such as: "family", "class", "team", "society", "organization", "association" and "group." The exact idea was obtained either through lip cues or through actual context such as in sentences like: "My family went to Hawaii for vacation." or "Our team won tonight!" Today, we have adapted this sign so that the precise English word may be made visible through the use of what we may call "initial letter signs," i.e., "family" using the double-F handshape, "team", using the double-T, etc. /Complete signed examples./ This is only one way in which we are making sign language more compatible with spoken English for teaching purposes. Our traditional sign language, however, remains quite intact in most areas of the country and in communities in which you live and work, you need to be aware of this.

How can your community programs serve deaf persons in the same way that they now serve hearing adults? One way is to offer sign language programs to the public so that they may learn about manual communication used by the deaf. Far more important, however, would be the utilization of interpreters for the deaf who can help instructors bring to deaf persons in the community the kinds of opportunities and experiences presently available to hearing persons in these same communities. I am giving out to you tonight a paper entitled "Outline of Pointers for New Teachers to Remember in Working With an Interpreter in Continuing Education Classes." While this outline was prepared specifically for our own Continuing Education program, I think you will find the information helpful in going back to your communities and helping to instruct other people who may be involved in Cooperative Extension programs in how to provide opportunities for deaf persons through the use of interpreters for the deaf.

I am also passing out a very brief history of the American Sign Language and some "Do's and Don't's for the Beginner" in communicating with persons who are deaf or hearing impaired. You have seen some of these points well outlined by Mr. Eastman and Mr. [illegible] just this evening. These examples are very real and should [illegible] considered regardless of the mode of communication used although they were designed for manual communication.

I shall stop here now and present a short lesson in sign language. We will take some common everyday expressions and use them to communicate with one another, and I shall want every person here to join in this exercise. After this, we will work on learning to use a few signs related to food and eating, and although we have finished eating, we just might become hungry for more!

(See Appendix II for list of "Do's and Don't's For the Beginner; Appendix III for "A Brief History of American Sign Language"; and Appendix IV for "Outline of Pointers for New Teachers."

AN INSIGHT INTO MY DEAF WORLD

Mrs. Ruth Peterson
Beltsville, Maryland

Hello, I am happy to be here with you today. My topic will be "An Insight Into My Deaf World." Although I will be talking about my own experiences as an individual, a wife, a mother and a community citizen, I will try to give you a general idea of what it is like to have a hearing handicap.

Before I go on, let me explain the type of hearing loss I have. It has been years since I have had my hearing tested. Roughly, I have about forty percent hearing ability in my right ear and thirty in the left ear. I cannot hear high or low sounds too well. On a phone that has an amplifier, I depend on vowel sounds since I do not get the consonant sounds. I used to wear a hearing aid off and on, but do not now. I know I should, but cannot stand wearing the type of aid you wear with your undergarment with the cord behind your neck. I am waiting for the day they can make a more powerful aid that fits in and around the ear. In the meantime, I am used to the silence or soft, subdued sounds.

As introduced, I am Mrs. Donald Peterson, wife of a chemistry professor at Gallaudet College. My husband and I have been married for nineteen years. We are on our way to owning a home in Beltsville, Maryland. We have two cars, a tent-trailer, a canoe and a campsite at Jellystone Park, West Virginia. I don't mean to sound materialistic, but to give you an idea of how much we have accomplished. Our "menagerie" consists of a son, Robert, age seventeen; a daughter, Judy, age fifteen; a dog "Buzzy," age twelve; and a kitten

"Lyka," age three months. We camp, play Bridge, bowl, attend a church for the deaf, as well as meetings, workshops and conferences. We have pot-luck dinners, attend club, social affairs, and plays, and have family reunions. When we go to or take part in workshops or conferences where there is a mixture of hearing people as well as deaf people, we rely on interpreters who either sign for us or speak for us. I tell you this to give a picture of a normal home life, a way of life, in spite of our hearing loss.

Both of our children can hear. Both can fingerspell, sign and enunciate their words all somewhat simultaneously well enough for us. We have almost no communication problems. I say "almost" because the process is slower than the "hearing" way. Slower even than that of other all-deaf families or of deaf families with hearing children where they cannot depend on speech and speech reading. For those families, speech and speech reading are not reliable or even practical for everyday communication. I do not mean to say that speech and speech reading are abandoned, for we all know that they are necessary tools in the hearing world. In our family as in others, we have ways of getting each other's attention. Our kids, as well as ourselves, have to stamp the floor or tap us on the shoulders or wave their hand to attract attention. Sounds bothersome, doesn't it? But there is also a humorous part, we throw little objects at each other such as paper balls, paper planes, candy, nuts, flash a light on and off, or excitedly pound on the table. The latter part, my husband does not like. He asks, "Why do that? Think I'm deaf?" I am forever leaving notes or reminders all over the house. This saves time and takes the place of intercommunication. Don and I even depend on our dog to tell us someone is at the door. Anyway, "where there's a will, there's a way." Both of our children have been patient with us. We have a happy family with the usual ups and downs that families are supposed to have.

I first became aware of the stigma, "deaf and dumb," I believe, when I started attending public schools. A series of incidents with other school children gradually showed me that I was "different" from them. They would stare at me, whisper to each other in front of me, push me, pull at my clothes or hair ribbon, prevent me from going where I wanted to go, push me into a receptacle of wet cement, board me up into a big dog house and set fire to it, or talk to me just to find out how "dumb" I was. This nearly destroyed my self-confidence and made an introvert of me. This kind of treatment may still occur today. A change in public attitude is the only thing that will help. No one likes to be pointed out as a "freak."

Let me give you a summary of my education. This was depression time; my parents were divorced; my step-mother and I moved around a great deal. I had been in and out of schools eighteen different times before I was eleven years old and then made a permanent landing at the Rochester School for the Deaf, a residential school in New York state. Up to that time, I was mostly in public schools, often returning to some of them. Other times, I went to day schools. These were public schools, but had one or two rooms reserved for deaf children, and in these schools, classes were conducted similarly to the rural school system. I spent two years at the residential school of St. Mary's Catholic School for the Deaf at Buffalo, New York. Upon graduation from high school at the Rochester School for the Deaf, I went to the Rochester Institute of Technology, graduating with a major in art. I attended and graduated from Gallaudet College with a B.A. in 1971.

My first eleven years were not easy. I could not compete with my classmates. I was a scapegoat. I did not understand that I was in school to learn for myself. I had this vague idea that I was being trained to follow orders, to follow others, to copy from others. Only two teachers out of all those public schools remain vivid in my mind as kind and sympathetic encouragers. My whole world changed when I entered the Rochester School for the Deaf when I was eleven. Then and there, I began to understand so many things--to understand what was going on. It was as if a light was turned on. I was among my own kind, and those who were working with us. No more special schools, no more special treatment, feeling like a square peg in a round hole, no more being stared at. You could say my life began when I was eleven years old.

I must not leave out an important factor influencing my growing-up years. My step-mother wanted me to be "hearing" which was understandable. I saw very little of my father. My mother would have me repeat every word we saw around us--the billboards, signs, posters, movie marquees, and the like. I fitted in well with my other relatives. I was someone to be shown off because I could speak well, because I could imitate. When I was very young, my mother had taken me to several clinics in an effort to test both my hearing loss and my I.Q. I gave the doctors a hard time because I could not hear and could only guess at a few words. I did not know what was going on. Those experiences both scared me and made me feel I was a hopeless case. My mother and I had problems in later years because she would not accept the fact that I was deaf, and she did not want me to be part of the deaf world. You could say that I was two different persons. She never got to know the real me--at the residential school where I could really be <u>me</u>. I was an entirely different person when I was home for weekends and holidays. It took me a long time to fuse the two personalities into one.

I was not the only one who had to have special help. My mother should have had help in understanding problems of raising a deaf child and have been made to understand that we are individuals in our own rights. She should have been convinced by those who worked with the deaf that by learning a new means of communication--a new language--half the battle could have been won. And a great deal of heartache and loss of time could have been avoided.

I have held many jobs to date, but the longest, happiest job I held was that of an art teacher at the Rochester School for the

Deaf prior to my marriage. Since then, I have had the combined roles of wife, mother, student, volunteer worker, substitute teacher and several others.

Working along with hearing people, associating with them as a bowling teammate, as a neighbor, a bridge player and doing general business with them all have been done with rather limited satisfaction. I lean toward hearing people who have common interests and problems and a willingness to communicate with me, and especially with those who have a sense of humor. I find that most of us deaf people prefer to mix with hearing folks through card socials, cultural activities, recreational activities where conversation can be kept to a minimum or carried on easily. Cocktail parties, receptions and such are not to our liking since only conversation is required. Constant switching of various subjects confuses and frustrates us. The situation is different when there are hearing folks who can fingerspell or sign along with speaking. What a joy it is to be able to communicate with such people. We learn so much from them, and I am sure they learn from us.

One recent wonderful happening that I take great pride in is the forming of a group of hearing mothers of deaf children and deaf mothers. The original idea was to teach the hearing mothers how to spell and sign. As they grew proficient in both, we gradually went on to exchanging experiences and ideas on problems of the deaf to problems of the world in general. We have parties, picnics and field trips. Our group is called "Chatter Hands."

One exciting project we did last year at the suggestion of Dr. Helen Norton who is the Career Education Specialist for the Handicapped in the Prince George's School System was to teach fingerspelling and signs to a group of hearing children of the Forestville Elementary School in Washington, D. C. These children had study problems. It was thought that these lessons would inspire the children and make them feel important by knowing something that the other children did not. Although this means of communication is not necessary for their education, we feel we have accomplished the small task of giving those boys and girls, plus a few teachers, an insight into the not-so-bad deaf world. It was a great effort on our part to put a small dent into the communication barrier. I hope those kids will always remember those lessons. Today, "Chatter Hands" is still going strong. Yesterday, we went on a tour of the Chevy plant in Baltimore. We will have a pot-luck dinner soon. We are doing some volunteer work for the International Parents Association for the Deaf for Mrs. Lee Katz, mother of a deaf daughter.

What can I really say about myself as a wife? We, my husband and I, aside from our children, are like any other couple with their own special means of communicating. We have the usual squabbles. We have fun. We have love. We face the same financial problems. Like anyone else, we never seem to have enough money.

What we have plenty of is good companionship. We all flail our arms, gesticulate, pound our fists into palms, shake our fingers at one another, point or use other means of conventional gestures, even stick our tongues out at each other in devilish moments. Don and I even speak to each other just to be funny! We make fun at each other's misprounounciations. We are really no different from you except we carry all this on with our hands. Our hand movements can range from quiet flutterings to humorous gestures to windmill ludicrousress depending on the situations. I am the Prima Donna of the family, and Don is my Mr. Spock (of Star Trek). It balances out, for after all, we cannot have too much logic in this world, can we? Don will use me as a sounding board, rattling off via flying fingers on topics like chemistry and sports, not bothering to first get my attention, and then look up expectantly--as if I could hear his flying fingers.

We both like to read and often exchange interesting tidbits. I have charge of the interior of the house, and he has the exterior of the house. If I want a special plant in our yard, he will wag his finger at me. I am forever re-arranging the furniture, and he has no say in this. Do not take this as a psychological quirk. It is just that we have hand-me-downs along with new furniture in a house that is not custom built. Anyway, my point is, we take our partnership seriously and humorously; we have tried to fit in as well as we can into the hearing society. With our neighbors, I am the interpreter since I read lips better than Don does, but, although I have a mind of my own, Don is the spokesman. Just because he cannot hear, does not mean he cannot think. With apologies to the Women's Lib Movement, he often has better judgment or opinions than I do.

As a parent, I feel I have done fairly well, but my fingers are crossed. I realize that our children, as well as other normally hearing children of deaf parents, have their own feelings about having deaf parents, but I am sure they are satisfied on the whole. There have been some problems for them. They sometimes find it exasperating to repeat what they said. I think this helps them to express themselves better, to use the right words in a brief statement. At the dinner table when we entertain other deaf friends, they miss out on the conversation. We try to fill in the gaps at times, but like hearing folks, we find it to be an effort to keep it up--a reverse situation. This is not true of all the other families as their children can be more adept at reading fingerspelling and signs.

Both Don and I have fairly understandable speech and, so, as I said earlier, we have little communication problems. We have taught our kids to be proud of having deaf parents, to be individuals, to be aware of problems of other people. I admit we missed out on their baby talk. It was a one way conversation or chattering. We would try to read their baby lips as they got older. It was both a fun and frustrating game of guessing what new clever thing they said. We depended on our folks, neighbors, and friends to tell us. I feel we have a good rapport with our children. They discuss their ambitions and problems with us. Naturally, both have growing-up pains, but deafness is never the issue--a little hindrance in our arguments, perhaps. The fact that we do not hear what they say behind our backs, which I know is rare, is a handicap. Especially with Judy, when I catch her, she is surprised to discover that I have eyes in the back of my head. We are proud that both children have taught some fingerspelling and signs to their friends and that their friends have learned to face us when speaking to us. It has all been give and take. They correct our misproununciations. They often interpret TV news and programs. They make all business phone calls for us. When we are with hearing people, they interpret for us. We really depend on them. When they are not around, we have to resort to the pad and pencil, if necessary.

As a neighbor and community citizen, about the best way I can contribute is to be as self-reliant as possible and not impose myself on our neighbors except in emergencies, like asking them to make phone calls when the children are not available. We can discuss community problems via notes or by person-to-person orally. I miss out on P.T.A. meetings, civic meetings, volunteer work among the hearing where no interpreter is available. I have occasional coffee breaks with a few. We have been fortunate in having nice neighbors. A few will help me with my speech, give me ideas and advice on various things. I think today's general attitude,anyway, among the neighbors is to live and let live. We do have a neighbor with whom we have exchanged house keys so that one takes care of the house while the other goes away on vacation. We have another neighbor with whom we take turns keeping each other's dogs. I do not think we are doing too badly as far as neighbors go. Most neighbors are naturally curious and want to know our backgrounds and about the deaf in general. By being a good neighbor and being yourself, you hope that others spread the word. In this one small way, we can remove the stigma "deaf and dumb."

Finally, I want to give you a brief but vivid picture of what it means to have a hearing loss:

<u>For the deaf child and his family</u>, there are constant separations.

Needless communication problems in the family.

Deciding which school is best for the child.

Difficulty in finding hearing playmates in your neighborhood.

Acquiring a good education and training takes too many years.

<u>For the deaf adult</u> -- limited job training facilities

Limited job opportunities.

Difficulty in obtaining automobile insurances.

Being alert and fighting for our rights.

Not being able to hear birds, babies, music, rustling leaves.

Missing out on the radio, movies, TV, plays. (or not getting the full benefit of the above)

Difficulty or reluctance in approaching hearing people.

You and your husband can't speak to each other in the dark of your bedroom.

You either have to bluff to chattering store clerks or confess you are deaf. More often they are embarrassed.

Too many other embarrassing situations.

And countless others....

Cursing hearing people is an easy, abortive means of letting off steam. Considering the hearing as an enemy is a common, weak and unhealthy attitude which most of us try to fight by philosophizing. We deaf folks sometimes need to be shaken out of our self-centered shells and get with this attitude of "I'm O.K. You're O.K."

I hope I haven't painted so negative a picture and given you the impression that being deaf is a sad fate. This really need not be so. We are just human beings with crosses to bear just like anyone else has. We are not an unhappy lot. We do realize that there are people with worse problems than we have. Only one single very important factor that can enhance our lives is a good means of communication between those who can hear and those who cannot. Help us to communicate with you. We will help you. It may be a struggle, but one that can be fun, enriching and worthwhile.

DIAGNOSIS AND TREATMENT OF DEAF PERSONS
GUIDELINES FOR THE FAMILY PHYSICIAN

Peter Fine, M. D.
Director of Medical Services
Gallaudet College

Since the purpose of this meeting is to provide information to the helping professions about deafness, I hope my remarks will be helpful.

To begin with, more and more schools for deaf children seem to have more so-called genetically deaf children these days. I will try to explain what I mean in a moment. First, I would like to say that there are a large number of causes of deafness and that many of them are being brought under control. For example, meningitis is not the crippler it once was thanks to the emergence of the antibiotics and to early diagnosis in infancy. I recall seeing an infant of only several months of age whose mother sounded particularly upset over the phone and described the classical symptoms of meningitis to me. I was lucky enough to get the baby into the hospital and treated, and follow-up showed the infant to be of normal hearing. There were no neurological defects after treatment.

Another cause of hearing loss and other neurological defects is Rh incompatibility, or erythroblastosis fetalis. There has recently been a new vaccine developed that may well eradicate the disease in the future.

Prematurity is yet another crippler of children, largely because premature infants are not well developed and cannot get enough oxygen from the environment around them. Often a mother will have a difficult delivery with a premature infant, and it may also be difficult to start the infant breathing. The first several minutes of breathing are crucial to adequate oxygen supply to the brain. If the infant does not breathe well, he may be doomed to cerebral palsy, deafness, retardation and a host of other neurological disorders. Most often, CP is seen in children with Rh incompatibility, however.

I think all of us are familiar with the Rubella Syndrome. Mothers who contract German measles in the first three months of pregnancy run a very high risk of having an abnormal offspring. The first three months is only an arbitrary figure. Rubella at any time of pregnancy is probably dangerous. With the development of the rubella vaccine, however, we may in the future see a decrease of this disease. Many children of mothers who had rubella are born deaf. If a woman accidentally receives rubella vaccine during a pregnancy the same defects may occur. New vaccines may help to eliminate the Rubella Syndrome in the future. To go a little further with Rubella, in many children, more than one organ system is affected--e.g., they may have heart disease, eye disease, and other central nervous system disorders.

By far the largest segment of the young deaf population today, however, is probably in the genetic category. Let me explain: Human beings normally have 23 pairs, or 46 chromosomes. Each chromosome carries a finite, though not by any means known, number of genes. The chromosomes and genes are composed of DNA (Deoxyribonucleic acid) and contain the information needed to create a new individual as well as the information that was necessary to create the individual carrying the genes. At the time of mating, each mate contributes one pair of chromosomes to the fetus. These single pairs are called haploids. When they combine in fertilization, they are called diploids. Females differ genetically from males only in that they carry 2 X-chromosomes, while the male normally carries one X-chromosome and a smaller Y-chromosome. These chromosomes determine the sex of the fetus and can carry some of the diseases, which I will mention later. The other 22 pairs of chromosomes, the non-sex chromosomes are called autosomes. Many congenital disorders are now known to exist from a lack or excess of chromosomal material. A common one is Mongolism or Down's Syndrome. This causes severe mental retardation, a typical "mongoloid" face, and occasionally, heart disease. It is known to occur when there is an extra chromosome 21, i.e., 3 chromosomes instead of 2 contributed from one partner.

With this information in mind, then, let us consider how deafness might be inherited. Bear in mind that there are autosomal dominant diseases, autosomal recessive diseases and sex-linked diseases. One of the autosomal dominant diseases is Waardenburg's Syndrome. It is recognized by the presence of a white forelock, different colored or extremely bright blue eyes and a configuration of the eyelids that gives a false appearance of wide-set eyelids. There is severe sensori-neural deafness which may occur in one or both ears. It is not known which chromosome causes this disease, but with research in progress in so many centers across the country it may well be known at a future date. Remember that this is an autosomal dominant trait-- that is, only one partner need carry the abnormal gene for the disease to show up in an infant. It is not known what would happen if two people with a known history of Waardenburg's Syndrome in the family were to mate. The double dose of genes might be enough to cause a spontaneous abortion. If the genes cause severe problems, they apparently do not carry through to maturity or even to prematurity in an infant. The Treacher Collins Syndrome presents individuals with very sad looking faces and malformed ears with a very severe hearing loss. If the family pedigree is negative for any other individuals with the syndrome, it must be assumed that the affected child represents a spontaneous mutation of the gene.

To turn to another mode of inheritance of deafness, let us look at the autosomal recessive type. This occurs when each parent has an abnormal gene at the same site and contributes it to the infant. Instead of having two normal gene pairs on a chromosome, each parent must have one abnormal and one normal pair. Usher's Syndrome is a classical example of this. Patients have a profound sensorineural hearing loss and progressive blindness--it may also be associated with recurrent kidney disease.

In order for autosomal recessive inheritance to occur, there must be a consanguinity or intermarriage. If cousins marry each other and each is a carrier, the chances of having autosomal recessive deafness are greatly increased.

Let us now turn to the parents' point of view. Let me emphasize that in all probability, more deaf children are born to hearing parents than are born to deaf parents. This can be discovered by doing a family pedigree--by taking the best possible history of all family members and testing all the relatives available for hearing and other functions of the ear.

How do we deal with hearing parents of deaf children, then? First of all we must deal with their feelings about their deaf baby. It is natural for anyone who has a child with any handicap to feel guilty about it, to feel that he or she contributed to the defect. A baby is, after all, an extension of one's self. Parents often become hostile to the person who has diagnosed the defect and waste a lot of time and effort running from doctor to doctor to audiologist to social worker trying to deny the fact that their baby is deaf. It is indeed a painful blow, especially to hearing parents. Deaf parents seem to be more accepting of deafness because most of them have lived with it most of their lives.

How, then, do we handle these parents? First off, we are obliged to sit back and hear them out--to listen to their anger, their guilt, their frustration and their sorrow. We must allow them time to mourn for what to them is a great loss. But we cannot sit back and allow them to create a spoiled, non-communicating and equally frustrated child. It is our job to help them through a time of psychological crisis and then to help them cope with the problem. There are not enough social agencies in the country to handle these problems. I hope we can create more.

To go a step further, each and every deaf child deserves a complete medical workup. Treating deafness as a disease is like treating fever as a disease. It is the obligation of the physician to look further and to set the parents straight about what is wrong with their child. But this cannot be done until a thorough ENT and neurological examination have been done.

In conclusion, then, what is needed is a total approach--the most important thing may be to establish communication with the deaf child.

Let us begin.

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Tell It Like It Is

Mrs. JoAnn Pelarski
Deaf Mother of Hearing Children
Silver Spring, Maryland

Introduction

I was born deaf to deaf parents. They have two hearing and two deaf children. I had two aunts, a great-great aunt and a third cousin that were deaf. The distant cousin never went to any school. My mother was born deaf due to rubella which my grandmother contracted during her pregnancy.

I consider my childhood a happy one. I began to learn sign language before I learned how to walk, and my mother said I was able to speak a few words before I attended a school. My father forbade total communication. He felt it was not polite to speak by lips and hands at the same time so our family used sign language all the time.

My father was well educated and liked to be independent. He owned an auto body shop for more than twenty years. He made friends with many hearing people even though he could not speak one word. His English was excellent, and so is my mother's, too!

Mother encouraged my deaf sister and me to do many things. I learned how to go on a bus to town, make any purchase, pay bills, receive change and to write out complaints before I was 13 years old.

I got along fine with the hearing children, and my mother said I was never afraid to join the children playing.

I attended Tennessee School for the Deaf in Knoxville until I graduated and went to Gallaudet College for a year. After leaving Gallaudet College, I stayed in Washington to work.

My Family

I met my husband, Gerald, at a deaf social. He was born deaf to hearing parents from an unknown cause, as was his older brother, too. He went to an oral school until he was nine years old. He did not know how to write his name until he attended Minnesota School for the Deaf. He graduated from Gallaudet College.

I had mixed feelings when we started a family; I was hoping for a deaf child. When my doctor came into my room the morning after my older boy was born, he looked so happy to inform me that my baby could hear. I was so stunned. Now, I am happy I have children with normal hearing, but still I wanted a deaf child, especially a girl.

Communication At Home

I must admit that the communication between me and my older boy was not really good when he was small. We often became frustrated when we could not understand each other. But as the time passes, his speech, vocabulary and sign language improves; we understand each other better now. There was no problem between me and my younger boy when he was small. We use total communication all the time.

My older boy had a speech problem and went to a speech therapist at his school for almost three years. My younger boy had no speech problem. Now, I believe both of them are getting along in everyday living as any other hearing children.

At School

I did not care to have any conferences with my boys' teachers because of their facial expressions. One just nodded or shook her head, and I never go to the other because one deaf parent told me that she would look down her nose at me. I do not think it is necessary for me to make any contact with them if my boys like them and their report cards are O.K. I attend school activities only when my boys ask me to.

In the Neighborhood

I returned to work when my younger boy was 2½ years old. One good advantage about it was that their speech improved greatly. I have had the same babysitter ever since I started to work. Her children learned some sign language from my boys.

About our neighbors, we think we have a real nice neighborhood and do not have any problem so far. One lady next door learned how to fingerspell, and we enjoyed talking about many things. Unfortunately she had to move.

At Work

About the people at my work, I get along O.K. with those I work with. Some in other departments were unpleasant, but I would not let it bother me as long as I did not work with them. The two ladies that I work with and I communicate through lipreading, sign language and gestures so that we do not have to write on pads much. Unfortunately, I work in a bank where there is a limit on positions for deaf people to work. I once thought of attending A.I.B., but after I read what they had to offer, I found no courses really interested me. I enjoy what I am doing now, but I will not receive a promotion.

With Doctors

One thing about my doctors, I never get them to tell me everything I want to know, except my dentist. So I know a lot more about my teeth than any part of my body. I do not have many problems with my boys' doctor. She answered briefly to every question I asked. I feel that's good enough!

Out Shopping

Sometimes, I have to be aggressive when I want something in a store, etc. My parents told me never try to speak but to write down what I want and make the hearing people write, too, to prevent any misunderstanding. I always try to look stern but polite so I can get good service, and I usually do.

I don't make friends with hearing people as easily as my parents or my husband do. I am very conscious of my English. I have a habit of studying people's facial expressions or gestures more than their lips. It is the only way I am able to know their thinking and feeling toward me before I go on making friends with them.

I am greatly in favor of offering Extension programs to the deaf. I feel sure it will help deaf people (especially those with inadequate education) who may have problems in everyday living. I attended two classes about the children and their problems. Surely it helped me some in understanding my hearing children. I enjoyed meeting some hearing people at the classes, too. Maybe someday, I will enjoy meeting and making friends with hearing people and deaf people with higher education without feeling conscious of my deafness.

Mrs. Jacquiline Poorbaugh
Hearing Mother of Deaf Child
Bethesda, Maryland

Introduction

My name is Jacquiline Poorbaugh. I was born and grew up in New Mexico. I had the normal public school education and a religious background stressing patience as a very important virtue. I tried for five years (off and on) to finish a bachelor's degree with an English major and a psychology minor. I mention these things because I think they have been very important in the development of my daughter, Elizabeth, who was born deaf in October 1965.

In the Beginning

I was about 7 weeks pregnant in early April of 1965, when I had rubella. It was diagnosed by my doctor and we discussed the possibility of abortion. Both he and his partner discouraged the abortion telling me that they had never seen a child damaged badly enough to warrant such drastic measures. And since we had planned this baby and there would be 4 years between children already, we decided against the abortion.

After the rubella, the pregnancy was normal, as was delivery. At that time there were no facilities for testing in the hospital and the full sweep of the rubella epidemic had not yet been felt. We had other physical problems earlier that had to have immediate attention. She was a colicky baby and was put on medication at 4 weeks. She had a tight anus that had to be stretched daily for several weeks. Then it was blocked tear-ducts that had to be massaged several times daily until they were clear. By this time she was 6 months old and in spite of all these minor problems seemed to be developing normally.

She ate and slept well--and would often roll over and wake up as I walked across the room to her crib. She was bright and alert always watching whatever was going on within her range of vision. And she babbled constantly, with different voice fluctuations. So we treated her as a hearing child. When she started showing her "independence" by crawling away when we were speaking to her or by not responding to voice, we just shrugged it off to her being the baby, or the second child, or just Elizabeth. Then we moved to Washington and after several months adjustment time I began to worry about her lack of response to her own name, and the absence of any single words from her. (She was about one year old when we started watching her closely.)

We took her to the doctor for a physical and were told:

1) she had a minor heart murmur that was nothing to worry

about, she would outgrow it, and

2) we should not worry about her lack of speech, she was probably just slow, and testing before 2 years would be inconclusive.

At this point the doctor snapped his fingers beside her head and below the level of the table top, and since she has wide peripheral vision she saw his hand move and turned her head, at which point he said, "See, she can hear!"

Diagnosis

So we insisted and he suggested we take her to Children's Hospital. In the meantime, we had been having trouble leaving her with baby sitters and I made a note in her baby book that at 15 months she was still too much of a "momma's girl." She kept her eyes on me whenever she could and was frequently in the same room as much as possible. I noticed this behavior was different from her older sister's at the same age. We also began to use a high pitched whistle or stomping on the floor to get her attention, and natural gestures (car, drink, etc.) after we had her attention.

Testing was done at Children's Hospital in April of 1967, and we were not surprised when the deafness was confirmed. I think that by then we had already begun to work with the situation and I did not feel any great anger or disappointment. For some strange reason the audiologist at Children's said, "Well, we will get a hearing aid on her, she'll start talking and everything will be O.K." We got the hearing aid on her in May, and she was delighted! We have a very beautiful movie of her dancing with joy, laughing, hugging everyone in sight the first time she was surrounded by natural sounds. She has never taken it off except for the routine reasons--sleep, audio equipment, water activity.

At this time, May 1967, Children's Hospital was flooded with the children who had been affected in some way by the rubella epidemic of the early 1960's. They were overcrowded and understaffed and we really felt that we did not want to put Elizabeth in that program. Jim called the American Speech and Hearing Association and they suggested that we try the Easter Seal Treatment Center in Montgomery County. We took Elizabeth for testing and an interview and were delighted with the personnel and the program. We felt that she would get the kind of personal attention that would have been impossible at Children's at that time. We also learned our first lesson in the education of deaf children. We were told that their program was strictly oral and any hand movements were discouraged. We thought about this and decided it was unrealistic and continued to use our own gestures, and at the same time applying as many of their methods as we could--getting down low to talk to her, facing her whenever possible, etc. Also, I worked in other classes at this time to learn as much about living and working with a deaf child as I could.

The beginning of her formal education was also the beginning of a different approach to her discipline. I had tried to keep her as close to the same kind of discipline that we had used with her older sister (which is by no means strict) as possible. But in watching the teachers at Easter Seal and seeing how they gave the child every opportunity possible to understand and express herself, I relaxed my expectations and we have been sorry for it. For in the desire to open the world to her, we placed too many restrictions on ourselves and our emotions and it was unfair to everyone. When she was 3, she had a teacher who was more structured and demanding than the one before had been. It took us several weeks of tantrums at school and at home to figure out that she was having a real problem balancing the lenient home and the structured school. So we firmed up quite a lot, and the teacher loosened up a little and made it through that one.

It was during this time that two of the problems we still have began to form. Adjusting to a colicky baby who progresses to a finicky eater is fairly easy; but getting her to have a meal at the table with the family became harder and harder. Her sleeping pattern also changed. Where she had previously been sleeping all night, she began to wake up at least once a night for reassurance. Sometimes she would go back to sleep by herself, but mostly she demanded the comfort of staying in our bed or having one of us lie on her bed until she fell asleep. Finally we moved to a house where she shared a room with her sister which made her more comfortable.

Off To A New School

When she was 4 and still at Easter Seal, they told us that would be her last year there. They felt they had done as much for her as they could and strongly advised a boarding school because they felt that the Montgomery County program was not adequate for her needs. She was tested and accepted at the Clarke School for the Deaf in Northampton, Massachusetts for the school year 1970-71.

Our third child, Rebecca, was born in May of 1970 and Elizabeth went to Clarke in September. She seemed to have little trouble adjusting to life away and the peace in our home was like balm. We saw her about every 3 weeks that first year and everything seemed fine. She was home for the summer of 1971 and went back to Clarke in the fall with a minimum of fuss. Then as the second year progressed we began to see certain things that troubled us:

1) the boarding school/home routine seemed unrealistic. Every time she came home it was a holiday. We overextended ourselves to keep the hassles to as few as possible. It seemed to us that in a few years she would not know what a real home life was like.

2) We began to notice a real difference in her language and that of the other children.

Hers was by far the best in the group of 16 children and she reacted accordingly. When she was at home with us she talked--from the minute she got off the airplane or we picked her up at school--she talked and talked. When she was with other children she used single words, gestures, grunts and pokes. When we started for the airport her language deteriorated with each mile.

We also talked to some of the older students at Clarke and learned that many of them were shocked to find that:

1) what passed for good speech at Clarke was not accepted in the real world;

2) those who were in contact with other deaf people felt cheated because they could not sign and had been taught that signing was unacceptable.

By Easter vacation of her second year at Clarke, we were all tired of the routine. It was all I could do to pack her up and all she could do to walk onto that airplane.

Stepping Up Communication

We were delighted when Montgomery County helped make the decision to bring her home by informing us that there would be no more funds for sending children out of state, that money would be used to improve the existing program. She was happy to be home, we were happy to have her home and she went into the Montgomery County program a year ago.

With her home and started, I picked up my interest in signing again. I had taken a class her first year at Clarke, but dropped it for the second year. There were two reasons for enrolling so suddenly:

1) the graduates of Clarke saying they felt cheated because they couldn't sign, and;

2) Elizabeth had come home drawing letters in the air to spell words she thought I did not understand.

I taught her the manual alphabet right away and got into another class as quickly as I could. She learned the alphabet quickly and would use it for spelling posters, off appliances, etc. There were also several occasions of playing with a classmate with minimal language and it struck me as very strange and unfair that these two bright darling girls, 7 and 8, could not communicate by signing and spelling. I spoke to the other child's mother and she was delighted to have someone signing to her daughter. So Elizabeth went through a period of several months when she was very interested in learning and signing.

Then three things happened in quick order that "turned her off."

1) Many of the children had been signing at school--on the bus--on the playground--in the lunch room and finally their teacher told them they would have to stop. I talked to her and she said she would not interrupt them out of the classroom, but inside she had to forbid it, since that program was funded as an oral one. But that seemed to ruin it for the children. I noticed a rejection of my signing right away from Elizabeth.

2) Then there was the county-wide Easter Party, with a Bunny who signed, but had on a large plaster head so that the children who depended on their speechreading and hearing could not understand the Bunny. Elizabeth kept her distance.

3) Last was the Family Life Day in May at Gallaudet. She enjoyed the activities and the other children, but when we went to the dining hall for lunch she seemed very upset. For the first 15 to 20 minutes she sat very quietly and watched everything that was going on, ate her lunch, then left to wait outside for me and play with a friend from the morning. In the evening she had many questions about all the people with hearing aids, everyone signing, how, why, etc.

I still sign to her. She doesn't know it now, but a time will come when she will be in contact with other deaf folks who depend on signing. She no longer signs but will accept it from me for understanding words or situations. And she is most receptive when she has taken off her aid for the night. So I feel sure that she will pick it up again, slowly, but surely, as she knows all the signs I use.

By early spring of her first year in the Montgomery County system we had received so many negative reports from her teacher of all the things Elizabeth can't do that we began to doubt that she could do any of the things we had always thought she could do. So we started seriously considering changing her to the total communication program in another school. When we had our spring conference with the supervisor of the auditory program we were very surprised at the vehement language she used to urge us to keep Elizabeth in the oral program. She also showed us some test results that confirmed our own earlier ideas of Elizabeth's ability. She was very honest with us admitting that while total communication is indeed the coming thing, for the older children in Montgomery County the total program is geared for those who were having trouble in an oral program. She pointed out that Elizabeth has better language than any kid in the program, and she thought it would be detrimental to Elizabeth's self-image to change her.

I realize that all this sounds confusing and hypocritical. I love signing and try to teach her, but leave her in the oral program, etc. All I can say at this point is that I believe in continuity where it seems feasible. I believe that she is very aware of her deafness, but has a very strong hearing identity. I let her go as freely on her bike as I would a hearing child. She has made friends completely on her own on these biking outings and she loves going off by herself. She took a dog-training course last winter, and being the youngest and smallest one there she did fairly well. She insisted on playing "Marco Polo" this summer in the swimming pool. This is a swimming game in which the "It" calls out "Marco" and the players answer "Polo." She caught the people by following the vibrations and splashes. If we were starting over again, I would start in a Total Communication program and I have urged other parents to do the same. I have seen other children who did start in T.C. 3 or 4 years ago and have a good command of both means of communication now. But she is Elizabeth--she will be 8 on Halloween. She is doing second grade level work, is reading well. She has an incredibly active mind and imagination. All that we as parents can do is hope we have done the right thing, give our support and watch them grow.

Outstanding Problems - Noise Level

The biggest problem has been and still is the noise level. The day we brought her home from the hospital she had a screaming fit that amazed both of us. The screaming continued through the colic, the minor physical problems, the move to Washington and the entire educational process. Teachers tell us that the screaming often continues through high school and is a release of frustrations. This is the irritant that keeps everyone on edge and can't be ignored because it is so insistent. It is the factor that affects every relationship and every activity. There have been many things that we have avoided simply because we knew that at some point those screams would disrupt whatever was happening. It does not seem right that after thousands of hours and dollars spent urging her to use her voice one of our most common pleas now is "Be quiet, Elizabeth."

Discipline

During the early years we seemed to spend most of the time just trying to civilize her to feed her enough language and patience to keep her level of frustration within reasonable bounds. This is the place for total communication --in helping to discipline her so that every negative position didn't seem like an arbitrary decision to frustrate her. Now, there is an increasing need for language, just the necessary words. She is beginning to demand more detailed and lengthy explanations and we find ourselves more and more going to the pictures and encyclopedias for help.

Sisters

Another big problem right now comes from the squeeze of being the middle sister with an older sister whom Elizabeth adores, and a younger one whom she tolerates. Her older sister can influence

Elizabeth to do anything--she can work with Elizabeth and be "therapist perfect"-- or having gone through all the strain and pain of Elizabeth's early years she can be mean and awful. The younger sister was O.K., just a baby until about late winter when she began to be a real person. Now Elizabeth realizes that Rebecca at 3½ has better language and understands many things better than Elizabeth does; the two of them seem to be in a constant battle of who can outdo the other. And, yes, I do feel that these relationships are strongly affected by the fact that she is deaf. Her tenacity and demands for attention from Shawn are very strong and her obvious resentment of Rebecca's abilities are more than a hearing child's would be.

Elizabeth on Deafness

Her awareness of the lack of sound I would have to trace all the way back to infancy. Since their own screams are often the first audio stimulation a deaf baby has, it seems obvious that they feel a lack of something or they would not scream so much. Her reaction to the first time with her hearing aid makes me think that she knew she was missing something. But the really big demonstration of her awareness came when she was about 2½. She had a rubber toy, just flat, without features, fingers, etc. I walked into her room one day and found her trying to put her hearing aid on the toy.

I can't recall that she ever asked "why" until she was at Clarke. And one of their first approaches was to discuss why all the children wore hearing aids. She understands diseases fairly well and seems able to accept the measles story. I have heard her tell another child that she was born that way. She has different ways of responding to her deafness. One of the favorite ones is to not watch the speaker and to point out that she does not understand, she is not watching your mouth. She will also turn off her hearing aid when she wants to cut someone off. Recently she has taken to demanding that the radio be turned off, or if someone is singing, that he stop, because it bothers her. We have to judge these requests each time--often they are valid and often they are aimed at irritating a sister or parent.

If this presentation seems confused I'm sure it is a reflection of the feelings of any family faced with the happiness and education of a handicapped child. They are at the same time a real burden and wonder of the human capability to adapt. Parents are willing to spend time and money they would not consider for an ordinary child, often neglecting spouse and other children to help the one cheated by chance. It is true that we find sources of strength and patience in ourselves that we were not aware of, and it is also true that often we feel we are groping in the dark for anything that will help that child.

We need to come out of the dark and start demanding more for our deaf children--showing the world that they really are people and pretty wonderful people at that.

Mr. John Hines
Hearing Father With Deaf Child
Galesville, Maryland

I am the father of five children. I hold two jobs, one is an engine-man or a truckdriver for the fire department, the other is a marine engine mechanic. My wife is employed as a teacher of hearing impaired children in Anne Arundel County, Maryland. I have one deaf child, Danny, now thirteen, and the fourth of five children. We live in a small village which has been a help in raising Danny. He has sisters, brothers, cousins and uncles by the dozens running around. He has in-laws, too. They do accept him. They take him places and teach him things, some good and some bad. We have no trouble getting playmates for him.

Danny was born deaf, and we were aware of this when he about five months old. We took him to Hopkins at ten months and confirmed our belief. We accepted the diagnosis, not purposely or submissively but rather with determination that we would do whatever was needed to be done to raise Danny as normally as possible.

Danny attended Gateway pre-school with his mother from ages one to three. Then, he went into public school in Anne Arundel County until this year. He now attends Clarke School for the Deaf in Northhampton, Massachusetts.

Communication with Danny has always been hard. Danny learned signing at the age of nine when he attended Carver School for the Deaf. I took a course in signing just last year. This was to better enable me to communicate with the deaf boy scout troop with which I am affiliated. However, I did not learn that much in signing. It did not help too much in communicating with those boy scouts. Because I really learned that they were understanding me to start with. They only accepted what they wanted to; in that case, the signing didn't help that much.

These are some of the problems I have encountered: First, I received very bad advice right from the very beginning. Pediatricians apparently are not very well informed about deaf children or about giving advice to parents of deaf children. The first thing the pediatrician said after we had mentioned many times that our child did not hear was, "Well, wait." I do not know what for, but he said, "Wait." I think that he did not believe it. He said that genetic deafness was very rare. There was no record of deafness anywhere in our family. So he very poorly advised us to wait.

My wife does not accept things too easily when they oppose what she believes. So being contrary as she is, she took him to Johns Hopkins Hospital to find out. She did not wait. At Hopkins, we did start getting good advice. I feel that the people there were well informed. From then on, I think our advice was satisfactory, or very good.

The problem of discipline is an extremely difficult one. A lady here said that she had a problem of discipline with hearing children. Certainly what I have run into in the way of deaf children they are strong willed. My son is exceptionally strong willed. We realized that it was a problem, but discipline you must if you are going to teach them anything. You cannot teach a child unless you can get his attention. It is like the fellow with the old mule. He said that he could get the mule to do anything he wanted him to without beating him or anything. So when a fella asked him to make the mule do something, the mule did not do it. So the owner hit the mule with a two-by-four. The fella said, "I thought you didn't have to discipline him." The owner said, "That is not discipline, it was just to get his attention." So you have to get the child's attention.

The next problem we ran into was the idea, I might say, of letting go. Just as she said about the Chevrolet plant, people believe that deaf children or people are dangerous, or they will get hurt. This is the feeling we had about our deaf child. We wanted to protect him--not let him into anything. But we would have probably ended up over-protecting him. We would not want him to cross a road because we depend on hearing an automobile. We think that he did not know it was coming. This was not the case. Danny is far more alert and aware of what is going on than I am. Danny has much more use of his vision. He sees things that I do not. He can see things that you would never think of seeing. He can also feel a car coming. He does not have to see it. I do not know whether the car shakes the road or what it does. I don't feel it, but he feels it. I could not sneak up behind him in a yard, unless I was taking exceptional care to walk very lightly. If I were walking normally or stood behind him and made a few stomps on the ground out in the yard, he knew I was there.

We did not know that in the beginning. We had to learn how alert he was. So we started out over-protecting him. But, then again, that goes into advice. I did not know that there were any deaf people until Danny was born. I assumed that they were there, but I did not know anybody in the deaf community. I did not know anything about them. Therefore, I knew absolutely nothing about what I should do. There was absolutely no place that I could go that would give me good sound advice. Of all the fields of education, there is more dissension on how it should be done than in any field you can think of.

<u>Taking time</u>

Some of the people said that it was hard to take time to explain to their hearing children what the deaf visitors were saying and vice versa, and it does get very disturbing sometimes to continually repeat what somebody else said. To continually repeat what you are saying, too, but it is well worth it. You have to do it. It always seemed to me that whenever I was doing something I thought was real important, I should get done that Saturday, then was always when an explanation was needed. Why should I take time to stop and interfere with the whole job in order to sit down and explain it to Danny or let him start helping? But it is necessary. I have found that it is very worthwhile to take the time. When you and the whole family are waiting for dinner, it gets a little aggravating to see Danny sitting on the counter trying to mash potatoes. The deaf have to learn, and they can learn much more by doing. Since the communication barrier is there, they cannot learn by telling so they learn by doing. Again I have to emphasize that because we did not have any other deaf children, we had to learn this on our own. There should be some place that parents can get this good sound advice when they first find out they have a deaf child.

The other problem is something that I notice lacking in a number of the deaf children that I have run into. This is a sense of humor. It is not lacking in the older deaf, but is a great problem among the younger deaf, where their association is mainly with hearing people. We have put a great deal of effort into trying to develop a sense of humor in Danny. It worked very well. Of course, I have neglected to mention that I was blessed with the smartest and best deaf child that was ever born, making our job easier. Things occasionally get out of hand in developing a sense of humor in Danny, because things that often are funny to the other hearing children are the things that we have the most trouble explaining. Why are the other children laughing? What is it that was funny? Well, if what was funny depended on accents, tone of voice or what have you, you are often at a loss for an explanation of this type of humor to a young child who is deaf. His humor developed in scaring people. Not doing anything real bad, but if he can make his mother jump, that is the greatest thing in the world. He will beg, buy or borrow anything that you open up and it jumps out at you. He has a menagerie of animals out in the back yard some forty or fifty different ones-- birds, gerbils, snakes, anything you can think of. If he can just find somebody who is afraid of one of these animals, he is in his glory. There are no dangerous animals around, but he would like to make you think there are.

Anonymous Contributor
Sudden Partial Hearing Loss

The standard opening remark to a conference such as this is, "I'm happy to be here today...." I don't mean to offend all of you, but frankly, I'd rather not be qualified to talk on the subject of sudden partial hearing impairment on a first hand basis! Writing this paper and speaking before your group is a highly emotional experience--first, because I am personally experiencing the problem, and second, because I have not lectured before a large number of people since the onset of my impairment. It is difficult to gain the proper perspective on my problem particularly when I am in the midst of some people whose handicap is far more severe. However, I am hopeful that sharing my experiences, reactions and observations with you may help others facing a sudden partial hearing loss with the aid of enlightened counseling.

Briefly, I am waking out of a nightmarish situation that began thirteen months ago--or at best learning to live with one! In September 1972, my hearing in my right ear was damaged accidentally and plunged to about an 85 dB average. Severe vertigo, tinnitis (head noise), equilibrium disturbance, nystagmus and visual strain accompanied the loss and were somewhat relieved by surgery in February, 1973. I was to regain the speech range with a 22 dB average loss and a marked loss in the higher ranges.

During the first six months of this experience, I changed from a relatively exuberant, fun-loving person with a zest for life to one in the depths of depression. It was not a sudden but rather a gradual erosion as the reality of what aesthetic, communicative and physical abilities had been permanently altered. I resented my new level of hearing as it prevented me from enjoying music in "stereo," talking with people freely, and became an obstacle in simple tasks such as hearing cooking food, bike riding or starting the car. Tremendous tension, concentration, feelings of inadequacy and humiliation gave way to real and imagined fears and nightmares. Sleep was the only escape from reality, and I found myself sleeping twelve hours a day often interrupted by head noises as loud as a roaring jet engine.

Perhaps my best service to this meeting would be to explore the problems I encountered that led to this depression and tell you how I as one individual have worked to resolve them. Naturally not every partially hearing impaired person will react the same way, but perhaps others with a similar situation with regard to background, age, etc. would share the same difficulties. It is difficult to be brief and perhaps unnecessary to be complete. I'll attempt to, excuse the time worn expression, tell it like it is, without doing either!

Consciously or unconsciously, you are probably wondering why it's traumatic to lose hearing in one ear when one still has another perfect ear to hear with. First of all you must realize that having one perfect ear and one impaired ear does not mean one merely hears with a bit less accuracy in locating the direction of sound as I was told by one audiologist. My mind knows what good sound reception is, and I have to work to block out that concept as well as constant head noises. The best analogy I can think of is to compare the ear to a hi-fi speaker. If you had two speakers and one suddenly would not equal the volume of the other, was full of static, had no treble range, and had pitch distortion, you would shut off the set, hope your warranty had not expired and that it was repairable or, at worst, replaceable. I have got news for you--an ear in that condition has no warranty, is not always repairable, and never is replaceable. This is perhaps one of the most difficult parts of a sudden partial hearing impairment to accept. Knowing good sound and ease of communication are pleasures we take for granted, and I have now been permanently denied them.

What is it like to suddenly realize you have a partial impairment? My first recollection is that of the familiar rustle of my bed pillow and sheets against my ear being totally absent. As I became more conscious of it, I rubbed my ear, and it was as if it had been numbed--but it was actually a lack of sound. I brushed my hair, and there was no familiar soft sound of hair falling across my ear or of the bristles as they worked down the strands. Voices and sounds in my room were muffled as if a blanket of fresh snow had fallen. Later, I listened to the dialtone of the telephone at my bedside to see if I could hear it. That became a ritual I was to repeat several times a day to see if my hearing had suddenly returned.

The stapendectomy operation restored the bone conduction part of my ear and sealing the oval window which had been lacerated eliminated the loud roaring tinnitus, but no other sounds nor my balance were restored. Having been raised on the axiom "never put anything smaller than your elbow in your ear," I recoiled at the thought of surgery but had no alternative. An artificial stapes to me is a small torture device. I know how it has changed sound as I knew it throughout my lifetime. For example, the sounds of chewing, brushing teeth, turning my neck, breathing, swallowing, and even tickling my cheek are greatly amplified and heard in the ear with the artificial stapes. Also, walking, chewing, and sudden bumps in the road elicit a metallic "ping" sound in that ear.

I doubt that a person with a long history of impairment would be affected by these problems, but for me the adjustment has been difficult, and perhaps, I am not as grateful to the wonders of modern medicine as that person would be. These sounds make me constantly aware of the surgery. Hopefully, in time I will accept the new "me."

The primary social adjustments to be made naturally involve those closest to me, my husband, daughters, relatives and friends. The secondary ones are the people I meet casually in stores, classes, on the street, etc. Let me explore these areas so that you can see where the stresses have arisen.

The family circle has both helped and hindered my progress. My love for them has sustained me throughout, and they are part of the reason I am here today. Knowing my every mood and facial expression as they do makes it impossible to feign understanding with them as is possible in certain other relationships.

The children are continuing to this day to develop new responses to my impairment. Both were somewhat bewildered at first by the problems and found it difficult to understand why I suddenly had a whole new set of demands on their behavior in the home. In retrospect, I can see that I was all take and no give--I was unable and unwilling to accept my share of the communication problem. They have had to learn to come to me, get my attention and then speak, whereas they used to call from all over the house. I could not tolerate the aimless chatter of children that I had previously enjoyed so thoroughly because I could not understand it. Settling disputes between them is difficult, and it is easy to discipline the wrong child for the wrong reason with the wrong information because Mom has bad hearing. I no longer read aloud to the children because I cannot stand the sound of my own voice. It reminds me of how internalized my voice sounded when my ears were full of water from swimming--a feeling I am conditioned to regard as unpleasant.

My ability to answer questions that arise during a movie or play is gone. I cannot understand a whisper nor can I determine the volume of my voice well enough to whisper to them. Or I find myself turning my head clear around (almost) to hear with my good ear. That, believe it or not, is demoralizing! There are constant misunderstandings about what I have thought they said, and sometimes the consequences lead to tears, arguments, and even dangerous situations such as taking the wrong dosage of medicine or bike riding in the dark.

One daughter, usually emotionally strong, cried hysterically at school when I was hospitalized when they were searching for a brain tumor--a lovely thought that I am sure most hearing impaired people face during diagnosis. She was terrified with sorrow that something more would happen to me in the hospital. That child, eight years old, was very understanding for nearly a year. Her patience gave out late this summer, and she began to shout words at me if I didn't give her my immediate attention and make negative remarks about my lack of understanding. She had discovered my Achilles' heel and used it as a weapon.

My younger daughter, five years old, has not shown signs of losing her patience with my hearing problem. She was my "cane" when I could not walk very well, and made dozens of happy face cards when I was sad.

Once in a while if I am sitting and thinking, she will observe that I look sad and must be thinking of my "ear problem" as she calls it. Helping them to understand what has happened and controlling their fears has been a challenge.

My husband has always been a realist and mustered all his devices to make me cope with what was real about my impairment and to identify what was unreal. For example, he would force me to ask for tickets at the theater window when I begged off because it would be too frustrating to converse through glass in a lobby with a lot of background noise. He learned in a course that body language "spoke" more than words to the observer and helped me to see better.

Of course, there have been a thousand "I thought you said," "but you said," "I didn't understand you" and "please repeat that" every day. We love to talk and comment to each other during T.V. programs, plays, etc., but now I cannot follow both conversations at once. He becomes annoyed if I tune him out or ask him to be quiet. The part of my marriage most deeply affected are our private moments. When the wrong ear is turned up from my pillow or fond words are whispered, the whole scene can be blown by asking him to repeat or wondering what was said. I hate the sound of my bad ear being touched.

A mother is conditioned to listen for the sounds in the home at night that reassure her the children are sleeping well and all is right. With my bad ear up from the pillow, I wake up frightened to death because I hear practically nothing but head noises.

Our entertainment had been largely auctions, plays, receptions, dinners in restaurant and travel. Each of these situations presents an adjustment for me to cope with. Theatres-in-the-round are impossible and close theater seats are helpful but not always available or affordable. It is pretty frustrating if you miss all the punch lines and 1,000 people around you are laughing! I find myself foregoing old favorite restaurants in favor of ones with good acoustics, but this puts a strain on our relationship, too. I cannot always demand that my hearing be the number one consideration--that has gotten "old" already! Knowing we are going to a noisy party, meeting or other crowded place makes me tense and nervous, and I find I want to pass up certain situations but know that for the sake of my marriage I must continue to attend and try to enjoy these things. I used to enjoy being on top of the conversation and always had a quick sense of humor, but timing is so important and listening intently to understand prevents me from being my old self. A social evening often leaves me very depressed. I am conscious of the fact that I cannot properly modulate my voice and find I am either too loud or too soft, and it does not sound pleasant anyway.

Close friends make an effort to enunciate more clearly, particularly those who have contact with a hearing impaired parent. They do not realize, however, that when they drop their voices and turn their heads that I am lost temporarily and have to ask them to repeat or else fake an answer. Of course, time is passing and I increasingly get the feeling that friends think that if I talk normally surely I have not much of a hearing problem--but what is happening is that more and more I find it necessary to initiate the lead in conversation.

A close friend of mine is totally deaf. I could not bring myself to contact her for weeks. Knowing her for years and admiring her ability to live a normal life did in no way prepare me for the trauma of hearing loss. I felt guilty for not understanding the enormous burden she was able to bear with confidence. When we did talk, it was difficult to speak of the emotions I was experiencing, and she had repressed for so long. She was able to give me strength and deep understanding, but also to point out how much better it was to have some hearing than none at all.

At first in dealing with store clerks, bus drivers, delivery men, etc. I would ask them to repeat and explain that I had a hearing problem. In time, I got tired of the sympathetic glances and found that it didn't need explanation. The other person often assumes he has mumbled or not had your attention. The hairdresser acted the most adversely of all. He was reluctant to cut my hair and said that I should be sure to tell him to put cotton in my ears if he gave me a shampoo. I wished I had never explained it to him!

The machine age undoubtedly has brought complications to people like me. The background noise of buses, cars, trucks, planes, motorcycles, lawn mowers, etc. makes conversation difficult out of doors. In the home, the din of a T.V. in an adjoining room interferes with hearing the soft sound of water boiling or a timer on the washing machine. Running water has to be turned off, and I cannot talk to someone with the exhaust fan running. A weird sound from an appliance panics me if I cannot locate it to prevent what sounds like impending doom. The children are delighted by my confusion and frightened by my panic.

I'm sure that a person living in the city has far more tension with hearing problems than their country cousins due to noise pollution. Seeking directions in a subway in New York is really tough! Accents germane to a part of the country such as New York present a difficulty for a person travelling in a city. In a quiet suburban area, it is hard to locate the direction of a songbird in time to see him. Crickets, trees blowing and streams bubbling only are heard from one direction. I found this very disconcerting.

Neither counseling, psychiatric care, nor any reading materials were suggested at anytime by the three otologists and three audiologists with whom I have had contact. At no time was the loss discussed as a problem to be dealt with. When I became depressed, one doctor prescribed what he referred to as "poppers." I took this to indicate they were a form of amphetamine and did not get the prescription filled after that lest I have another kind of problem. A second doctor asked if I were high strung and I said, "Oh, no!" as I jumped from my chair to the front of his desk. He prescribed tranquilizers. A third doctor merely recommended that I be as active as possible and acknowledged that I was working out of a nightmarish situation. I never felt so alone in my life.

The most natural place for one to seek information is the public library. The Arlington County Central Library is quite complete, but their books on hearing did not offer any information on sudden partial hearing impairment, nor any on how to deal with hearing problems in a positive way. I was desperate for information to help me cope but had no idea of what I needed or where to look for it.

I was sent to Gallaudet College for some special audiological testing. I noted that they had listings for Public Service and Counseling. I called and asked for information about literature or counseling available. My request was met by booklets, papers, and articles primarily geared to the totally deaf. There was no information available on a sudden partial loss. It was recommended that I call the Alexander Bell Hearing Society. There I was told that a CROS aid would help me, and with it I might not need counseling. Several weeks passed before I received information that a counselor at Gallaudet would consider working with me. The letter arrived just as I learned mine was an operable problem.

When at Gallaudet for testing, I tried to talk to the audiologist about the trauma I was going through as I was beginning to slide deeper into depression and felt desperate for help. She nodded in the right places and went on with the business at hand. I felt rejected by what I had hoped would be a source of information. It was frightening to go to Gallaudet. I guess that, in itself was the first time I felt my doctor had acknowledged I had a serious hearing problem, and I therefore began to face up to it.

Late in February, I had an emergency stapedectomy (replacement of the stapes). I had even more need of outside help afterwards. My husband expected me to accept my new level of hearing as the final solution to the ordeal and thought I should just forget about the difficulties and "go on" from there.

I did call the counselor at Gallaudet after surgery because I knew it would be tough being alone with it for long. She offered to meet me in a public library closer to my home than to school. I told her I would call to let her know. I never did. The thought of unleashing so much pent-up emotion in a public place was something I could not handle. Also my husband and parents reacted negatively to my seeking help.

Back in November, I saw my family doctor briefly. His advice to me was shockingly sarcastic, "If you cannot stand the noises, you can always try a .22!" He felt I had little to complain about; after all, I had made it to his office, and I was not about to drop dead in the street. After all, he said, he had one deaf ear all his life, and it never bothered him! He sent notices to his patients of his retirement at the end of that month.

After surgery, I decided to talk to another physician and went to see an internist reported to be a good listener, which he was. But his suggestion that I seek psychiatric care was both sobering and alarming. I became deeply depressed in the months that followed and felt increasingly unable to cope with the necessary adjustments in hearing, hampered in physical activity by persistent dizziness, and the ever present head noises.

I called Arlington County Mental Health Association to see if they had a service to meet my needs. The woman I spoke to assured me that I needed a "shrink," determined that I could afford a "private shrink," and gave me several names. The term "shrink" is offensive to me and her using it made me recoil at the prospect of seeing one.

I never felt so alone with a problem and so emotionally stunned as to be incapable of actively seeking help. At this point, I gave up trying and stopped caring about anything.

The cliches that were offered by various people became the inspiration and source of strength I needed. A friend said, "Take one day at a time." The counselor at Gallaudet had said, "Time will help." And a doctor had said, "Be as active as possible."

In trying to be active and live with this problem, I have become involved in various activities. I planned summer activities for the girls including situations I had been reluctant to face. I tried to brief myself in their needs so I could begin to forget my own.

We took two short trips to the beach. The first one was a melancholy experience. The surf was there only when I had the proper ear up when sunbathing. I could not hear the soft sounds of the sand when walking, and I could not understand the children when near the water. I did not go in the water this summer. I am afraid of getting an ear infection. The second trip was easier, and I know that in time I will be less sensitive about various situations.

While at the beach, we went to an amusement park. Years before, I loved the rides, but I cried when I saw the "mad tea party" --spinning cup-like cars. The once thrilling sensation of dizziness has lost its charm.

I decided to look for a job since housework was difficult with a balance problem. The one attempt I made shattered my ego. Two questions on the application glared at me. One was "Have you been hospitalized in the past year?" and the other "Do you have a physical handicap? Explain." I had not thought about its effect on employment. I am a former Arlington County Art teacher and would like to try substituting this year to see if I can handle a classroom situation.

Currently, I am taking classes in yoga and outdoor sketching. The yoga has helped me find inner strength to cope with anxiety and regain physical control of my body. The sketching class is an escape from reality into the beauty of nature.

The usual fall meetings of the community associations and P.T.A. have begun, and I face them with fear and determination. The intense concentration necessary still frustrates me, and it is hard to feel on top of things.

In summary, I hope this is not misinterpreted as an exercise in futility but rather a look at the very real problem of adjustment faced by the suddenly partially impaired. I found it to be a traumatic experience for which I was totally unprepared and hope that these suggestions might help others you may counsel:

Help them find appropriate literature that is geared to the partially impaired lest they identify too closely with the problems of the totally deaf.

Do not be too "hip." Slang terms with a depressed person can be offensive.

Contact with others who have a similar handicap would help one feel less alone, and sharing solutions to situations would be a positive approach.

Give information on how to best utilize environment in the home for good acoustics and what to look for in public places.

Make your services known to the medical people in your community so they will consider referring hearing impaired persons to you--or to whatever public information source you can utilize to reach people in need.

Thank you for giving me the opportunity to share my thoughts with you.

Jean Mulrooney, R.N., M.A.
The newly deafened
Washington, D. C.

The experience of the newly deafened is one meant to be shared. I share this experience with you from two perspectives, my own personal experience of sudden profound hearing loss and that of a psychologist using the best tools available to help another through a similar situation.

In November of 1961, I was a Registered Nurse employed in a medical division of a large suburban hospital. Prior to that time, I had worked two years as a psychiatric nurse and was familiar with both the dynamics of human behavior and the need for, function, and sheer beauty of interpersonal communication.

While driving to work early one fall morning, I was involved in an auto accident and sustained bilateral basal skull fractures that destroyed the functioning of both acoustic nerves and caused damage to the inner ear mechanism. I was comatose and near death for days.

Let me share with you my immediate memories before the accident and a few glimpses I had in the fleeting seconds of consciousness the first few days following this trauma.

I remember entering the intersection near a library I frequented. The light was green. I drove into the intersection and then....

A strangeness, something was wrong. "Why is the library sign so close?" And I was cold all of a sudden, a chilling, pervading cold. Things were blurred and my head felt enormous, weighted, as if it would drop off. My groping hand told me it was still there. But my hand was moist, filled with a strange sort of wetness. I was falling somehow, falling, and falling. I remember seeing blue, a deep blue, with silver glinting on it and then nothing, nothing more.

Like hope, from out of nothingness a face appeared. A face of concern, competence and compassion. A face familiar to me. It was that of the head nurse in the Emergency Room of my home hospital. For that is where the silver-badged ambulance team had brought me as I hemorrhaged from the ears and head. A fleeting glimpse of reassurance and then once again, the dark, silent void.

Much later I woke to a world of effort. Effort to breathe, to think, to focus my eyes, to stay alive. I saw a yellow paper I knew to be a head chart. That confirmed that I was in Intensive Care and dangerously ill. I knew I had left for work on Tuesday and that the first 48 hours are crucial in a head injury and thought, "If I can just make it until Thursday, I'll be all right." Then the effort overwhelmed me and I fell into a deep, troubled sleep.

It did not last long. It was broken by tidal waves of nausea and viselike throbbing in my head. I knew it was the night shift because one of my classmates was on duty. I thought, "It must be Wednesday," and then for awhile, I thought no more.

There was daylight, a presence. A figure in white by my bed. It was my sister who is also a nurse. It is strange how we ask of one another what we cannot ask ourselves. "Am I going to die?"I said, for I wanted to know. She shook her head negatively quite strongly.

I was aware that the day's routine was in progress. I saw nurses preparing medications and physicians making rounds. I remember the few minutes my parents visited. I saw their concern and wanted to tell them it was all right, but I was uncertain.

It was afternoon. My sister was back with the hospital chaplain. I asked again, "Am I going to die?" They shook their heads in the negative, and Father said, "I wouldn't lie to you." I wanted to ask why they looked so gloomy then, but I didn't speak at all.

The day faded to early evening. My sister was back with a resident physician I knew. I was fighting nausea, exhaustion and pain. I wanted to sleep but there was something to ask. "Tom?" I said. He smiled and shook his head yes. He was talking to me, but I didn't know what he was saying. I said it very calmly, "I can't hear you." And then I realized that I was deaf.

The realization was the beginning of a long journey through the paths leading to a new identity as a deafened individual. It was not a simple trip. It involved learning and relearning, unbelievable isolation, barely controlled rage, the depths of depression, personal devaluation, acute sustained anxiety, frustration of the most basic human needs, and continual feelings of conflict in interpersonal relations.

But I was lucky. It also involved a few people, those precious few, who although I am sure sure they did not fully fathom the implications or dynamics involved in such a profound hearing loss, were willing to walk with me part of the way. Willing to try and understand what was happening to me, to share what I was experiencing, to accept my negative feelings as a fact without moral judgment, to listen with me to the strange, new, overwhelmingly confusing, cacophonous song that was then my life.

Before going on to discuss a fruitful approach to helping others with a similar loss, three more things should be said. First, there was nothing in my experience that contradicted the psychological teachings about anxiety, frustration, conflict, depression, what have you. On the contrary, my experience substantiated them all! I did find knowledge of these principles helpful in identifying what I was experiencing and getting a perspective on what it would lead to and how it should be handled.

Secondly, there were some things unique to profound hearing loss I think should be briefly noted. One is the feeling that "nothing seems real" coupled with the full conscious awareness that it was real and the fact that I was responding appropriately. This should not be confused with withdrawal or denial. It seems to be simply the result of profound auditory sensory deprivation and not a behavioral dynamic to be assessed for motivation.

The other point may seem obvious. It is that the usual method of obtaining help in handling a disability through counseling was greatly compounded by the disability itself. All efforts to communicate with a helping person involved tension, exhaustion, ambiguity and frustration, no doubt for both of us.

Third, although nothing in my experience contradicted what I knew of adjustment mechanisms, I always had the feeling, "Yes, that's right, but it doesn't adequately convey what I am experiencing. There is something more I do not have words or theories for." That something more is the process of grief. Grief is the human reaction to loss. It is a growth-like process and not a state. It can be delineated into stages and recognized by its symptoms. An extensive discussion of this can be found in books, such as Collin Murray Parkes' Bereavement; Studies in Grief in Adult Life.

Those helping a newly deafened individual are faced with a difficult task. You are being asked to share a painful experience and one in which the usual approaches do not seem adequate.

The crux of scientific investigation is learning to ask the right questions. I am raising questions about the adjustment of a newly deafened person in the framework of the grief process. Those working with such a person in a helping relationship will need much more than the information given here. It is my hope, however, that by phrasing the questions in this manner you will include aspects of the person's experience that are often neglected and may not even be in the individual's conscious awareness.

The first question often asked about a newly deafened individual is "How is he taking it?" or "Is he depressed?" That question implies there is an alternative to depression or perhaps that the experience will not bother him at all. Let me repeat, the human reaction to loss is grief. A more helpful question then is "What state of grief is he in, and how can he be helped to work through it constructively."

The newly deafened individual will need help in identifying just what was lost. He will need time to experience what the hearing loss means in various situations and relationships. He will experience both the loss of hearing that will cause him to search for what was lost and also the deprivation caused by the absence of hearing. He must be helped in this search and in handling the feelings of deprivation.

A second frequently asked question about the newly deafened is, "Has he accepted his deafness?" This implies that the problem is in accepting or rejecting a single characteristic of the self. Actually, it involves much more extensive restructuring. A more inclusive question is, "Has he found or is he finding a new identify as a deafened person?" This involves a long, painful process of giving up the old self that may never be complete. The new identity is found neither in denying one's past life nor acting like a congenitally deaf person, but in the altered life situations of everyday experience.

The third question is, "Is he refusing to accept his deafness?" A better approach is to ask, "Is he showing evidence of an atypical grief reaction, and if so what help is needed?" Symptoms of excessive separation, anxiety, delayed grief response, or unsuccessful attempts to avoid grieving may be indications of atypical grief. Atypical grief reactions require competent professional help. An important sub-question under atypical grief is, "Is the person's behavior or feelings evidence of an atypical grief reaction or simply the growing awareness of the pervasiveness of the effects of his hearing loss?" As the person continues to face altered life situations, he continually becomes more aware of just what abilities, experiences, identities were lost, in addition to the physical capacity to hear. Each new loss that is identified may precipitate additional grief.

The fourth question often asked is, "Is he preventing himself from getting the necessary help?" Loneliness knows not its own cure. A better question is, "How can I help reduce the loneliness and isolation and thereby help him tolerate the pain of grief better?" Well then, if he's not preventing himself from getting the necessary help, "Is he feeling sorry for himself?" What should be asked is "Is he using the loss for secondary gain?" This is an extremely rare occurrence and a less than satisfactory explanation for the person's behavior. It is more likely that his behavior is a reflection of the intensity of feeling that was bound up with what was lost rather than any indication of self-pity.

The last question frequently asked is this: "Is he 'over' the hearing loss yet?" This implies not a process of grief but a mythical obstacle to be overcome before returning to normal. A more honest question is, "Is he still encountering further awareness of the loss as the self knowledge of his new identity progresses?" and "How can it be helped?"

Learning to ask the right questions together is a beginning--the beginning of knowledge, of understanding, of sharing, of adjustment, of finding a new identity as a deafened person. It is also the beginning of victory, a victory over adult hearing loss in which you can share.

Mrs. Muriel Wilson
The deafened senior citizen
College Park, Maryland

Introduction

I was born in Oneida, New York many years ago. We lived in Flatbush, Brooklyn, New York until I married. I had a very happy childhood. Although my father had a severe hearing loss, I cannot remember my parents ever allowing it to interfere with our happy family life. My father and I were good pals. I shared his love of horses. To my mother's constant anxiety, however, he believed I could ride and drive all of our horses.

The Wilson family lived in Buffalo, New York until Mr. Wilson's retirement. Both children were married.

Hearing Loss and Hearing Aids

My loss of hearing was so gradual, I cannot pinpoint it. But one day I returned from a meeting very angry, because I had not heard a large part of the program.

I proceeded to do all of the wrong things--bought a hearing aid with only minor testing in my home. I used this aid about two years before seeing an ear specialist who sent me to a clinic for further testing. Hearing in my right ear was nearly gone; my left was nothing to be happy about. The doctor suggested I attend a lip reading class, which I did. But, I soon realized I could not learn to read lips without someone with whom I could constantly practice. This aid I am now wearing is my third--I have spent more than $1,000. Someone, somehow, should correct this situation. How can any one justify a retail price 2½ times the wholesale price? We are charged exorbitant costs for all repairs--several times more than to repair a radio. We are told our ear molds do not fit--another charge--often the mold is so tight the ear becomes sore. I now have a soft ear mold which is comfortable. I did, however, pay dearly.

Will Tell About Experience

I must, however, be honest. I do not know how I could live without a hearing aid. It takes time and determination to learn to use these wonderful, costly, little things, and they are by no means perfect.

Let's Communicate

Communication is difficult, often discouraging--to the point of my isolating myself. I sit in the lobby of our apartment, but soon become so frustrated I return to my own apartment. It's no fun watching others enjoy conversation. Every one in the room knows of my hearing loss--few take the trouble to relate to me what is being said.

I think of my father who had a family to provide for. My problems are mere annoyances.

To people experiencing severe hearing loss for the first time, I would say never be ashamed of this handicap. Make your hearing loss known. Ask people to speak louder, more slowly. I don't think there is an aid now on the market that can block out noise or sounds in a crowded room, so don't expect to hear.

When I attend a meeting or class I make sure I am as close as possible to the speaker; in fact, I have often asked someone to please give me her seat. I've never been refused.

At the dentist, the poor man must walk around his chair to make me hear.

At the beauty shop, I must make my wants clearly understood by the operator. The aid must be removed for the entire procedure. I miss all the delicious gossip.

I miss music; tone quality is not true through my aid. I can no longer sing. I can not be certain I am in tune.

I do enjoy T.V. because my set has a socket on the outside into which I plug a long cord to my ear. I can then use my aid or tune the T.V. very high without the aid. No one ever needs to yell "Turn that T.V. down!" because there is no sound escaping into the room.

Family dinners are sometimes unhappy affairs. Table talk is just not loud enough. I become angry over this thoughtlessness. One of these days, I'll leave the table and go home. If I were blind, I'm sure I would receive all kinds of attention. Generally speaking, I feel people are not too concerned about those of us with hearing impairments.

There are times when I wish I could form the habit of talking out loud to myself. I feel this might help my dwindling vocabulary--we lose what we do not use.

Although I was afraid to fly because I would not be able to hear messages coming over the loud speaker, my desire to see my daughter and her family was stronger than my fear. After acquainting the stewardess with my hearing loss, I received the best of care and attention. I did, however, experience some pain in my ears during high altitude flying. I said to myself, "Good! Maybe this will blow the darn plugs out of my ears!"

Except for my old friends up in New York State, I miss my car and license to drive more than anything else. I stopped driving only because of the costs involved. Using a car is, I believe, good for us; we must keep our minds alert--our eyes wide open, and we are independent--seldom lacking companions. I now live in Attick Towers Apartments for Senior Citizens. I am indeed fortunate. This can be pleasant, happy living if I work at it.

I guess if we try hard enough we can find good things about hearing loss! For example, without my hearing aid, I do not know until morning that we had a severe electric storm during the night. And I can always turn off the switch to block out distasteful noise or conversation.

Mr. Wallace Edington
The deafened senior citizen
East Riverdale, Maryland

Introduction

My name is Wallace Edington. I was born in Little Rock, Arkansas, on July 4, 1895. My parents and sister were deaf. I lost my hearing in a fall when I was one year old. My father was a printing instructor at the Arkansas State School for the Deaf at Little Rock. However, he resigned to accept a position as a printer in a newspaper office in Little Rock. In the meantime, he applied for a position at the Government Printing Office, Washington, D. C. In February, 1900, he accepted a position there. His family moved there in September. I was enrolled at Kendall School when I was seven years old. I was admitted to preparatory class, Gallaudet College in 1910 at the age of fifteen. I graduated with a B.A. degree in chemistry. I worked in Cleveland, Ohio for fifteen months as a factory control chemist. I went to Oswego, New York and worked in a research department for three years. Then I moved to Washington, D. C. I worked in the U. S. Department of Agriculture about ten years as a potash specialist and later as a leather chemist. I studied at George Washington University and received a B.A. and M.A. degree in 1921 and 1922.

In 1933, I was appointed as a clerk in the U. S. Department of Agriculture and was detailed to the U. S. Treasury Accounts. I retired when I was seventy years old in 1965 with almost forty-two years of service.

Problems of Deaf Senior Citizens in Receiving Medical Services

I do not have difficulty talking with my doctor because he and I write what we wish to tell each other. Some deaf people do not write clearly what they want to tell people. Interpreters may be required to serve as liaison officers between the doctors in clinics and elderly deaf persons. It is hard for the elderly deaf to pay for interpreters with a small pension.

Social Security Mix-Ups

I have not personally experienced any social security mix-ups, but some people may have difficulty understanding the benefits provided for them printed in Medicare papers and other social security forms. Therefore, they cannot get the benefits they should. I think it would be a good idea if a social worker would study problems of the deaf and prepare a talk on television with an interpreter. Or if not, local talks with an interpreter to deaf senior citizens would help. Difficult situations may be resolved.

Rising Cost of Living

Retirement pensions are increased from time to time to meet higher costs of living, but not enough to meet higher inflationary costs. Higher pensions are needed. It would be good for senior citizens to meet and exchange experiences. We may be able to solve our own problems.

Hearing Loss Late in Life

We have isolated cases of loss of hearing among previously hearing adults which may be total. In this group, the deafened persons do not learn sign language and do not take lessons in lip reading. Adjustment is difficult for this group, since one means of communication has been taken away.

Conclusion

My wife and I live in an apartment. We had a home but sold it because of location and other reasons such as upkeep, etc.

High rent takes a big chunk of our pension. Our children (all hearing, two sons and one daughter) have their own families now.

So you can see that deaf senior citizens face the same basic problems as other senior citizens. But people who want to serve deaf senior citizens must recognize the language problems some deaf senior citizens have. Working with interpreters is just one way for you to help deaf senior citizens get the most out of any program designed for retirement years.

Resources to Help

Mr. Albert Pimentel
Director of Public Service
Programs
Gallaudet College

Good afternoon. Dr. Denton was to have represented the schools for the deaf and introduced some of the resources of the schools for the deaf. I do not know what he would have shared with you; however, my professional background is similar. I have worked for several schools for the deaf, and I have visited and become familiar with most of the public supported state residential schools for the deaf in the United States. So I would like to speak of the potential resource that the public supported state residential school for the deaf can be to the community in general.

First, by virtue of the fact that a state school for the deaf is publicly supported, to me it represents the greatest amount of financial commitment specifically to deafness. I mean, that a state school for the deaf has specific financial appropriations to the problems of deafness. To be sure, it is usually the educational problems and usually narrowed to school age. However, by this concentration of commitment by the state, this fund of professional knowledge, I personally feel that most public residential schools for the deaf in the United States are a large untapped source of community service.

I think that many, many other agencies that also are responsible to serve deaf people should stipulate that the school for the deaf programs add support to these needed community programs. Unfortunately, in many, many instances, many schools for the deaf function in isolation, isolation from the rest of the community, and from the other potential community resources. I think that in several places, for example in Maryland, this is changing to some degree but it can and should change much more in most states. I would like to mention several specific ways in which schools for the deaf can be of assistance to you and to other agencies that have the potential and the responsibility of including deaf citizens in their area of service.

First, I think every public residential school for the deaf should be helped to develop their own public service department for that state. Many schools for the deaf would need additional funds to carry out its potential service responsibilities, and perhaps could be of help in pointing out how the school for the deaf could be better utilized.

By service functions, specifically, I mean such as having the complete information program for parents of newly discovered deaf babies. You heard several parents this morning indicate that their pediatricians were poorly informed about deafness and unable to properly guide parents about what they should do with their deaf babies. I think that schools for the deaf because of their concentration of professional information, knowledge and experience should develop programs for the medical profession in that state. They can help pediatricians and the general family doctors be better informed and better prepared to provide parents with the assistance that they need.

Secondly, I think that schools for the deaf, again, because of the concentration of knowledge and professional specialization in deafness should be a source of professional orientation to deafness for all the community of workers. I think that Cooperative Extension personnel and other people in the community who should be providing services to deaf people should be able to obtain orientation to deafness to equip themselves in skill and knowledge to serve the deaf population. And schools for the deaf should be able to provide this professional orientation to the community workers, both the professional and the volunteer workers.

Third, the main school for the deaf in Frederick, and several other schools have started in remedial programs and services for the preschool age. They have several on their staff that travel around the state visiting families that have deaf babies and talking to the parents, providing some suggestions like how the parents might proceed in preparing the child prior to the beginning of his formal education. Parents need and must have support in the beginning to cope with the problems of deafness. The problems, the trauma, the concern, the guilts about deafness are very, very real and these problems will not resolve themselves without some specific professional assistance. The Maryland School for the Deaf and a few others have shown that much benefit can be gained by doing away with unnecessary trauma. A much better beginning can be given to families when you have the remedial type of service--a small unit traveling around the state, meeting with other professionals interested in developing awareness and services to the deaf people.

Fourth, when a crisis develops in a community, when an adult deaf person is in an automobile accident or when a death occurs in a deaf person's family or somehow there is an emergency situation, there should be immediate help. Very frequently the agencies in the community do not know where they can obtain in interpreter to deal with whatever the problem is. Often they turn to the school for the deaf to ask--do you have an interpreter available to come out and assist us with some crisis? I think that a school for the deaf, with our resources, can provide a comprehensive registry of people who are available to interpret for the community. Very frequently, through my experience, the outside crisis becomes a crisis within the school--locating someone who might be free to go. We become sorry that we did not have anyone available at the moment. I think that the school for the deaf could have the coordinating responsibility in identifying the interpreters that are available in that community.

Fifth, the schools for the deaf can assist with parent meetings. I am not talking specifically about a PTA. Parents of children who attend school can encourage and identify parents who would be available to talk to other parents of newly discovered deaf babies. It has been found through experiments that parents of a newly discovered deaf infant feel very much alone and do not know where to turn. They are troubled by the pediatrician. They obtain a lot of conflicting information. And they just wish that they could sit down with some other parents who have gone through similar experiences. Now, if schools for the deaf could identify and encourage parents of deaf children to have parents get together, that would be a wonderful move.

Another thing that public state schools supported for the deaf can do and generally do not do is work with the rest of the public school system. You heard a very impressive presentation this morning by Mrs. Peterson. You heard a lot of rather incredible treatment by the public schools. A lot of this is not necessary and not intended; a lot of it is simply the product of ignorance about hearing loss, and ignorance and lack of information about how to manage a child who may be deaf or hard of hearing in a regular public school system. Again, I feel that the school for the deaf has a responsibility to educate the rest of the public school systems in that state on how to cope with the deaf children or hard of hearing. In other words, there should be more relationships between the school for the deaf and the rest of the public school system.

Seven, schools for the deaf need to assume a community interest. For instance, they should alert local television stations to the need to include captions on emergency bulletins, weather information, and to provide interpreters for youth programs. They also need to alert public television stations that people are excluded from television programs, especially important television programs, where important public information is transmitted. Schools for the deaf, in cooperation with other community agencies, can work with other educational programs such as continuing education and alerting them to the potential needs of the deaf citizen of the community. Schools for the deaf should be the first to approach community colleges and other agencies and offer to develop in cooperation with these agencies services which would include instead of exclude the deaf citizens.

I do not mean to imply that schools for the deaf can or should take over the complete responsibility. I mean to make the people aware that probably no other place in the state has specific financial appropriations to deafness as the schools for the deaf do, and it can be enlarged enough to include the general education programs and the necessary community service functions. I will be glad to talk with you, and glad to answer questions at the end of the panel discussion. Thank you.

Mr. Richard S. Clark
Division of Vocational
Rehabilitation
Montgomery County, Maryland

In the interest of hearing from you people, I am going to present some ideas, just the ideas, and we can develop them later if they are of enough interest to you.

Basically, in the State of Maryland, in Vocational Rehabilitation, we have right now, four counselors working with the deaf. One counselor, you are looking at him, works only with the deaf. The other three work with the deaf and other handicapped people--hearing people. Vocational rehabilitation in Maryland is basically broken down into two groups that you would be interested in. The first is the adult deaf counselors. We work with people usually over twenty-one; then, there are the school units who work with children beginning at sixteen. Before sixteen, there is nothing in Maryland. This coming week, I will be meeting with parents of seniors at Frederick School, to begin to discuss, talk with them and interrelate, to get the parents and Vocational Rehabilitation to begin listening to each other. In our school unit in Montgomery County, we now have no one who can use total communication, it is in another office in a separate building. I have four people from that office who are interested in sign language, and I am beginning to teach them the basics of sign language two days a week on state time. The Easter Seal Treatment Center was mentioned here this morning. At the present time, Easter Seal is against total communication. The people at the Easter Seal Center in Montgomery County are learning sign language That is a resource with good people. Presently in Montgomery County, the police Emergency Center has a TTY.

Now, what do we need in Maryland? First of all, I think that we need family counseling and family involvement with Vocational Rehabilitation. In the State of Maryland, the Social Service Department, the Health Department, the State Employment Department all have no one who can communicate with the deaf. Your money supports all of these agencies. We do not need interpreters at Social Services, we need professional people working there so they can communicate on a one to one basis without the third person being there to interpret. People deserve a one-to-one communication, especially if it is a private matter for confidentiality.

Interpreters' services for graduate students cost money. Right now the Vocational Rehabilitation has almost no money for such services. We have a resource person here today--Fred Burbank. And he and I are going to get together. There are about four other people who know about Fred, and we are all going to stand in line to find out who gets whatever money is available.

Those are my ideas, and I would like to hear from you later. Thank you.

Mr. Louis Aymard
Instructor in Psychology
Anne Arundel Community College
Arnold, Maryland

This is the first time that I have spoken to an audience about deafness or helping deaf people, and it is the first time that I have tried to interpret for myself. So I am doubly scared, especially with such beautiful interpreters as we have had here this morning.

I am with Anne Arundel Community College in Annapolis. I was really trained as a research psychologist. But when I left graduate school and went into real life, I decided that it was important to make some contribution to deaf people. I thought maybe it would be important to develop a clinic for deaf children and to do diagnostic and clinical work with deaf children. But I realized that I was not trained in that area and that it would take a long time. I was reminded of the words of Dr. Tom Dooley who said, "We must stop speaking, peeking and fluttering about problems, and we must get out and do." I was teaching at the community college level, and thought I must start now. Not tomorrow, because my ideas might take a hundred years, and I do not have that much time. So the first thing I did last spring was to give some of the hearing people in our community a class in basic sign language. We started with ABC and some very simple signs. And I discovered that the Cooperative Extension Services of the University of Maryland, also in our county, had a similar program. So now, I am happy to tell you that we have coordinated our programs and not duplicated.

We have, and I think it is important to isolate, three areas of concern in helping both the deaf and the hearing community. The first is serving or meeting the needs of the deaf. The second is making hearing people aware of deafness and the nature of deafness. The third is teaching hearing people some sign language. Maybe it is only the basic alphabet or finger spelling but at least providing them with some vehicle of communication with the deaf.

With that in mind, I decided to look at our community college to see how I could fulfill those objectives. First, teaching hearing people to sign was easy. We have in our college, as in all community colleges and universities, a continuing education program. So we began there by offering to our community members, introducing them to, sign language and fingerspelling. This is a non-credit offering.

The second thing we did, and we are working on this now, is that we attempted to train our people as interpreters and then use the people we had trained as interpreters in both our continuing education and credit offerings. That meets the second objective--that is to offer and to bring to the deaf community the offerings and the courses of the community college. I hope to work with our Dean of Liberal Arts to try and get a program at the community college level that will have an AA in deafness and sign language.

I think that all of these types of programs are important because this morning and through the conference the needs will continue--the three needs. First, to serve the deaf in our community. Second, to introduce the hearing and the deaf to each other, and third, to provide some services to the deaf. I promised that I would say something about the way I was introduced to deafness. It is interesting that ten years ago I met a deaf person. I did not even know ABC, and my roommate in college came in and showed me an alphabet fingerspelling card. I was interested in the alphabet and tried to learn some signs. And from that I became very interested in the psychology and the development of the deaf child.

I think it is also important that we try in our own community to think of development. The development of the life of the child. That is important to me. First of all, because it is my field. But it is even more important to think of the development of the deaf child itself. Secondly, the development of the deaf child who has hearing parents. And that is something we all can help. I think you got some very good examples of that this morning.

These are some of the areas I am now working in. The program I am working with is developing very slowly because really my work is not with Vocational Rehabilitation, it is not with the Cooperative Extension Service, it is really as a concerned citizen. First as a teacher but most important as a concerned citizen who wants to help both the hearing people and the deaf people in our communities to come together. Thank you.

Mrs. Lois Williams
Extension Volunteer
Prince Georges County, Maryland

I have just recently accepted the position of volunteer coordinator for programs for the deaf homemaker in Prince George's County where a tremendous program is being developed.

In the past, many special interest programs have been made available for interested deaf persons with the use of interpreters. Programs such as "Estate Planning," "Refrigeration and Storage of Frozen Foods" and "Putting Your Garden to Bed" attracted large numbers of deaf persons to participate.

The program planning committee, which is composed largely of deaf people, is working with the planning group in Montgomery County to present other programs. The Continuing Education program at Gallaudet College pays the interpreters.

My deaf child has been the motivation for my volunteer efforts with the deaf. My husband and I are taking a sign language course to increase and effect communications with our son. The Extension Homemakers Council underwrote the cost of the course as it does for any person who takes the sign language course and agrees to volunteer their resources.

I am presently serving on the Family Life Day Program Committee, a program designed especially for deaf parents of hearing children. I am also providing the leadership in giving publicity for the monthly meetings of deaf homemakers.

Mrs. Margaret Nitkoski
Extension Volunteer
Anne Arundel County, Maryland

I believe it is important to recognize the important role that the volunteer can play in programs related to deafness, and the contribution of the Cooperative Extension Service. One third of the members on the Planning Committee of this conference are volunteers. This volunteer service can be an invaluable aid. I feel that the Cooperative Extension Service does an excellent job of teaching volunteers to help people. The Cooperative Extension Service is truly concerned with the community. Mrs. Jackie Stover is a member of the planning committee, and an example of the grass-roots contact that the Cooperative Extension service maintains. For example, classes were set up specifically for the deaf community. Such classes were "How To Repair Your Car," classes for and about women, cooking, nutrition, etc. The agent who sets up the classes finds persons in the community who are skilled in their particular field, and willing to share their knowledge with the deaf.

I also wish to add that in my personal dealings with the Lion's Club, they were more than generous. Once I went to them for an assistance of $25 to a community project. They responded with a check for $200.

Once again, let me stress the valuable resource of volunteerism. Many of the agencies here today would find volunteers simply by asking for them.

For those of you who do not traditionally work with the deaf I would like to recommend the following book as an excellent resource: American Annals of the Deaf, Directory of Programs and Services. One final resource: Lion's Helen Keller Memorial Fund, Inc. For the Deaf, Box 894, Columbia, Maryland, 21044, Mr. Cranwill.

Dr. Glenn T. Lloyd
Associate Director
Deafness Research and
Training Center
New York University

As always, it seems my lot in life to be last, but that is life. I am from New York City and am with the Deafness Research and Training Center. I would like to explain briefly to you some of the things that are going on in the Center or involved with the Center that may have application to the thinking here.

We are a very, very community-oriented group of people in the Center at New York University. Most of our activity is involved in the deaf community. We also have academic responsibility, but our single largest project is involved with the deaf community. We have many referrals sent to us. People walk in off the street with problems, because they have heard about the Center. They are deaf and have come to us for service. We have people sent to us from other agencies, because they cannot handle the problems that the deaf people have.

We do not try to solve the problems of the people who come to us; we try to help the appropriate agency find a way to solve their problems, the problems presented by deaf people. If a need for service crops up, in some agency or other, if the deaf person needs help in starting to work with that agency, we will provide supportive service by sending an interpreter with that person until they start working and moving along. We try to help agencies find ways to develop within themselves--ways to serve deaf people and to stimulate interest in what they will be able to offer at a later time.

I will give you some examples of problems which have cropped up which may be of interest to you. One very interesting one--next August, probably, we will have a National Seminar for Police Organizations. Representatives from various levels of police organizations will be coming to New York for three or four days to be involved in an orientation to deafness.

The reason for our interest in setting up something like this is connected with the murders, which you may be aware of--accounts were carried in all the papers across the nation. The same thing has happened three different times--a crime was committed. A deaf person was near the scene of the crime, the policeman saw him and told him to stop, or he asked for his I.D. The person could not understand. In one case, he reached in to get his wallet. BANG. Dead. Another one could not hear the policeman yell to stop, he saw something happened, and he started to run. Bang, and he was dead. Three times things like this have happened. We think it is important that the police become more aware, and use a little more caution on their part.

I remember also an incident in Tennessee. A young deaf man was involved in an accident. He was examined by the doctor and pronounced drunk and sent to prison. He died in jail as a result of internal injuries. He could not tell them that he was deaf. He had no way of notifying them, for one reason he was unconscious. So there was no way for them to know that he was deaf. He could not respond after he woke up. He could not respond to their questions. Not because he was drunk, because he could not hear them.

Another incident occurred in New York. In this state, we have a law that requires all children in State Schools for the Deaf to be sent home every weekend. You must go home, you cannot stay in the schools. They close up. Some kids do not have homes to go to. But the law makers did not consider this when they set it up. The reason for setting up the law was to try to force more family involvement with the deaf children, and this is fine. But when children have no place to go, where do you send them? New York has a place, I've forgotten what they call it, but in actuality, it is a prison. So three children, every week on Friday are sent to prison to remain until Sunday, so on Monday they could go back to school if they were still alive. They could never take things with them, money, a watch or anything because they would not last through the weekend with those things. So we became interested in foster care for deaf children, and we are working now with the appropriate agency in New York City to develop foster care for deaf children, and in a variety of ways, also. At first we got the attention of the people in the agency and this is typical, the people at the top said, "What problem? We have a division to handle those cases of handicapped children. There is no problem. We have never had a deaf kid denied placement." But what about these three kids? Oh. It is happening at the lower levels because they could not handle the problem. They simply explained no problems to the upper levels. So we need to sensitize the people in the appropriate positions, and the agency that a problem really did exist. Then, not leave it at that but to move and help the agency to try to solve the problem.

Now we are trying to begin preparing a program for families of the deaf adults who finished raising their families, who would be interested and eager to bring in children to help along life's way, and also other foster homes. We happened to have had a counselor over at Rikers Island at one time, because we knew a young man who was in prison for some reason. While he was there, he happened to notice that there was another deaf person there. He asked about him, and the young man's story had to do with stealing a car. He had been apprehended and placed at Rikers Island for three or four months; I have forgotten how long. He was still there waiting for something to happen. He did not know what. We went to court that had responsibility, and asked what had happened to the case. The judge explained that this man has never appeared in court, "We have two bench warrants on him, and when we get him, we are really going to give it to him, because he is trying to evade us." It was explained that he was waiting for the court to pick him up at Rikers Island. Every day on the loudspeaker, they give the names, all the people line up for the prison bus to go to court. The guy never heard his name. So he was still waiting to be taken to court. These are some of the problems that we hear about, and we are trying to work with to find ways to solve them. We find deaf people in prisons in different parts of the state, who are in fact in solitary confinement because they are the only deaf persons in the whole place and they are separated from other deaf prisoners by being in different cell blocks. They have no communication; no one that they can interact with. We hope to work with the penal officials to come up with a plan to change this policy perhaps to concentrate deaf prisoners in one prison so they can associate and have a rehabilitation program within the prison.

We are involved in television, and I'll mention that on every Sunday now, if you are interested in the Christopher's Program, it is interpreted by one of the members of our Center. We are trying to discover how programs could be prepared for deaf people, too. We thought that maybe it is not appropriate to have a large image of the person talking. But to have the small image of the person talking up in the corner. And the large image of the interpreter on the screen, kind of a reversal of what we see.

We work with schools, social work agencies, Catholic charities, the Jewish organizations, every organization that we can. We try to find a way that we can help them become independent in serving deaf people, and we want out as quickly as possible, leaving a program that will mean something with the agency.

That briefly I hope is a partial explanation of the Center. We are the only National Center like this. I wanted to mention, to respond to a few of the things that were brought out this morning. One about the industrial insurance as an excuse for not hiring deaf people. This is heard again and again--almost any vocational counselor can tell you. The fact is that it is a false argument that is presented because if you lower the insurance, you lower the rates which are produced or established on the basis of history and the future is not history. So that if the performance in the factory is good, rates are adjusted accordingly. If you have a high accident rate, they go up. If you have a low accident rate, they go down, without regard for who specifically is working better. So this is a false argument that is presented. You must know the facts when you are confronted with something like this.

Which leads me to the very important point that to be effective at all in any area you must know the facts. We get into things like legislation. Do you know the legislation that exists for services for deaf people within your states? That should be one of the first questions that you ask. My bet is no. So one of the first things that you should be doing is investigating what legislation exists. Analyze it, and see what is going on in terms of services for deaf people.

Deaf people like other people pay taxes; their taxes go to support services. Deaf people have a right to those services. And that applies to every public agency that we have. The same thing is true with community supported agencies, community chests, any name. But those agencies receiving money, like the boy scouts, last year received support, fiscal support, from community chest. Don't people who contribute to the chest have the right to expect some service from those places? I happen to think they have a right, not a privilege, but a right! Sometimes the only way to get those services is by demanding them, and being vocal.

It occurs to me also that when you are talking about community colleges and continuing education, these two are tax supported endeavors. Don't deaf people have a right to community colleges services in continuing education? Aren't they entitled to the public school adult education programs held at night in the high schools? Don't deaf people have a right to those things? They pay taxes. Most of these services are supported by taxes. Right? In New York State and many other states, there has been a change in the legal responsibility for the education of deaf children. Do you know about it in your state? In New York State each local school district has the responsibility for each individual child to see to it that he receives the education appropriate to his needs. This means that at the very local level you have a place to go to look into whether educational services for those kids in that district are provided and, if not, why not? I am not sure that all states have this law, as yet. But it is a trend which is almost mandatory. It is coming for sure. If you don't have it now you will in a few years. You should know that.

What about the parents themselves being a prime resource for other parents? Who knows better about the problems a parent faces with a child who is deaf? The parents who never before had the experience of deafness need guidance and support. I was very impressed and excited about the presentations that we had this morning, especially Mr. Hines, because if there is anybody I could disagree with more, I probably could find a way to do it with him. He is so open and honest, and more important to me, he never talked about "my kid, therefore all other deaf kids can do it." He always said, "this was appropriate for my kid, or my kid could do it, or it was right for my kid." That is an attitude that needs to be established for each family. And each child must be considered only as himself. I am not really an oralist; I am not a manualist; I am nothing. But I do believe that the kids are the target, and we should concentrate on the individual needs of the children.

When they go to school... I was shocked to hear the apologetic attitude of Mrs. Pelarski, she was very apologetic in her attitude towards the teacher. As if she didn't have the right to know everything other parents have the right to know about their children, about the progress their children are making in school. Again, she is a tax-paying citizen. If her child is in that school, she has every right in the world to know and to demand the information from that teacher. It is not always easy, and teachers can be very difficult to deal with. But she has a right not to be apologetic, but to say, "This is my child, I want to know what you know about him that I don't know, so please share with me."

The doctor... What right has the doctor to keep information that may be important to your mental well-being, as well as your physical well-being. He has none. If you do not pay bills, he does not have to give you answers. But if you pay bills like I pay!! Whew! I cannot understand why a doctor stays in practice more than ten years. After ten, he should have enough to retire. But he must tell you.

I remember a humorous thing that happened to one of my students when I was in Tennessee. The student went over to the Student Medical Center, and she took an interpreter with her because she needed someone to help her be sure that the information went back and forth. So they called her name and the two girls went in. The doctor asked, "What is going on?" So the interpreter explained, "I am going to interpret for her because she is deaf and cannot hear." The doctor exclaimed, "Oh, then she needs an otologist." Never mind what her problem was, she is deaf. So the doctor felt that she should go to an otologist, an ear doctor. Her problem had nothing to do with her ears.

I'd like to ask Eva to tell us something about North Carolina, and how it has established relationships with other societies, because I think that is something that you will be interested in learning about.

Thank you.

Mr. Harry F. Walker
Executive Director
Maryland Commission on Aging

When I received the invitation to come to speak to the group as I do frequently, it was my intention to talk about the programs the State Commission on Aging is responsible for. I would like to paraphrase a line from the statement in the movie "Elmer Gantry." "I came to teach but instead I learned." And this is why I left my notes at the table because what I meant to say about the resources the State Commission on Aging has available I think would be rather inappropriate.

I believe more than ever that it is important for people who are in public agencies to get out to be among people who have the problems that they are supposed to be addressing themselves to.

As Mrs. Moore said, deafness is not one of the problems that we have addressed ourselves to in the entire field of aging. I do not think this should be taken as criticism. The field of aging, the concerns that we have for the elderly in this country is a fairly recent phenomenon. It started in 1961 with the first White House Conference on Aging, and if I recall, the issue of deafness, if it ever was mentioned, was mentioned in the context of an array of medical problems which older people face. The passage of Medicare after the White House Conference provided relief for tragic economic losses to people who became sick, but again, they were talking about an array of problems--medical problems of the elderly.

In 1965, the Older Americans Act was passed and this created in most states, presently now in all states, a state unit on Aging which is to be the advocate unit for the elderly. This is a small agency which has as its main purpose to see that other agencies which serve people also include older persons because older persons are a discriminated against minority. They are not a persecuted minority in the sense that we deliberately attempt to persecute them. But they are a minority because age in this country, old age, is not a desirable time of life, but rather a time of life that we accept as one that we can do nothing about. We have no alternative.

But this is kind of a long way around saying that in the recent history of the concerns of this country for aging, we have talked about many, many things. Number one probably is the economic issue facing older people. And older people tend to become poor because they are old. They live on half the income or less than what they had when they were young and working. So the economic issue is one of paramount importance. The whole range of health care for older people has been a primary issue because as we get older the machine does tend to wear down and the need to go to the repairman or doctor becomes more frequent. We must do this with a lower income. I mention again that among the diseases people develop because of old age, deafness for one reason or another is not something that has received a lot of attention. Arthritis has, diabetes has, the various forms of chronic brain syndrome and senility and these kinds of things have, but deafness as one of the problems to which the field of aging should be addressing itself has not been a high priority item.

Obviously, I am probably the least qualified person in the room to talk about the physiological aspects of hearing loss. I was aware of that the minute I walked in and heard the questions from the audience. But I learned from the talks we had by the senior citizens about some of the real problems that I'm sure we had never thought about before. Number one, the older people who suffer from hearing loss cannot participate in the programs that we develop primarily for senior citizens, for example the senior center activities. The people who either are hard of hearing or cannot hear, perhaps either do not participate or if they do participate, they miss half or more of what is going on. Just being made aware of this was something I was glad to hear.

Another thing is, I wonder if there is an opportunity or the possibility that teaching older people who are hard of hearing or who are suffering near or total hearing loss to sign is a feasible alternative. I had never heard this discussed; perhaps it has been. We do know that a certain percentage of elderly are functionally illiterate. I do not know whether or not it is easier to teach a young person than an older person. I assume that to some extent it is. So the programs we have, that had not heretofore taken into consideration the elderly deaf as in some cases the elderly blind also, are areas that I am very glad to have called to my attention so dramatically this morning by listening to all of the talks.

The second thing, and the one that we have been involved in in West Virginia, as a matter of fact I have been working with Dr. William Laschell of Franklin Square Hospital under the State of Maryland, is to have a conference on consumer fraud and the elderly.

We had already talked about having the major emphasis on the subject of hearing aids. The way that we have handled hearing aids has been primarily as a private enterprise system. We have licensed people to sell hearing aids and have given them the opportunity to tell the person whether or not they needed a hearing aid. There has been great suspicion among many of us that when a person has a vested interest in selling a hearing aid that he may prescribe a hearing aid that either is not going to help the person or is not the proper one. I doubt that I need to elaborate on that.

The second thing is the cost of hearing aids. I am getting into an area where, I must say, I have no competence to estimate the price that a manufacturer spends to create a hearing aid. But I would make a good guess that they are very much over-priced. I have heard Mrs. Wilson say that she has spent a thousand dollars. I know nothing about Mrs. Wilson. But a thousand dollars to an older person is a terrible, terrible sum of money. And I do not think that older people can afford to pay this; in fact I do not think they should have to pay this. If hearing aids must cost this much, then I think the government or somebody should intervene to make sure that a person who needs a hearing aid must not suffer an economic pain simply to help them overcome this physical problem.

We have not made the specific plans for the conference, but it is to be held at the Hunt Valley Inn sometime in February. Having been here today, I will get in touch with representatives from Gallaudet College to help us in planning this, to the extent that we can. Because I think that while we do not know how much can be done in the state to assist in this matter of providing hearing aids, I know this, that merely giving publicity or airing the problem openly oftentimes leads to more people thinking about it--and perhaps the development of solutions.

This is what has happened in the field of aging within seven years. A subject which very few people knew about, aging and the older citizen, has become a subject that almost everybody knows about simply because we have been talking about it; we have been holding meetings. I think the same thing can be done about hearing problems and the remedies that are available. I think there are many for the elderly deaf. Thank you.

Mrs. Paulette Pidcock
Audiology and Speech Services
University Hospital
University of Maryland

I am going to speak about my role as an audiologist, as a clinical audiologist at the University of Maryland Hospital. I am also an instructor there so I do have contact with medical students and other audiology residents. We do have a good relationship as far as discussing various problems in our clinic. I also want to say that if you have any questions, please feel free to interrupt and ask your questions. Hopefully, I will be able to answer them.

At the clinic, we see many, many people of all ages. We see young children, some infants, up to the standard patients. We see most of these people on an out-patient basis. Some are in-patients, but not many. These people for one reason or another are having some difficulty with their hearing. So a youngster comes in, the parents feel that the child is not speaking. A child should be developing language by the age of two or two and a half; he should be saying some words. This is a good indication that there is a hearing problem if they are not developing their language. We have a speech pathology program there that does an evaluation. The children who come for speech evaluation have had a hearing evaluation. So we often pick up children who are deaf, have severe hearing losses or have normal hearing and sound. We see quite a range of severities. Many public school children are referred to us because for one reason or another they failed the hearing screening test at school.

The adults we see primarily through the clinic are having some difficulty. Part of our program has to do with hearing aid evaluation. I think this is something I would like to talk a little more about. The program, the way we have it set up, is that we learn the dealers in the area. We learn their reputations; we work with them; we look into the aids that they handle. We then take their aids, and these are the ones that we use for trial purposes for the patients that we see. We have many types of over-the-ear aids, in-the-ear aids, as well as body aids, eye glass aids, CROS hearing aids, the whole gamut. We take into consideration most importantly the hearing aid dealer's reputation. Is he reputable? Does he follow through? Will he take the people in and work with them if they are having problems with the aid, ear lobes, whatever? We first of all check the hearing, find out the degree, the type of hearing loss. If it is something that an operation can correct, we first discuss it with the doctors. And then we try out several aids. We like to try three or four to see which one is the best or works the best for him. With this aid then, we will do more testing--as far as ear tone testing and speech discrimination testing. This aid that we feel is the best for him we will recommend. Again, we recommend this on a test basis. Also, we have both objective and subjective measures. I feel that a subjective inspection of the patient is very important when you think of the aid. Many times, these aids have a very broad frequency of responses and qualifications. They are all very good. So many times it is just a matter of what they like, what particular aid sounds well to them.

We also look into the fact of whether or not they can afford a hearing aid. This is getting to what Mrs. Wilson had talked about earlier. We do a lot of referring through the Division of Vocational Rehabilitation. Some we refer to DVR, and they do the investigating. And then they let the center counselors go and fill out the hearing aid evaluations and follow through. They help a person if the person qualifies. Also, if you have a child who has a hearing impediment and you want to find out about some help, Crippled Children Division will help. I am not sure about the age groups eighteen or younger if you are in school. This is the only division that will help in the purchase of hearing aids.

We are primarily considered a diagnostic center. This is the only way we are set up. This is a teaching institution. We have residents, and we have a very good relationship between audiology and ENT. The residents themselves learn to work the audiometers and along with us interpret the audiograms. We go through quite a few years of school for this. The working relationship is a very good relationship there so we can ask them questions; we can follow through. We see many close up pre-op persons. We also are familiar with the schools in the area. This includes schools that we can recommend that the child be sent to if he has a severe hearing loss.

We do see people on an out-patient basis if they are having problems with their hearing aids or have a problem with their hearing loss.

Again, I feel that this is a very interesting area right about now in speech and hearing. Specializing in audiology, I worked with a varied age group, with the Veterans Administration for many years, and there is an entirely different situation as far as hearing aids go. You do not deal with dealers in the area. The government has its center where you send the hearing aids. A veteran with a hearing loss is very well taken care of if it is a service connected hearing loss. But it is a situation that is highly misunderstood by the public.

"Presbycusis" is the term used for hearing loss of an older person. The higher tones frequently begin to fade after thirty years while the tones necessary to understand speech may show no great change for decades. Hearing losses are worse in the high frequencies. This is where we can have a lot of problem of discrimination in understanding what people are saying. And this is not a problem that is very well understood by the public. If I raise my voice, why can't you understand me? It is not getting up to the brain in the right way no matter how loud the sound is made. So this is something I try to discuss, or in just general conversation, why people are having problems. I know of one woman who has worked in a factory for many years who has a serious noise-induced hearing loss. I have compassion for such people, so I at least try to have an understanding of what such a disaster is, but not many people do.

Mr. Fred Burbank
Lions International
District 22C
Metropolitan Washington

I am happy to meet all of my new deaf friends, and friends of the deaf. You are beautiful. I want to have you people meet more than one million new friends of the deaf, Lions International. Is that the right sign? If you want to see all of the old signs, just watch me. It has been 25 years since I last worked with the deaf.

(Mr. Burbank passed out papers which explained his proposal.)

This idea, which I give you now, is two years old. The idea, like all good ideas, started here. One Lions Club in Virginia has 25 deaf persons in a club of 50 people. That group presented to Lions International the idea and precedent to more than one million members, more than one thousand clubs, more than one hundred and thirty-five countries. You may be familiar with our work in the past with the blind. The eye bank, the largest in the world is ours. We give thousands of glasses to poor people. And if we manage right, in the future we can have the same kind of program with the deaf. How can you use this piece of paper? On Friday night at 8:30 in College Park, we will present this program to the 75 Lions Clubs in this area. To start this work going, before you start dividing our money, I will explain to you that we are businessmen, and you must sell us. But after we buy, there are no limits. I see channeled programs the same as the eye banks for hearing aid banks. I see money for interpreters, monies for travel, monies for hearing aids and many other ideas which can help you. How do you find us? When you drive through any city, you see a big L with two lions. One faces that direction and the other faces that direction. The one over here is our wonderful, wonderful past; over here is our even better future. We are asking you to help us make that future much better by adding to our programs work in our community with the deaf.

I have loaned one of the vocational rehabilitation people my book on all 74 clubs in this area. Use this book to contact the club you want to meet. Each club has more than 35 members, all interested in the betterment of their community. I give you this program, if it does not work in this area here, with Gallaudet College and indeed, the best school for the deaf in the United States in Frederick, we cannot make it work in other places. We ask your help. I thank you for letting the old coach come here and meet with you today.

Thank you very much.

(See Appendix V for "How Lions Can Help the Deaf.")

Mr. Robert Lynch
Manager of Personnel
International Business Machines
Manassas, Virginia

This morning has really been a great learning experience for me. And I would hope that I could take away some new ideas, some suggestions that might have implications as far as industry is concerned. I would like to talk to you, to some degree, on what we in IBM are doing, in cases I know of with people who are deaf.

Today, being in personnel and being a manager, I am involved in the recruiting process. I would hope that you could give me some idea, some problems you think you might have, or you do have, in employment in industry. Some examples of things going on in IBM are: There have been a great number of deaf people involved in key punch and programming, and they have done very well. After the Second World War particularly, key punch was very prevalent and very popular, and we still obviously, being a computer organization, make great use of the key punch. Also programmers: we have great success particularly in the area such as upstate New York where we have a thousand programmers, a number of whom are deaf. I really cannot give you a good figure.

One of the more unique situations that we have is in our plant in Brooklyn. We have a man who is a lead man on a production line. This man is not only deaf, but also blind. What they do is draw in his palm what they want him to design or what they want him to do. He is responsible for six people, none of whom are deaf or blind. He gives them direction, and it has worked out very well.

There are a few other comments I would like to make. And they would, I hope, promote some questions. Because I think the speakers have done very well in pointing out some problems of which I, to be candid, was not that well aware of. One point is that I think industry in general, and I try to talk very honestly, I think IBM is going to hire people on qualifications. If you are qualified, you have the ability to be hired.

Now also quite candidly, there are some jobs for example that would not be assigned to a blind person, such as driving a car or other vehicles. There are also some jobs into which you are not going to put a person with a hearing problem. For example, many of the girls who start as secretaries, start on what they call "call directors," where they are answering calls from the outside and routing telephone messages. I would be kidding someone to say that we are going to hire persons with impediments for these jobs. However, a girl I know named Joan Hayford who works for us in Gaithersburg is excellent. She is a secretary. And once the people in the organization understood that she did have a hearing impairment, there was no problem. She has done quite well.

One other point that I would like to make to those who are involved in the educational aspects as Mr. Edington has pointed out before, in many cases people have trouble understanding what people with hearing impediments are trying to say. I have seen a number of letters from people who are deaf; and the expression and construction of these letters could be improved. As many of you know, there is a great deal of oral communication in business as well as a great deal of written communication. I would like to see any improvement in the ability to communicate in the written form. The first communication, the first contact with a prospective employer, is your written application. I would like to stress this and improve the English construction of what people are trying to say. The problem is to convince someone reading your application that you do understand what is going on, what your talents are, what your abilities are, and what you do have to offer industry.

I apologize for not being able to offer comments on other than IBM. One thing we are trying to do is establish a teletype communicator [illegible] the home. Each location will have what is called a teletype writer, a typewriter tied into the telephone lines. We will put a teletypewriter into each home of a deafened person, and they will be able to communicate using the teletypewriter in their homes. In case of any emergency or just in case the deaf employee wants to talk to his wife or family before leaving work. This is not fully implemented; we are doing it now. We do not have one in Manassas yet but we will have one shortly.

Thank you very much.

Other Resources to Help

PUBLIC PROGRAMS IN AMERICA: REACHING CITIZENS WITH UNIQUE NEEDS

Senator J. Glenn Beall, Jr.

It is a pleasure for me to be with you today and to participate in this important conference. It is most fitting for us in discussing the subject involving programs reaching individuals with unique needs, that we do so here at Gallaudet.

For Gallaudet has for over a century been doing that--meeting the education and training needs of deaf children. The record and leadership provided by this institution is a proud one.

In the Washington area, we are indeed fortunate to have Gallaudet. Certainly, if all handicapped children were to receive the education and training that is offered here, we, as a nation, would be further along in our effort to allow each individual to develop to the maximum, according to his or her ability or interest.

We are fortunate to have the Kendall School, which offers preschool and elementary education to approximately 175 youngsters from this area. Next week, it is my understanding that ground breaking ceremonies are scheduled for the Model Secondary School for the Deaf.

When we speak of the handicapped, we are speaking about large numbers of citizens. Meeting the unique needs of handicapped citizens is a big problem and a big challenge. The magnitude of the total numbers can be appreciated when we realize that there are approximately 450,000 deaf individuals in the country. These are individuals who have no usable hearing and whose hearing loss is generally irreversible. Many are without useful speech despite years of training. Many have limited language skills--receiving messages principally through their eyes and sending the messages by a combination of signs, gestures, speech and writing.

In addition, approximately 20 million Americans have some hearing loss in one or both ears. In Maryland, we recently identified 2,500 school age children with hearing disabilities. This number understates the problem because data was not included for nearby Montgomery and Prince George's Counties, and some of the other data arrived too late to be entered in the computations.

Thus, it is clear that the number of persons in need of services in this area is large. Also, in discussing the problems of handicapped individuals we should keep in mind that not only is the population large, but we are talking about the diverse needs of persons of all ages from the infant and preschooler to the senior citizen.

Fortunately, we as a nation have had a concern for handicapped citizens. The establishment of Gallaudet College 116 years ago evidences this concern and commitment. In 1967, the Bureau of the Handicapped was established. Since then, Federal funding for the handicapped has increased 500 per cent, from $50 million to $250 million. As a result, some one and one-half million children are receiving needed special education. Today, we are serving approximately three million out of a population of six million.

Of the three million not receiving the needed special assistance, two and one-half million are estimated to be in school; the other 500,000 are excluded for numerous reasons, such as the fact that they dropped out or that no special program was available.

Federal programs have made a difference. They have helped to spotlight the problem and focus national attention on the unmet needs. They have served as a catalyst for action in the handicapped area. Importantly, states too have been very active, and the experience to date indicates that Federal funds have not supplanted, but supplemented state funds.

There are some programs, which come readily to mind, that illustrate the catalytic effect of Federal action.

The problems of the handicapped individual are difficult enough. For the individual, however, with multiple handicaps, the situation is even tougher. So the problems of the deaf-blind individuals are almost overwhelming.

Prior to the Federal Government's involvement and interest in deaf-blind children, there were only 100 places in schools for these youngsters. The Rubella outbreak of 1965 alone produced 500 deaf-blind children. In response, the Federal Government spent $10 million and this Federal action stimulated state action until today it is estimated that 2,000 deaf-blind children have places. The goal of the Bureau of the Handicapped is to have placement for all 5,000 such children by the end of this decade.

These Federal funds support ten regional programs which channel assistance for diagnostic and other facilities for deaf-blind youngsters. Hopefully, vaccines will spare us this problem in the future.

In addition, the Federal Government has invested in 18 regional instructional material centers, including four regional centers for the deaf. Again, this has served to stimulate additional state and local action, and there are in the country approximately 400 such local centers.

Another important program has been the media center which aims at both adult and children. Of prime interest is the Media Services and Captioned Films program which responds to the need of handicapped pupils and their teachers for educational media, materials and technology to make possible effective education. This program also makes available to handicapped persons a portion of the entertainment and educational films and video tapes that are available to the general public. In a continued search for new and less expensive methods of delivering services to schools and classes for deaf children and the adult deaf population, three captioned film libraries have been consolidated into one.

The total audience in FY73 numbered more than 2.75 million. The objectives of these two now distinct programs (the captioned films for the deaf, and the media services) which had its origins in 1958, are to provide enriched education and cultural experiences for deaf persons by means of a free loan service of specifically produced captioned films and to promote better educational advancement of deaf persons by carrying on research in the use of educational media for the deaf.

The demonstration and research program supported 14 media related projects in the area of child centered learning technology, and there were a number of activities in the captioned film area--such as the captioning and broadcasting of 16 French Chef Programs, the 1973 Presidential Inaugural Address, and the development of a decoder for making captioned television feasible. In addition to captioning regular programming, growing opportunities exist for broadcasting original material designed especially for deaf audiences. As of April 1973, 62 stations in 29 states, not including use of CATV, were offering programs for deaf. Included are several news programs which are manually interpreted. In addition, many states provide emergency or weather information to deaf viewers. This is of prime importance and certainly should be continued and expanded.

An interesting project is the one to encourage children's television shows, such as Mr. Rogers and Sesame Street, to have handicapped children appear on such shows. Children can be cruel in this regard, and it is felt that by seeing handicapped children, normal children will more readily accept individuals with handicaps.

There have been some important actions this year in the Congress involving handicapped citizens. Although most of you are probably aware of these actions, it may be useful to highlight some of the measures.

After some difficulty, there has been signed into law the "Rehabilitation Act of 1973." This measure authorizes a three year, $1.55 billion extension of the Vocational Rehabilitation Services. Its enactment will enable us to continue this cost-effective program. In addition to extending the basic Federal Aid program to the states for rehabilitation of the handicapped, the legislation provides signficiant new provisions which are of interest not only to the deaf and hearing impaired, but to all segments of the handicapped population. Included in this new law is a requirement that the states provide individualized written programs for each individual receiving services. The written program will set forth the terms and conditions under which the goods and the services will be provided, as well as "rights and remedies." This will allow the handicapped to participate as an equal partner in developing the program, in reviewing it annually, and in jointly redeveloping the terms.

Additionally, this legislation emphasizes the care of the most severely handicapped by declaring that individuals with the most severe handicaps shall be served by the state rehabilitation agency, thereby giving priority to those persons who are not only deaf, but may perhaps have other impairments. This is particularly signficiant for out of 41,000 hearing impaired students entrolled in special education programs during the 1971-72 school year, 10,500 were reported to have at least one additional handicapping condition.

Another area which has generated considerable interest in the Congress has been the hearings held by the Senate Special Committee on Aging on the subject of "Hearing Aids and the Older American." While these were directed at the senior citizen, they certainly are relevant to all ages. It is hopeful that as a result of these hearings and the work of other committees that we can move to solve some of the problems in such areas as cost, marketing practices, and sales techniques.

One problem highlighted by these hearings was the fact that hearing aids are specifically excluded from coverage under Medicare, although in some states, help is available from Medicaid since states have the option of providing hearing aids to needy adults. However, to date, only 25 states have provided these to senior citizens. I am hopeful that we will find a way to see that citizens in need of hearing aids and other medical devices are provided them.

Since handicapped citizens often use medical devices, I know they will applaud the action taken by the Senate Health Subcommittee this week in reporting to the full Committee medical device legislation which I cosponsored and strongly supported. This legislation will establish for medical device performance standards and provide authority for premarket clearance where necessary for the 5,000 to 10,000 medical devices marketed in the nation today. This legislation is overdue and needed and will certainly respond to some of the abuses that have occurred in this area. For example, the Health Subcommittee had a plastic device which was peddled as a hearing aid. In reality, this device was nothing more than a plastic plug.

The Senate has also passed S.896, the Education of the Handicapped Amendments of 1973. This measure basically extends and increases the authorization for the Education of the Handicapped Act. It also upgrades the Bureau of the Handicapped and increases the National Center on Educational Media authorization and materials for the handicapped. No action has been taken by the House on this legislation, to date.

I supported the Congress' action on the above measures. In addition, I have introduced some legislation of my own. While not aimed directly at handicapped individuals, they nevertheless are important to them. In the last Congress, I introduced legislation to establish a new National Institute of Health Care Delivery. It is hoped that this new Institute will do for health care delivery what NIH has done for medical research. Its objective is to close the gap between what medical science knows and what is delivered to the American people. I am pleased to advise you that the Senate passed this legislation earlier this year, and it is now pending before the house. (This bill also authorizes the establishment of a number of special emphasis centers, including a Health Care Technology Center.)

We must confess that the expectations of the early 60's that technology would produce a "revolution" in health care has not materialized. The technology center is expected to provide the leadership and mobilize the nation's involvement and interest in the development and utilization of technology. One of the problems is the diffused market of the health field. There are a number of steps that the government could take to aggregate both health resources and markets. If this were done, I believe industry would identify and take advantage of the economics of scale that generally results from larger markets.

Secondly, I recently introduced S. 1318, a bill designed to attack the reading problem that exists in the country. Entitled the "Elementary School Reading Emphasis Act", this measure would place great emphasis on the instruction of reading at the early elementary grades. One provision that is of particular interest to individuals working with handicapped children, is the requirement that the school districts participating in the program must screen for conditions that would impede or prevent children from learning to read. Two days of hearings were held on this measure, and I am hopeful that the Congress will act favorably on it.

When I came to the Congress, I cosponsored legislation to provide a comprehensive listing and description of Federal programs. As a result, the Office of Management and Budget established a "Catalog of Federal Domestic Assistance," which does this. Before coming here today, I quickly glanced over the headings of the handicapped, and I counted a total of 38 separate listings which might benefit handicapped individuals. In addition, there are separate listings under the classification of the diseases. I am again cosponsoring legislation, S.928, which would greatly improve the present catalog published by the Office of Management and Budget. For example, the legislation would require quarterly updating of the catalog, so that information would remain current. Last month, this measure was reported to the full Senate, and I am hopeful that this legislation will be enacted so that persons like you who are working in the handicapped area will have a ready source of what programs might be of help.

Our discussion today would not be complete without alluding to the accelerated pace of judicial activity involving handicapped individuals. There are suits in as many as twenty states which for the most part are siding with the handicapped students and their parents. Illustrative of these developments is an August 1972 landmark decision involving the right to education in the District of Columbia. In Mills v. D. C. Board of Education, the parents and guardians of several District of Columbia school children brought a class action suit for failure of the District of Columbia to provide all children with a publicly supported education. These judicial pressures are also reflected in my state where five handicapped children in Maryland are being offered educational programs at public expense beginning this September. This action resulted from a class action suit filed last year by the Maryland Association for Retarded Children. The five were among twenty child plaintiff suits which charged that thousands of Maryland children who are handicapped were being denied their Constitutional right to a publicly supported educational program.

There is little question that these court decisions will force states to respond better to the needs of the handicapped; it is also unfortunate that it was necessary for the judiciary to provide the real momentum that exists to do something that should have been done long ago. I would hope that the legislative and executive branches at the local, state, and federal levels, will indeed pick up the "ball for the handicapped" that the court has insisted they handle and face up to some of the unmet needs in this area.

I am pleased that Maryland has established a Commission to Study the Needs of the Handicapped. The report of this Commission is in its final stages and is due in September. The Commission has taken testimony from all over the state and has heard from many who deal with the problems of the deaf, including the testimony of the president of Gallaudet.

I naturally look forward to examining the recommendations of this Commission.

We as a nation have gone a long way in developing programs to meet the needs of the deaf and hearing impaired of our nation. The last two decades have brought forth many new and exciting developments in the area of public programs. Although we have come a long way, we must also recognize that we still have a long way to go. Nevertheless, I believe that the numerous developments that I have discussed should lead us to view the problems in the handicapped area more optimistically. For as Gene Hensley, the Director of the Handicapped Children's Education Program, recently stated: "While the future form and magnitude of federal aid for educating handicapped children is undecided, one thing is certain: Special Education is no longer handicapped by the blindness of justice, the trepidation of parents or the uncertainty of public officials."

THE ROLE OF THE VOLUNTEER

Miss Faye Nichols
Former Extension Home Economist
Anne Arundel County
University of Maryland

It has taken four hundred years to arrive at this point in time where deaf adults can look forward to a lifetime of continuing education.

The history of deafness is the history of the education of the deaf. Not until the sixteenth century was it thought possible to teach the deaf at all. Pedro Ponce de Leon, a Spanish Monk, was the first man, so far as is known, to teach deaf mutes to speak. Up until this time the deaf had been abandoned to an ill fate.

The motives of Pedro Ponce de Leon were primarily religious, but most of his pupils were heirs of wealthy and aristocratic families. According to the Spanish legal code, deaf mutes could not inherit property or make wills.

It took about two centuries for the movement to teach the deaf to reach Britain and France. By the middle of the eighteenth century, the first schools for the deaf had opened. By the end of the eighteenth century, the seeds of public education for the deaf and for community responsibility for their welfare had been sown. In the next hundred years, they were to grow and multiply.

The earliest American attempt to teach the deaf may have been in 1679 in Massachusetts. In 1817 in Hartford, Connecticut, the first permanent institution for education of the deaf opened its doors.

Gallaudet was founded in 1864 and was and is the first institution in the world for higher education of the deaf and is still the only liberal arts college for deaf students.

The United States and the Scandanavian countries are among the most progressive and enterprising in dealing with the education of their deaf citizens and helping other nations do the same. Like no other class, the deaf depend on education for their integration into society.

Participation in a program for continuing education for deaf adults is a form of adult education. It could be considered a practical course in human relations. For the hearing volunteer, it adds another dimension to his being, and for the deaf, it gives them a choice of retiring behind deafness or participating in a broader life. To plan, develop and carry out an educational program for deaf adults means involving both hearing and deaf persons in programs conducted by many unpaid volunteer workers. Volunteers are needed in the roles of interpreters, teachers, teacher-trainers, program planners, committee members, organizers, coordinators, liaison, promoters, and recruiters.

Trained interpreters have a wide range of activities from which to choose. Each will have an opportunity to select an activity in which she feels she has the greatest interest and ability.

Volunteers are needed to teach classes, workshops, and other educational activities. A teacher does not have to know the sign language; she can teach through an interpreter.

Churches should have interpreters, as well as church auxiliaries, P.T.A.'s, youth organizations and other community organizations where deaf people live.

It would be of great service to the non-hearing to have an interpreter in hospital admission offices, doctors' offices, lawyers' offices, the Department of Public Health, Social Welfare, and other such agencies.

A librarian skilled in the manual language would increase the use of public libraries, thus furthering the education for deaf adults as well as children. The story hour for children sponsored by libraries could use a volunteer interpreter so deaf children could participate in this enjoyable activity.

Recreation programs are required to serve all people. They could use an interpreter in their programs for both adults and young people. I can see an interpreter serving on a playground. Young children, hearing and non-hearing, should have opportunities to be together on playgrounds and neighborhood programs.

An interpreter could teach very young children the sign language, and the deaf child would have the opportunity to have a larger number of friends of his own age group, and in his own neighborhood.

A deaf person made this statement, "Moving from the deaf into the hearing world, I miss the freedom and ease that comes from being the same as everyone else." It is much easier, he stated, to become a part of the hearing society if you start at an early age.

Until society realizes the untapped potential in the deaf child, both the child and society will be the poorer. Until educators realize the untapped potential in volunteers, our nation will be the poorer. Volunteers should have an opportunity to do meaningful work that contributes to the well-being of our nation.

Volunteers are not effective if they are not adequately trained. One of the roles of the person who supervises the programs involving the deaf is to set up an adequate training program for volunteers.

It would be invaluable to the supervisor to have some direct experience in working with the non-hearing. To get this experience, she could teach some classes or work with a committee of deaf people. It is necessary for her to work out ways to establish communication with several deaf people. Communication includes an exchange of ideas, and most important of all, an understanding of how deaf people feel about the activities they are involved in.

The supervisor must constantly work not to become isolated when working with large numbers of deaf people. The supervisor needs to cultivate a capacity for patience, imagination and ingenuity. She will be required to develop new methods of teaching, new techniques, and develop new ways of using teaching aids.

Always, she will inspire and encourage both deaf and hearing to attain a high level of interest and desire in learning. She should frequently point out, to both hearing and non-hearing volunteers, the bigger pattern instead of tackling chores.

To keep volunteers thriving the supervisor evaluates and directs the attention of volunteers so they may be assigned to well-defined activities which fit their abilities, be trained, be supplied with promotional and instructional materials. Refresher courses should be planned to keep them up to date and to revitalize their functions. They should have an opportunity to give suggestions and be listened to.

The search for new volunteers must be a constant one so as to retain a lively group. Volunteers should be informed of the entire program constantly.

The future of the deaf is full of hope. Hope is an intrinsic element in the structure of life; it is a decisive element in any attempt to bring about social change in the direction of greater aliveness and awareness. It is a state of being and an inner readiness to help the birth of that which is ready to be born.

Remember, Pedro Ponce de Leon started with only one deaf pupil four hundred years ago!

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GOALS ASSESSMENT

Dr. Thomas Mayes
Dean, Center of Continuing Education
Gallaudet College

A "needs assessment instrument" was demonstrated by the Dean of the Center for Continuing Education at Gallaudet. It was a reconstruction of a model developed by Keith B. Reece at Chico State University, California, and distributed by Phi Delta Kappa.

The instrument can be administered to over a hundred people at a time. It lists 18 possible goals of an adult education program. Persons taking part in the needs assessment meeting are asked to select in priority order the courses or learning activities most needed in their local area. Opportunity for discussion and realignment of priorities make possible a reliable assessment of educational needs of a given community in an evening's time.

This service is one of a number of helping activities provided by the Center for Continuing Education.

(See Appendix VI for "Accountability Attainment Model" (used in Goals Assessment program).

State Team Reports

Florida

All members of the Florida State Team wish to thank Dr. A. June Bricker, the Maryland Cooperative Extension Service and Gallaudet College for allowing us to be a part of this conference. We have learned much and hope that we can put at least a small part of this into practice in our state. Some of our plans for the near future are:

1. Make a survey of current state and local services now available for the deaf.
2. Obtain a Registry of Interpreters from the Florida Registry of Interpreters for the Deaf.
3. Obtain a list of members of the Florida Association of the Deaf to use as local contacts.
4. Through the Public Information Chairman of the Florida Extension Homemakers Council and the Cooperative Extension Editorial Staff, send a summary of this conference to all newspapers in Florida and to the Florida Extension Homemaker Newsletter. This will be done to inform and create awareness. We will ask organizations and agencies already doing service with and for the deaf to contact members of our team.
5. During the Florida Extension Homemakers State Council Meeting July 15-19, 1974, the Public Information Chairman plans to conduct a workshop as a mini-conference modeled after the "National Conference on Program Development for and with Deaf People". We will use our team members who are here as resource people, as well as some of their co-workers. We are making a request to use the "Maryland Story" in this workshop. We also intend to conduct a smaller workshop in northwest Florida prior to the State Meeting.
6. With the assistance of the Florida Association of the Deaf, we shall attempt to get volunteer Extension Homemakers and deaf people in contact with one another to improve communications and interactions, to understand the needs of the deaf, and to plan programs with deaf people based on these identified needs.
7. To encourage and aid local groups and agencies who are working with the deaf to continue and improve their programs. Also, to encourage the involvement of deaf citizens in appropriate community activities.
8. To have a meeting of the Florida team in January 1974. In the meantime, each member will continue in their responsibilities and will keep in touch with one another.

Kentucky

All members of the team agreed that the conference had served as a motivation and a foundation for program development for and with deaf persons. The hearing members of the team gained an awareness of the psychological and physiological aspects of deafness. The deaf members of the team gained an awareness and motivation for possible and potential programs.

The team planned to expand the group to bring both deaf and hearing persons into a program planning committee upon return to the state. The following ideas were discussed for possible future development:

1. Public awareness program.
2. Working with medical auxiliaries to help make doctors more aware of the problems of deafness and to help their hearing impaired patients to seek additional services.
3. An educational program for parents on accepting your handicapped child--understanding both the child's and parent's problems.
4. Contact the 4-H staff and assist them in involving more handicapped children in their programs. Start by exploring the possibilities of 4-H programs in the School for the Deaf.
5. Contacting hearing impaired homemakers and informing them about Extension programs.
6. Setting up a TTY program at the police stations and hospitals.
7. Exploring the possibility of working with other community organizations such as the Lions Club and Community Chest.

All members of the team agreed that participation in this conference had been a real opportunity and were looking toward opportunities to work closely together in the future.

Maryland

1. Take the Maryland Story, a slide presentation of programs with deaf homemakers, throughout the State.

2. A deaf volunteer will go with the Cooperative Extension Agent from Baltimore City to begin a program for Baltimore residents.

3. We will investigate the possibilities of funding for interpreters and teachers for additional classes. We will look into the following sources for local programs:
   a. County Homemaker Councils.
   b. Vocational Rehabilitation Divisions.
   c. Community Chests and Lions Clubs.

4. Seek funding and hire a person accepted by the deaf community to coordinate programs in the three county areas (Prince George's, Montgomery and Anne Arundel) and Baltimore City.

5. This committee will serve as a steering committee for program expansion for the deaf people of Maryland.

6. Develop Regional Program Planning Groups composed of deaf people to represent the deaf community and act as advisors to this steering committee.

7. Increase the size and scope of this committee by including representatives from:

   a. Employment Security, Health Department and Department of Social Services.
   b. Western Maryland College and Maryland School for the Deaf at Frederick.
   c. A community college representative.
   d. A representative from Gallaudet College.
   e. Add a cross-section of deaf people to this committee.

8. Improve mass media communications for the deaf.

Massachusetts

The first objective of our small group here will be to hold a planning meeting on Monday evening, November 5 (or 10th if necessary). At that time, we hope to add both the two agency representatives who were forced to cancel attendance at this workshop at the last minute and several deaf people from different areas of the state.

"Public awareness" is our prime priority--to educate both the hearing and the deaf--each in different ways.

To educate the hearing about deafness, we will explore the possibility of recruiting deaf volunteers to form a special speakers bureau to address various hearing organization meetings. These speakers' goals will be to inform the hearing public about deafness and its relationship to the hearing world.

To educate the deaf, we will explore the ways of presenting what Extension Service has to offer them. First, perhaps, through demonstrations or mini-classes at regular deaf organization meetings, we will make ourselves known to at least part of the deaf population. Later, a full statewide conference or workshop, possibly in cooperation with Mass COSD will be held to inform as many deaf people as possible about the broad range of subjects and services that we are prepared to offer any who need or desire such services.

A statewide report to the other Extension Home Economists will be given at the earliest possible time to inform them of the Conference held here this week. It would be our hope to involve the other offices in programs for the deaf in their areas. Their involvement, however, might depend upon our initial success.

North Carolina

From our panel discussion we outlined a tentative plan of action for our state. It is as follows, with some additional suggestions that each of you may wish to consider.

1. To educate Home Extension Personnel and Volunteer Workers. (This would include administrators, specialists, district supervisors, county agents.)

   Invite key deaf persons to help plan program development for educational purposes. (Using Vocational Rehabilitation as a consultant, North Carolina School for the Deaf, Eastern N.C.S.C., Central School for the Deaf and Central Piedmont Community College.

2. Identify resources that have programs in which deaf persons are involved; contact community colleges to assist in establishing classes, Lions Clubs, N.C.A.D., Vocational Rehabilitation, churches, etc.

3. To have key deaf person (Mrs. Inez Crutchfield) contact and advertise regarding Home Extension Services, and to help identify the needs and interests of deaf persons throughout the state.

4. To start a pilot program in one or two communities depending on interest and available resources.

5. Home Extension agents must inform the North Carolina Association of the Deaf at local chapters meetings about the program and activities available from Home Extension Services. Also, to inform Vocational Rehabilitation, community colleges and the three schools for the deaf about Home Extension Services.

Pennsylvania

During the conference several needed services were identified that clearly relate to the Cooperative Extension Service. The deaf community needs, for example:

1. Improvement of family life.
2. Improved communication and interaction between deaf and hearing persons.
3. Improvement in language skills.

4. Better management of home, money and property.

Priority of needs may vary among localities. In Pennsylvania many agencies already serve the deaf community. A partial listing includes:

1. RID - Registry of Interpreters for the Deaf (Chapters in Philadelphia, Pittsburgh, and Central Pennsylvania).
2. Pennsylvania Society for the Advancement of the Deaf.
3. Bureau of Vocational Rehabilitation.
4. Schools for the Deaf.
5. Hearing and Speech Agencies.
6. Deaf Clubs.
7. Counseling and Community Services Center for the Deaf (Pittsburgh).
8. Intermediate units.
9. Pennsylvania Council of Organizations Serving the Deaf.
10. Community College of Philadelphia.
11. Boyce Community College in Western Pennsylvania.

(Consult the "Directory of Programs and Services for the Deaf" published by American Annals of the Deaf, 5034 Wisconsin Avenue, N.W., Washington, D. C. 20016 for further information.)

In spite of the impressive scope of programs represented by this list of agencies, the needs previously mentioned are not being met to the extent they could and should be. At the present time, the Pennsylvania Cooperative Extension Service has not been involved in any concerted programming efforts on behalf of the deaf community; yet, its structure and programming flexibility make it eminently well suited to this task. The state team therefore recommends the following and suggests that these recommendations constitute a plan of action for the coming year:

1. Inform administrators and other professional people of the need and feasibility of services and programs for the deaf.

2. Program planners from the deaf community, from specialized organizations serving the deaf and from the Extension Service must get together and review resources and needs before introducing services and programs. Planners should determine local priorities as resources tend to be limited and needs cannot practically be met all at once.

3. Identify gaps in existing Extension Services and programs and develop, in the beginning, simple, short local courses--such as a one evening class in making wills. Short courses with immediate, practical application would help to overcome resistance and shyness on the part of both deaf and hearing people and would build up interest and program success slowly but solidly.

5. Finally, it is recommended that people from the deaf community get in touch with Extension personnel officed in their county.

"Grass roots" involvement is a very effective means for program implementation. If there are requests for services, then the need for them becomes undeniable.

Virginia

Since six other teams have reported ahead of us, we feel a sevenfold Amen would be appropriate. In your behalf, it has been requested that we do not sing! We simply say "thank you" for this conference.

Our team will meet at Virginia Tech Monday, November 26, at 11:00 a.m. to continue our program development. Thus far, we have agreed to plan for the following steps:

1. Involving the deaf in planning:
   - Include representatives from deaf organizations.
   - Currently a survey is being designed to identify geographic location of the deaf population. This will help identify some people who could be included in the planning.
   - The minority groups will be represented.

2. Exploring and determining needs and interests of deaf persons:
   - We have program ideas for the deaf, but we must take necessary steps to see that programs meet the needs of the intended audience.

3. Setting priorities:
   - Based on identified problems our committee will set priorities for potential programs for deaf people.

4. Recognizing certain concepts related to teaching/learning situations for the deaf. Examples:
   - Socialization.
   - Learning experiences.

5. Using methods that make learning possible for the deaf.

6. Developing a plan that keeps the program activities in good sequence:
   - Let's not hurry too fast! If essential steps are missed, progress will be retarded.

This conference has provided team members with an opportunity to become acquainted. Now, we want to know more about each of our programs. We will continue our learning by some of these activities:

- Next week we are exchanging reading material. Extension will read about vocational rehabilitation and vice versa.

- Rehabilitation counselors attending this conference intend to meet Extension agents in their district.

- The extension program leader will arrange for the Extension Business Specialist to meet one of the counselors on a specific request related to a deaf person operating a small business.

- At the October Leadership Conference of Deaf Organization, the counselors will tell the participants about this national conference.

- At the October Leadership Conference of Virginia Extension Homemaker Councils, a volunteer will tell the participants about this national conference.

At this conference, I heard Dr. Fine give a very moving closing of his speech. He said, "Let's begin." The Virginia team believes we have started.

The Maryland Story

The Maryland Story--A New Direction is a slide tape presentation of the educational program conducted for and with the deaf by the Extension Home Economics Department of the Maryland Cooperative Extension Service.

It is an account of how the program got started and how it has developed--to include such elements as program planning groups, cooperation with other agencies, program expansion and volunteer development.

(See Appendix VII for "The Maryland Story.")

Exhibits

Ms. Jane Beale
Registry of Interpreters for the Deaf
Post Office Box 1339
Washington, D. C. 20012

Explain objectives of the organization and role of local chapters in the recruitment, training and referral of the interpreter.

Ms. Barbara Wolfson
Head, Children's Program
Department of Children's Services
Central Prince Georges Memorial Library
6532 Adelphi Road
Hyattsville, Maryland 20782

Displayed puppet kits used with the deaf child.

Mr. John Van Hart
Total Communications Laboratory
Western Maryland College
Post Office Box 12
Westminster, Maryland 21157

Showed a documentary film on deafness entitled "Listen", produced by Western Maryland College.

Ms. Mary Ann Locke
International Association of Parents of the Deaf
National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

Displayed publication list, copies of the organization's official publication, Endeavor, and information about the organization.

Mr. Ronald Sutcliffe, Manager
Auxiliary Services
7th and Florida Avenue, N.E.
Gallaudet College
Washington, D. C. 20002

Provided book supplies on deafness and a publications list from Gallaudet College book store.

Public Service Programs
Gallaudet College
7th and Florida Avenue, N.E.
Washington, D. C. 20002

Displayed a teletypewriter and TTY phone for use in communicating for and with deaf people.

Dr. Helen Norton
Prince Georges' County Public Schools
Career Education Specialist for the
Handicapped, Visually Impaired and
Orthopedic
Bladensburg, Maryland

Displayed materials on programs for the deaf in the public schools.

Other Resources

"The Glass Wall", a 30-minute, 16 mm film presentation, features Nanette Fabray who shows how five different adults who were confronted with a hearing loss approached their problem. Produced by American Hearing Society.

Conference Evaluation

Reported by
Mrs. Ella Mae Berdahl
Program Leader
EFNEP, Extension Service, USDA

Evaluation goes much further than giving a mere general rating. It is setting a value upon any part or all of an educational enterprise in terms of objectives. Conferences on program development aim to change the behavior of people, using behavior here in its broadest sense to mean ways of thinking, feeling and doing. Evaluation is the process used to determine how successful the education has been in meeting the objectives of the conference.

One instrument was used at the conference. The follow-up instrument is to be completed and sent to me by April 1, 1974.

At the close of the conference the participants were asked to evaluate in terms of two objectives; one, how best to meet needs of deaf people through services of the Cooperative Extension Service, and other appropriate agencies, and two, identify kinds of resources and skills to serve deaf people.

The participants' general impression of the National Conference on Working with the Deaf was excellent. They rated panels first, followed by the speakers, and then the involvement and interaction of all the people in attendance.

"The Maryland Story" received the highest rating on implementing programs for the deaf at the State, county and community level, followed by State reports.

The program presented by Gallaudet College dancers received a "write-in" rating as excellent and exceptional. The Slice of Life Skits received a very good rating.

The follow-up evaluation instrument is used to collect the evidence from State teams on how they are progressing toward the objectives. The facts collected in April 1974 will further determine the success of the conference.

REACTION TO NATIONAL CONFERENCE ON WORKING WITH THE DEAF

October 9-12, 1973
National 4-H Center and Gallaudet College

Sponsored by:

Maryland Cooperative Extension Service, College Park, Md.
and
Gallaudet College, Washington, D. C.

Instructions:

Please read the conference objectives:

.. how best to meet needs of deaf people through services of the Cooperative Extension Service and other appropriate agencies.

.. identify kinds of resources and skills needed to serve deaf people.

Now, take the reaction form and answer each item. In the space provided for comments, please indicate iefly the reasons for the rating given.

REACTION FORM

1. What is your general impression of the National Conference on Working With the Deaf? (Check one)

   ______ (Excellent) ______ (Good) ______ (Poor)

   ______ (Very Good) ______ (Fair)

2. What did you like most? ____________________

   ____

   Why? ____________________

   ____

3. How do you think you might use something learned at National Conference on Working With the Deaf when you return to your community? Your State? Your county? Your home? ____________________

   ____

   ____

4. Think of representatives from States who did not attend and name several programs, ideas, and activities which might interest or help them.

   A. As individuals ____________________

   ____

   B. As persons actively involved in their communities ____________________

   ____

   C. As State members ____________________

   ____

5. On Stage: A Slice of Life

   ______ (Excellent) ______ (Good) ______ (Poor)

   ______ (Very good) ______ (Fair)

6. Please rate the Campus tour, Thursday afternoon:

______ (Excellent)

______ (Very Good)

______ (Good)

______ (Fair)

______ (Poor)

7. Please rate the Washington, D. C. tour:

______ (Excellent)

______ (Very Good)

______ (Good)

______ (Fair)

______ (Poor)

8. Rate in the order of your preference the program activities:

______ Panels

______ Addresses

______ State Meetings

______ The Maryland Story

______ General Sessions

______ Exhibits

______ Resources for programs

______ Films

9. Please rate Reports from State Teams:

______ (Excellent)

______ (Very Good)

______ (Good)

______ (Fair)

______ (Poor)

10. How could the National Conference on Working With the Deaf be improved?

____

____

____

____

____

____

FOLLOW-UP TO THE NATIONAL CONFERENCE ON WORKING WITH THE DEAF

National 4-H Center and Gallaudet College
October 9-12, 1973

Sponsored by:

Maryland Cooperative Extension Service, College Park, Md.
Gallaudet College, Washington, D. C. 20250

Instructions:

After 6-months (April 1, 1974) please return the completed evaluation on working with the deaf to:

Ella Mae Berdahl, Program Leader, EFNEP
Extension Service, Home Economics
U. S. Department of Agriculture
Washington, D. C. 20250

Please indicate what the team did to implement a program for the deaf.

Check ( ) the option under each question which best fits the program. Only the name of the State needs to appear on the returns.

______________________________(STATE)

1. Formulated a program for the deaf.

____ Did formulate a program for the deaf.
____ Did not formulate a program for the deaf.
____ Planning to formulate a program for the deaf.
____ There is an active program for the deaf in the communities.

2. Created a health team composed of staff of related services for the deaf.

____ Did create a health team composed of staff of related services.
____ Did not create a health team.
____ Planning to create a health team.
____ There is an active health team for the deaf in the communities.

3. Provided space, leaders and continuing education and assistance for the deaf.

____ Did provide space, leaders, continuing education and assistance for the deaf.
____ Did not provide space, leaders, continuing education and assistance for the deaf.
____ Planning to provide space, leaders, continuing education and assistance for the deaf.
____ There is space, leaders, continuing education and assistance for the deaf.

4. Developed a packet of resource materials on the deaf for use by professionals.

____ Did develop a packet of resource material.
____ Did not develop a packet of resource material.
____ Planning to develop a packet of resource material.
____ There are packets of resource material already available.

5. Developed and operates programs in training community volunteers to work with the deaf.

____ Did develop and operates programs in training volunteers.
____ Did not develop and operate programs in training volunteers.
____ Planning to develop and operate programs in training volunteers.
____ There are programs in operation for training volunteers.

6. Provided an information and [illegible] their families.

____ Did provide an information and [illegible]
____ Did not provide an information and [illegible]
____ Planning to provide an information and [illegible]
____ There is an information and [illegible]

7. Brought the program directly to the [illegible] through the Extension home economist [illegible] groups with the local committees

____ Did bring the program to the [illegible] economist.
____ Did not bring the program to the [illegible] home economist.
____ Planning to bring the program to the [illegible] home economist.
____ Extension home economists are [illegible]

8. Provided the services of trained aides [illegible] deaf people who need assistance.

____ Did provide the services of trained aides
____ Did not provide the services of trained aides
____ Planning to provide the services of trained aides
____ Trained aides are assisting deaf people [illegible]

9. Considering the time and money [illegible] on working with the deaf, [illegible] to put a program into action?

____ Definitely was not worth the time [illegible]
____ Possibly worth the time & expense
____ Probably worth the time & expense
____ Most certainly worth the time & expense

10. Comments on local programs on working with the deaf

____

____

____

____

____

Appendix

I Skits: A Slice of Life
II Manual Communications Aides
  Do's and Don't's For the Beginner
III "A Brief History of American Sign Language"
IV Outline of Pointers for New Teachers To Remember in Working With an Interpreter in Continuing Education Classes
V "How Lions Can Help the Deaf"
VI "Accountability Attainment Model" (used in Goals Assessment program)
VII "The Maryland Story--A New Direction"
VIII Program
  Program Planning Committee
  Conference Participants

APPENDIX I

A SLICE OF LIFE

SKIT NO. 1 -- Welfare Office

(John and Mary, a young couple, enter the welfare office. The agent beckons to them to come, and escorts them to a table where he presents them with a form, and retires to another part of the room where he shuffles through papers. After looking at the papers, Mary shrugs, lifts a pad from her purse, walks over to the agent, and writes a note to him.)

AGENT: (Reading aloud) Need food stamps. (Turns to her and smiles.) I know you need food stamps. But before we can issue these to you, we need more information. You must fill out the forms, please (points to papers)--

MARY: (Turning to John, helplessly) We must write here.

JOHN: I told you.

MARY: But I no understand! Many big words. I will tell...

JOHN: (Dissuading her) Better guess. Not want man think we all deaf dumb same. Maybe say no.

MARY: (Dubiously) All right. (She pores over papers) What mean "If husband is unemployed at present time, what is his availability for any employment that might be offered through the state agency"?

JOHN: I don't know. Ask if I find job?

MARY: What put?

JOHN: No job? Nothing work?

MARY: Nothing work. (She writes this down)--

(Agent comes over, and reads the paper, shakes his head)

AGENT: I see your husband indicates that he does not want any employment. I am sorry, but we cannot accept this. Until he changes his attitude, we cannot in good conscience issue any food stamps.

MARY: (Pad in hand) No understand.

AGENT: I will write. (Reads what he has written) We cannot give you any food stamps because your husband indicates that he is not interested in employment.

MARY: (Looking at John, helplessly) No understand. (Shakes head)

AGENT: (A bit impatient now) I will write it differently. (Writes and reads what he writes) We cannot issue food stamps. Your husband has not indicated willingness to work should the opportunity arise.

MARY: (Agitated, and not understanding, but still trying) John nothing job.

AGENT: (Trying to be polite) I know--you wrote that on the form. But if he doesn't want to work (shrugs, with a wry smile) our hands are tied.

MARY: Tie hands?

AGENT: (A bit exasperated) I am sorry, I cannot help you.

JOHN: Tell we need.

MARY: (Speaking haltingly) We need.

AGENT: (Surprised) You can talk? I am sorry. Please excuse me, I have another appointment. (Ushers them out)

SKIT NO. 2 - Doctor's Office

(As the scene begins, Cheryl is bringing her baby into the doctor's office. This does not have to be a baby, but merely a doll wrapped in a blanket.)

DOCTOR: (Heartily) Good afternoon, Mrs. Marron. How is the baby today?

CHERYL: (Makes a worried frown, and indicates, via pantomime, that the baby is ill--has a bad cold.)

DOCTOR: I see, I see. Let me see him. What is his name? George?

CHERYL: (Smiles) Yes. George. (Hands the baby over.)

DOCTOR: Let me look at him. Pretty hefty little fella. (Pantomimes strong)

CHERYL: (Nods brightly, but still appears worried)

(Doctor examines baby with make believe stethoscope, and goes through motions of looking in mouth, taking pulse, etc.)

DOCTOR: Nothing to worry about. Some congestion in the lungs. Let me see. I will give you some medicine, but I think you should--ah-- (puts hand over lip on first syllable) discontinue the pills if the baby seems lethargic.

CHERYL: (Looks puzzled at last word.)

DOCTOR: Lethargic? Ah, yes... that means dopey...sleeping all the time... no pep. You understand?

CHERYL: (Nods brightly.)

DOCTOR: Fine, fine. (Looks around and is a little vexed.) Miss Beckwith has gone home but I... Looks through some papers on desk.) think we have some time... yes... bring George back to the office next week. Thursday, at eleven. Okay?

CHERYL: Thursday. Eleven.

DOCTOR: (Beaming.) Right. (Ushers them out.)

Scene Two--Next Thursday

CHERYL: (Rushes into the doctor's office, obviously agitated.) Baby worse.

DOCTOR: (Competent, but a little worried.) Let me see. (Examines the baby hurriedly. Throws up hands.) Mrs. Marron, I remember, distinctly, I remember telling you to discontinue using the medicine if it made George lethargic. I even wrote it down for you...lethargic. I told you...

CHERYL: No...you said continue...

DOCTOR: Mrs. Marron, I assure you... (Taking baby in other room)

CHERYL: (Sinking into chair, head in hands.)

DOCTOR: (Coming back, with baby.) I gave him a shot. And we will need some more medication. But please pay attention...

CHERYL: Please write.

DOCTOR: But you can lipread.

CHERYL: (Shaking head) Please write.

DOCTOR: (Shrugging) Maybe it is better.

SKIT NO. 3 -- Adult Education

(Two young men, and a woman are talking together. They are Wayne, Ira and Grace)

IRA: (Looking at the other two.) Going to the party?

WAYNE: Wish. But I think I go to class.

GRACE: (Interested.) What class?

WAYNE: Modern Literature.

GRACE: (Excitedly.) Where?

WAYNE: Somerset High School.

IRA: (Laughing.) You crazy? How you understand the teacher?

WAYNE: Maybe I can lipread.

IRA: (Indicating disapproval.) Go ahead, if that's what you want. Not me! Lipreading incompetent me!

WAYNE: (Turning to Grace) You want?

GRACE: (Smiling disappointedly.) Sorry...I wish...but I can't lipread very good.

WAYNE: Maybe we can get an interpreter?

IRA: Yeah? At seven dollars an hour?

WAYNE: No matter...I will try.

GRACE: Good luck...see you.

IRA: Bye. (They walk off. Wayne goes the other way.)

Scene Two--The Class.

(Wayne sits in class, as the instructor mounts the platform and starts his lecture. Wayne's face is alight with eagerness. This fades, however, as the instructor speaks, as instructors do...from all sides of the platform, even with his back to the audience.)

INSTRUCTOR: When speaking of modern writers, Vladimir Nabokov is one that must be given his rightful place as perhaps the most versatile of talents. Of course, there is Malamud, but still, I think the very difference between Lolita, which you will remember as a best seller because of the, shall we say, somewhat racy plot... and the novel in poetry form, Pale Fire, is impressive. Of course...

(Wayne is lost, and his face shows it, as the scene ends.)

APPENDIX II

MANUAL COMMUNICATION AIDS

DO'S AND DON'T'S FOR THE BEGINNER

1. When talking with the deaf, DO face this person and make sure your hands and face are in front of him. Remember that the majority of deaf prefer to focus their eyes on the lips of the person who is talking so DO move your lips when you communicate, whether you use your voice or not.

2. DO talk naturally and look pleasant. A pleasant person is much more fun to talk to than a grouchy or expressionless person. Some people think that a person can read lips better if you open your mouth more and talk very slowly. This is not true. DO talk naturally, and use expressions often. DO give clues whenever you can.

3. DO keep your hands at a position where they will not shield your lips. A good rule is to keep them chest-high as most deaf people watch your lips and hands simultaneously.

4. DO be aware of the intellectual differences of the deaf people. Deaf adults are found to be in a wide range of intellectual ability--from dull to brilliant. DO attempt to learn the ability of the person you are talking to, and talk to him in a manner he will understand and enjoy.

5. Conversations DO NOT have to be in sentence form. Often the exchange of an idea may be accomplished in a few words. Sentences like "Do you bowl tonight?" and "How do you feel?" may be asked in a simpler way for the low-verbal deaf like "Bowl tonight?" and "How feel?"

6. Since conversation is a two-way street, receiving messages is as important as sending them. DO NOT hesitate to ask a deaf person to slow down or to repeat when you do not fully understand. By all means, DO NOT nod your head and pretend to understand something you do not. It is embarrassing to the sender as well as to the receiver. DO NOT be suspicious and guess the meaning of signs you are not familiar with. Ask what they mean. When you ask a deaf person what a "new" sign means, he will know right away that you are interested. You cannot fool even the low-verbal deaf person.

7. DO NOT be afraid to sign in public. Manual communication is not disgraceful. Although manual communication attracts eyes when in public places, you should be proud that you have the necessary skills to communicate with a deaf person. DO try to interpret what other say and to tell the deaf what public address systems announce. The deaf do appreciate this, and it develops rapport. You DO NOT have to interpret everything, but just give the main idea.

8. DO remember that there are different signs for different words. Some signs look similar to others. DO learn them and use them correctly. When you say something manually and the deaf person does not understand after repeating, rephrase the idea and say it differently. When in doubt about the proper sign, it is always safer to fingerspell the word.

9. DO NOT make excuses for your inabilities. Just keep trying and remain cheerful. Deaf people do know that anyone with the desire to learn manual communication can do fairly well after some instruction and practice. The deaf get tired of hearing, "I am stupid and can't remember the signs," or "My fingers just won't cooperate." They would rather hear, "I must practice more so we can talk better."

10. DO get all the practice you can. When you are alone, practice by reading paragraphs from newspapers or statements made on TV. DO keep a notebook with a list of words you frequently forget how to sign. DO PRACTICE WITH ADULT DEAF BY ATTENDING THEIR SOCIALS OR OTHER CLUB ACTIVITIES.

APPENDIX III

A BRIEF HISTORY OF THE AMERICAN SIGN LANGUAGE

The earliest known contributor to the one-hand manual alphabet as it is widely used in the United States today was a Spaniard, Juan Pablo Bonet, who in the 17th century published Simplication of the Letters and the Art of Teaching Deaf-Mutes. In this book were detailed engravings of the alphabet that, with some minor modifications are essentially the same as those used at the present time.

Some time after the work of Bonet, and improving on it, the Abbe Charles-Michel de L'Epee of Paris, France, began to familiarize himself with the signs already in use among the deaf, and set about correcting, enlarging, and methodizing the language.

At the death of the Abbe de L'Epee, the Abbe Sicard became the head of the National Institution in Paris, a school for the deaf that had been founded by the Abbe de L'Epee. The Abbe Sicard continued the method of manual communication, derived as it was from both the Spanish and the French, that had been worked out by the founder. It was this method of communication that was brought to America by Dr. Thomas Hopkins Gallaudet, a visitor to the National Institution in Paris, and Laurent Clerc, a young deaf man who had been an outstanding pupil and teacher at the Institution.

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Dr. Gallaudet founded in 1817 the first permanent school for the deaf in the United States - the American School for the Deaf - now located in West Hartford, Connecticut, and served as the first head of that school. With the help of Clerc whom he had brought back to the states to become the first deaf teacher of the deaf in America, Gallaudet made use of the language of signs and the manual alphabet that he had seen used in France. This same method of communication, with added variations, is still in use in this country today.

Today, too, there are schools for the deaf in nearly every state in the Union, and a liberal arts college, the only one of its kind, in Washington, D. C., which is known as Gallaudet College, named in honor of the man who founded education for the deaf in the United States, Dr. Thomas Hopkins Gallaudet. There is also the newer National Technical Institute for the Deaf at Rochester, New York, which is situated on campus with the Rochester Institute of Technology, and throughout the country, there are a growing number of community and junior college programs for the deaf. In virtually all of these schools, the language of signs and the one-hand manual alphabet are used to supplement oral instruction through what is known as the Simultaneous Method and more popularly termed "Total Communication" which is, in reality, the philosophy behind the method. The method requires use of all means of communicating ideas in acceptable English syntax.

The American Sign Language itself continues to be recognized more and more as a linguistically justifiable language in its own right. Today, it is being called "Ameslan" which is an acronym taken from the words, "American Sign Language". It is a vibrant, living, growing language with a recognizable grammatical structure of its own and a flexibility that makes it possible to be used concurrently with English or as a natural medium of expression that is anything but English.

The one-hand alphabet that first made possible a manual means of communicating with deaf persons and which became, with modification, the American Manual Alphabet, today has become accepted by the World Federation of the Deaf as the official International Manual Alphabet with only two slight adaptations from the American system.

APPENDIX IV

OUTLINE OF POINTERS FOR NEW TEACHERS TO REMEMBER IN WORKING WITH AN INTERPRETER IN CONTINUING EDUCATION CLASSES

As a teacher new to the field of deafness, you may never have had the experience of teaching with an interpreter at your side. In the beginning, this new experience may seem a bit strange, but adjustment to the situation will be easier with the following guidelines borne in mind:

1. You will be communicating with hearing impaired individuals through another person who will be transforming the spoken word into the language of signs.

2. The interpreter will need to adjust to your pace, and sometimes it will be necessary for you to adjust to the pace of the interpreter. Usually the interpreter will caution you to either stop momentarily and repeat, or slow down. This is to insure that the hearing impaired students receive your message in full.

3. Generally, the interpreter will stand either to your left or to your right. This enables the student to maintain eye contact with both you as the instructor and the interpreter, and thereby help to establish better student-instructor rapport for the course.

4. Wherever the interpreter stands, there must be good lighting available.

5. In using demonstration and visual aids, it is important for the instructor to allow extra time for the student to see what is being demonstrated or shown in addition to seeing what is being said. With hearing students, the instructor can turn his back to the student and simultaneously elaborate a point as he demonstrates. With deaf students, the whole process must be broken down into successive steps or parts in order to facilitate complete understanding. Here, too, eye contact with the student is more important, meaning the instructor needs to pause more often to face the students as he or she proceeds.

6. Generally, it is best when a classroom can be rearranged so that the students sit in a semi-circle, able to view one another. This is particularly useful in discussion-type situations.

7. When using an overhead projector, slides, video tapes, and/or films, it is sometimes necessary to either reduce or turn off classroom lighting. In such situations, it is important to provide a small lamp or spot for focus on the interpreter while discussion or explanation takes place. Your interpreter can usually assist you in setting up special effects as this when needed or anticipated.

8. Sign language does not contain signs for every word in the English language, and it is particularly lacking in specialized jargon. Usually, the interpreter will have to spell out such words through fingerspelling and sometimes pause to define the term. It is most helpful when the instructor jots down specialized jargon on the blackboard as this helps both the interpreter and the student.

9. Question and answer periods may pose problems. If the student is unable to vocalize his question, he will need to sign the question to the interpreter, and the interpreter will then need to vocalize the question for the instructor. The answer will need to again pass to the student through the interpreter. It is important at all times that the other students know who is speaking to whom, and this is best handled through pauses and through direction on the part of the instructor.

10. Hearing students can take notes while listening to a speaker. Deaf students cannot do this very well because of the necessity of focusing attention upon the interpreter. When notes of importance are being discussed, an advance outline is helpful. On the other hand, notes may be written on the blackboard, but additional time must be allowed for the student to copy such notes.

It is useful for the instructor and the interpreter to become acquainted at the beginning of a course. At such time questions involving these guidelines and other points may be clarified. The instructor is always the instructor; the interpreter, merely his "voice".

APPENDIX V

HOW LIONS CAN HELP THE DEAF

Hearing conservation and work for the deaf is a major new Lions service activity. Here is how you can get your own club rolling to help the deaf in your own community.

Throughout the world, it is estimated that at least one person in ten suffers a hearing impairment. In the United States alone:

- Nearly ten million men, women and children cannot hear some or most of the sounds in the world in which they must live.

- More than 235,000 people are completely deaf and must rely on sign language and their ability to read and write in order to understand ideas and thoughts.

Helen Keller summed it all up some 40 years ago: "I am just as deaf as I am blind. The problems of deafness are deeper and more complex, if not more important, than those of blindness. Deafness is a much worse misfortune."

It is appropriate that the needs of the deaf fall within the scope of Lionism's objectives. For that reason, the International Board of Directors has adopted "Hearing Conservation and Work for the Deaf" as one of our Association's ten major service activities.

Lions clubs throughout the world are urged to consider participating in this much-needed service. The information in this article is presented to provide basic information on the problem of deafness and to suggest the variety of ways a Lions club may confront the needs of the deaf in their own communities.

Understanding Deafness

Most of what we call hearing occurs in the inner ear. The vibrations produced by sound are received by the ear drum and then travel through three small bones--the hammer, the anvil and the stirrup. Vibration from the stirrup is transmitted to the fluid of the inner ear. These vibrations stimulate nerves that transmit sound to the brain.

"Hearing" does not occur until the brain accepts the message from the stimulated nerve. Then the meaning of the sound is interpreted and understood. In normal hearing, the entire process is instantaneous.

However, if that part of the brain receiving the message--the "auditory memory center"--is out of practice, or if the message is blocked or distorted during its passage to the brain, the sound is meaningless or its vibrations are never received.

The Types of Deafness

There are three main types of hearing loss:

1. Conductive hearing loss is caused by an obstruction in the auditory canal. Thus, sound waves are not conducted adequately to the inner ear, and all sounds seem to be muffled. This type of loss occurs when foreign objects are inserted into the ear. Occasionally, with children, doctors discover a marble or bean inserted into the ear. Common also, in adults, is a forgotten wad of cotton. The most common problem occurs in the middle ear--an accumulation of wax, perhaps, or a blockage caused by swelling or pus.

2. Sensori-neural hearing loss takes place when sound waves succeed in reaching the inner ear, but are not then properly converted into a message that can be passed on to the brain. Other terms for this type of problem are: sensory-neural, neurosensory, nerve deafness, and perceptive deafness. Ordinarily, a person suffering this impairment can hear low-pitched tones better than high ones, and sounds are often distorted.

3. Central hearing loss is a condition that occurs when signals from the ear may not be reaching the brain because of damage or impairment along the cochlear nerve. The problem can be also that the brain is not properly interpreting the stimulation it is receiving. People affected with this type of loss may hear speech, but they have difficulty understanding it.

Working with the problems of the deaf are three types of specialists:

1. The otologist--an M.D. specializing in diagnosis and treatment of the ear.

2. The otolarynologist--an M.D. specializing in the care of the nose and throat, as well as the ear.

3. The audiologist--has an M.A. or Ph.D. degree and specializes in the nonmedical evaluation and rehabilitation of people with hearing disorders.

What Lions Clubs Can Do

In many ways, the duties of a Lions club committee on hearing conservation and work for the deaf parallel the traditional responsibilities of a club committee for sight conservation and work for the blind. Following is a comprehensive list of suggested activities for work with the deaf. Some of the services listed here are available in many state and national tax-supported agencies. To avoid duplication of effort, it is recommended that clubs [illegible] provided services before beginning an [illegible] project.

Hearing Conservation

Examination and Detection

1. Provide hearing examinations [illegible] public mass screening. This is done [illegible] tion with school authorities, for preschool [illegible] other adults through public health authorities and [illegible] deafness agencies. Always consult first [illegible] al societies.

2. Arrange for follow-up [illegible]

3. Provide hearing testing equipment [illegible] hospitals.

4. Consider purchase of, and [illegible] for testing and/or treatment.

Medical-Surgical Services

Provide services of qualified [illegible] prescribe proper hearing aid devices [illegible] Arrange transportation for patients if needed

Temporal Bone Banks

Much information about causes of [illegible] through the study of the middle-ear and inner ear [illegible] death--they cannot be examined during life. [illegible] are urged to bequeath their inner ear [illegible] Banks Program for Ear Research of the Deafness [illegible]

Hearing Research

1. Support research on prevention [illegible]

2. Contact your local university [illegible] hearing center.

3. Distribute information [illegible] your community and urge their support for [illegible]

Services to the Hard-of-Hearing

1. Furnish, repair or replace hearing aids and [illegible] loaner hearing aids when necessary for hard-of-hearing [illegible] adults.

2. Provide services of qualified professionals for diagnosis, therapy and hearing aid evaluation.

3. Provide needy individuals with batteries, aids and special devices.

4. Collect used batteries in order to exchange for new batteries at reduced cost.

Public Information

1. Create public awareness of "Noise pollution" and its effects on hearing--what can be done to reduce noise levels.

2. Cooperate with local agencies in conducting public information programs on the causes of deafness, on periodical hearing tests, and how hearing loss can be prevented or minimized.

3. Sponsor the development of films, media spots, and brochures.

Work For the Deaf

Education

1. Contribute to educational centers which train teachers and other professionals to work with the deaf or hard-of-hearing.

2. Provide or contribute to an existing scholarship fund for hearing-impaired students. Assist students with placement and special aids.

3. Furnish auditory training equipment for classroom use with hearing impaired children.

4. Provide financial assistance and counselling to families with hearing-impaired children in need of special education.

Audio-Visual Services

(Check agencies for possible activities) Provide video tapes, captioned films, amplifying equipment and other devices for hard-of-hearing and deaf individuals in educational, recreational and home environments.

Rehabilitation

Investigate and support hearing rehabilitation services, including speech therapy, lip reading therapy, auditory training and counselling.

Interpreting Services for the Deaf

Investigate availability of, and provide interpreters for deaf children and adults for legal, social and medical services. Inform them of these services.

Vocational and Employment Services

1. Assist in finding industrial, professional and business employment for the deaf and hard-of-hearing.

2. Arrange for vocational training centers to offer special courses for individuals suffering from hearing loss.

3. Initiate a program to educate business and community leaders to the variety and scope of employment which the deaf and hard-of-hearing can accomplish.

Social Services

1. Encourage the development of counselling services for deaf and hard-of-hearing individuals.

2. Initiate and support joint social activities for deaf or hard-of-hearing persons, and furnish transportation when necessary.

3. Recreational services.

Involvement?

The question, of course, that faces you and your club is: shall we become involved with the problems of the deaf? In answer, consider this:

A smile without the sound of laughter.

A song without the sound of music.

A breaking surf without the sound of its fury.

Rustling leaves without the sound of wind.

An infant's cry or the sound of the word, "love."

Of deafness, Miss Keller also said, "...it means the loss of the most vital stimulus--the sound of the voice that brings language, sets thoughts astir, and keeps us in the intellectual company of man."

APPENDIX VI

ACCOUNTABILITY ATTAINMENT MODEL
USED WITH GOAL ASSESSMENT

*These are not in any order of importance

EDUCATIONAL GOALS

GOAL STATEMENT	EXAMPLES
___The improvement of family life	1. Seminars on husband-wife relationships 2. Courses in child psychology 3. Seminars and counseling on reproduction and maternal health 4. Classes for deaf parents of hearing children (or vice versa)
___The development of a desire for continuous learning	1. Current affairs forums 2. Opportunities for independent study and research 3. Classes that generate intellectual curiosity and positive attitudes toward education 4. Group discussions on selected readings or films
___Improved communication and interaction between deaf and hearing persons	1. Integrated group discussions 2. Individual & group tutoring on communication skills 3. Sign language classes for people who work with deaf adults 4. Integrated recreation activities
___Enjoyment and appreciation of culture and the arts	1. Classes for people with special talents in art, drama, writing 2. Lectures, films, and discussion to cultivate appreciation and understanding of art, drama, writing 3. Tours and trips to museums, plays, etc.
___Employment in paraprofessional roles	1. Preparatory courses for teacher aids

	2. Preparatory courses for counselor aides 3. Training for work as laboratory assistants or research aides
___Increased income through better jobs	1. Aptitude testing and introduction to new needs of the job market 2. Technical and vocational courses leading to new skills 3. Group visits to new industries and businesses to learn about new employment opportunities
___Effective use of leisure time	1. Recreation and sports programs 2. Hobby classes, such as ceramics, fish-fly tying, photography, etc. 3. Training programs for part time jobs or paraprofessional roles 4. Social and recreational activities for families
___More responsible citizenship & effective leadership	1. Human relations seminars 2. Leadership training classes or workshops 3. Current affairs forums 4. Programs that encourage participation in worthwhile community projects
___Better management of home, money and property	1. Consumer education 2. Discussions on wills and estates, income tax problems, etc. 3. Classes in foods preparation, sewing, home economics 4. Classes in woodworking, home repairs, etc.
___Safe driving and understanding of the law	1. Defensive driving classes 2. Beginning driver training 3. Classes and discussions on "Law for the layman" 4. Visits to municipal agencies
___Improvement of oral and auditory skills	1. Lipreading classes 2. Speech conservation and therapy 3. Auditory assessment and training

	4. A course to help deaf adults to better understand their hearing loss
___Improvement of language skills	1. Adult Basic Education Classes 2. Special literacy classes for deaf adults 3. Classes in Signed English to improve grammar and vocabulary 4. Help in reading of contracts, preparation of employment applications, etc.
___Attainment of a high school diploma	1. Basic Adult Education classes 2. Special high school equivalency classes for deaf persons 3. Special counseling & tutoring for independent study 4. Participation in existing evening high school programs with the help of tutors & interpreters
___Safe and healthful living	1. Seminars on drug abuse, sex education, personal hygiene, environmental awareness 2. Weight-watcher clubs or Slimnastics classes 3. Lectures by physicians on heart ailments and other health problems 4. Therapy programs for people recovering from illness
___Improvement of mental health	1. Group or individual counseling for emotional problems 2. Opportunities for self expression in a group setting 3. Opportunities for discussion of personal problems 4. Encounter groups
___Preparation for retirement or better use of retirement years	1. Courses to help persons prepare for their retirement 2. Retraining for part time jobs 3. Money Management classes 4. Recreation & social activities for the retired

___Updating of present knowledge and skills	1. Refresher courses in math and science (college level) 2. Seminars in selected skill areas 3. Lectures and discussions on current problems by known authorities
___Reduction of unemployment	1. Training in vocational or technical skills, such as printing, machine shop, key punch, etc. 2. Pre-employment preparation (how to fill out application forms; how to react during a job interview, where to look for employment) 3. Counseling in the development of good work habits

Additional Goals

This needs assessment instrument was constructed through the cooperation of two projects supported by the U. S. Office of Education:
The Northern California Program Development Center, Chico State College (Elementary and Secondary Education Act, Title III, Project no. 7291)
and
Project DAWN, California State University Northridge (Bureau of Adult, Vocational, and Technical Education, Project Grant No. E06-0-72-4580)

APPENDIX VII

(1) NEW PROGRAMS
WITH
DEAF PEOPLE

(The Maryland Story)

(2) Just as a seed that is dropped into fertile soil grows into a flourishing plant, so does an idea take hold and (3) grow and develop into a visible form.

The educational and social climate of the 60's, which was expressed in (4) FOCUS, The Extension Home Economics position paper, emphasized the need for new programs devoted to helping the handicapped.

During the late 60's, the University of Maryland Extension Home Economics Department initiated the concept of team teaching for the blind. (5) One Extension Home Economist, having gained insight and inspiration to work with the handicapped, started county action to work with the deaf in the fall of 1969. A nurse, attending a class taught by this same home economist, requested a bulletin to give to a deaf woman. This resulted in (6) an office visit by the nurse and a deaf person, (7) followed by a home visit from the Extension Agent to discuss the possible development of classes for deaf women.

(8) A young deaf volunteer who was intensely dedicated to helping those with impaired hearing, initiated the action for programs for the deaf.

(9) Eight deaf women attended the first class on new textiles in which this deaf volunteer who could lip read served as the interpreter.

(10) The Extension Agent quickly organized a program planning committee of deaf homemakers so the programs would meet the educational needs and interests of this new audience. (11) A monthly class for the deaf was started.

(12) Extension staff members and resource people from various community agencies were invited to present a variety of topics.

There were problems, too--(13) limited communication channels, (14) the limited technical vocabulary of the audience, and the difficulty of interpreting for these classes.

It was, therefore, (15) decided to spend time at the beginning of each meeting on vocabulary building to enhance understanding.

Attendance at meetings increased (16) as the Extension volunteer enthusiastically spread news of the classes to her deaf friends.

As time progressed (17), an interpreter volunteered her services.

(18) So as a plant grows, this program branched out to involve more people.

(19) Husbands attended meetings with their wives.

It was evident from the addresses of these homemakers that (20) the majority lived in the suburban corridor between Baltimore and Washington.

The program (21) grew and spread most rapidly within this metropolitan area. County lines were often erased as agents helped each other in developing programs.

For example, (22) in Prince George's County, the then-recently employed Extension Home Economist, with a background of experience in vocational rehabilitation, naturally looked toward meeting the needs of the deaf homemakers.

(23) She, too, organized a planning group to help guide programs for persons with impaired hearing. This planning group assumed the responsibility for getting interpreters, handling class registrations, sending class announcements, and choosing subjects for meetings. And so another county program was started, and another volunteer interpreter was found (24).

(25) The Extension agents in three counties met to compare notes, exchange names of deaf persons, and plan for further program implementation.

In Montgomery County, a deaf volunteer homemaker was identified to get the program started.

She (26) wrote the initial letter sent to deaf homemakers, made contacts, and assisted in selecting volunteers to serve as the program planning group. (27) Thus began monthly meetings in Montgomery County.

At the same time (28) the Prince George's Community College provided the opportunity for agencies to meet, orient themselves to the needs of deaf people, and to set up appropriate services and programs for them. Among others, (29) representatives from Public Service Programs, Gallaudet College and Cooperative Extension Service were present at that meeting.

(30) Meanwhile, Gallaudet College's Center for Continuing Education brought together adult educators, professionals working

with deaf adults and leaders from the deaf and hearing community in program development sessions. Extension Service was represented.

(31) A hundred people met to learn more about the deaf person's point of view on the need for continuing education.

The (32) Extension Community Development Specialist arranged to have Extension Agents, and vocational rehabilitation staff assigned to the deaf meet to acquaint people with each other's programs and resources. They visited the Baltimore Rehabilitation Center and learned of the services offered at that facility.

(33) With a greater understanding of programs, both the vocational rehabilitation counselor and the Extension Home Economist were better able to identify and share lists of potential program participants.

Meanwhile, in the Spring of '72, Public Service Programs of Gallaudet College expressed a desire to have the Home Economics program for deaf homemakers in Maryland duplicated in all states.

They recognized, however, that in most states deaf homemakers did not know of the Extension Service and that the Extension Service had not been programming with the deaf.

(34) To improve interaction, a national conference was proposed for the fall of 1973. The deaf homemakers, the Extension Service and related agencies from other states would be invited to come to Gallaudet College where they would meet and learn of each other, and develop a plan for program implementation in their home state. The conference was to be sponsored by Public Service Programs, Gallaudet College, and the Maryland Cooperative Extension Service.

By the fall of 1972, (35) monthly Extension programs for the deaf were conducted in three counties.

The needs identified by the planning groups in these three counties covered a wide range of subjects. (36) Classes on physical fitness proved to be popular and well-attended. (37) They were taught by a deaf physical education teacher who did her own interpreting.

(38) Self defense for women drew great interest.

(39) Wills and estate planning were high on the list.

(40) Different methods of teaching were tried. One Extension Home Economist taught a series of classes on management for the hearing. The deaf were invited to attend. The interpreter stood beside the agent with the deaf audience seated directly in front of her. This method proved so successful that it will be continued.

(41) Home management techniques brought out young mothers (42), so babysitting services were provided.

(43) Freezing foods was taught in two counties.

(44) Meat buying was obviously popular.

(45) Multi-county planning and interagency cooperation is evident in this brochure announcing classes available to the deaf and those preparing to work with the deaf.

(46) Publicity was important to the growth of the programs. The Continuing Education Division of Gallaudet College announces Extension programs in their brochure and Public Service Programs announces Extension classes on the TTY news service. Community Colleges and Boards of Education also give publicity to Extension programs.

(47) The deaf community was encouraged to participate in all available Extension programs. In 1972, interpreters were provided so that deaf women could attend the plenary session held during College Days for Women, an annual statewide Extension education program. In 1973, volunteer interpreters were available for classes, also.

(48) A vocational rehabilitation counselor recently arranged through the Montgomery County government to install a TTY so deaf citizens can have direct contact with police, fire and ambulance services. The Extension Service uses this resource also.

(49) In the past two years in Prince George's County, the Board of Education, Public Service Programs, Gallaudet College, and Extension home economists have worked together to plan a Family Life Day for deaf parents of hearing children.

(50) Family Life Day featured lectures, panels and discussion groups. The objective was to explore problems deaf parents may face with their hearing children.

(51) A deaf father of four hearing sons led a successful panel on "Keeping Up With Your Hearing Children".

(52) Gallaudet College hopes to introduce this Family Life Day for deaf parents on a national scale. Are <u>you</u> interested?

Another facet of the program: hearing volunteers were introduced to an exciting opportunity to learn a new skill--(53) sign language.

(54) A special project between the University of Maryland and Gallaudet College made it possible for Extension Home Economics and Public Service Programs of Gallaudet to provide a setting where

hearing volunteers could learn the signs. This was a pilot program.

(55) The class proved to be extremely popular.

(56) Learning sign language was intensely interesting. The frustrations that accompany learning any new method of communication were quickly recognized. (57) Members of the class found this to be a longer road than expected. The first class, held in a library, had its friendly and humorous moments, too. Let me read you an excerpt from a poem written by a volunteer.

(58) With enchanted eyes I sit and watch
my teacher's hands and fingers fly
in eloquent, flowing, fluent speech.
To emulate this--oh, how I try!
My fingers stutter,
flap and flutter,
pivot, pitch,
turn and twitch.
With anxious eyes
I sit and watch
my teacher's vague,
perplexed unease,
and think, "Oh Lord, what did I say?"
and sign, (61) "Would
you
(62) repeat that,
(63) please?"

(64) In a seven-month period, forty-seven volunteers attended 38 classes. The plant continued to grow.

Requests were made for additional classes in sign. (65) To provide a better opportunity for Anne Arundel County residents, beginning classes in sign are taught at the high school under the sponsorship of the Board of Education, while intermediate and advanced classes are taught at the Anne Arundel Community College. This arrangement provides a greater opportunity for county residents who seek instruction in sign language.

In Prince George's County, (66) three scholarships were made available for hearing volunteers to learn sign language.

(67) What has happened in the communities as a result of this steadily expanding program? Volunteers and cooperating agencies have made possible an increased number of different programs for deaf people.

(68) Fingerspelling was taught by librarians to a group of 4th to 6th graders in a summer library program.

(69) Another volunteer, a nurse, acts as interpreter for

several doctors, and also teaches a Bible class for deaf children at her church.

(70) The father of a deaf son volunteered to teach a group of deaf Boy Scouts.

(71) Another librarian taught some sign language to two sets of parents who had just learned their children were deaf. She also assisted in the library program for children.

(72) After studying sign language, a social worker now acts as interpreter for deaf persons needing welfare services.

These are but a few examples of local program outreach.

In October, 1973, (73) the National Conference on Program Development For and With Deaf People was sponsored by the Maryland Cooperative Extension Service and Public Service Programs, Gallaudet College, with the National Association of the Deaf cooperating.

(74) State teams made up of five or more persons, representing the Extension Service, deaf and hearing volunteers and other community agencies and organizations from Kentucky, Pennsylvania, Florida, Massachusetts, Virginia, North Carolina and Maryland participated in this Conference.

(75) These participants were able to identify some of the socio-economic needs of the deaf homemaker, develop a better understanding of the resources and skills required to help this audience, and the availability of these resources. They also increased their knowledge of on-going programs and each team developed a plan for program development for their state.

(76) As a follow-up of Maryland's state plan developed at the Conference, the state team has become a steering committee for program expansion for the deaf people of Maryland and has expanded the membership to include representation from a cross-section of area representation from the deaf and hearing volunteer community, to include the Homemakers organization; Red Cross; community colleges; Gallaudet College Continuing Education Center; State Department of Education--Adult Education and Division of Vocational Rehabilitation; Maryland School for the Deaf; Western Maryland College; and state and local extension services.

Two regions have been identified, in which regional steering committees will be set up to localize program efforts.

(77) "New Programs With Deaf People" has been shared with many deaf and hearing groups in Maryland, and copies are available on loan to any state which might like to use it.

A seed (78) was indeed planted,
(79) and from it (80) programs grew and
(81) continue to grow.
(82) Prepared by the Maryland Extension Home Economics Department.

APPENDIX VIII

NATIONAL CONFERENCE ON PROGRAM DEVELOPMENT FOR AND WITH DEAF PEOPLE

Overall Objective

Through the Cooperative Extension Service and other appropriate agencies, participants will develop educational programs and services in their localities to meet the needs of deaf people.

Specific Objectives

Conference participants will be able to identify:

- Socio-economic needs
- Resources and skills required
- Resources and skills available

Conference participants will plan and conduct local educational programs:

- By utilizing existing resources
- By developing community resources not now available

APPENDIX VIII

PROGRAM

Tuesday
October 9, 1973

P.M.		
1:00	REGISTRATION National 4-H Center 7100 Connecticut Avenue Chevy Chase, Maryland	Mrs. Bonnie [illegible] Extension Agent Home Economics Cooperative Extension Service University of Maryland
3:00	Leave by bus for Gallaudet College	
4:00	RECEPTION At home of Dr. & Mrs. Merrill	Dr. Edward Merrill, Jr. President, Gallaudet College
6:30	DINNER Student Union Bldg. Overflow Dining Room Gallaudet College	Presiding Mr. Albert Pimentel Director Office of Public Service Programs Gallaudet College
	"Introduction of State Teams"	Dr. A. June [illegible] Dept. Head and State Leader Extension Home Economics Cooperative Extension Service University of Maryland
	<u>Getting To Know You</u>	
	"Interpersonal Awareness"	Dr. Robert [illegible] Supervisor of Counseling Dept. of Counseling Gallaudet College
	"On Stage: A Slice of Life"	Mr. Gilbert Eastman Chairman Dept. of Drama Gallaudet College Mr. Eric Malzkuhn Instr. of Drama, Model Secondary School for the Deaf Washington, D. C.
	"Sign On: American Sign Language in Your Community Programs"	Mr. Willard Madsen Coordinator of Sign Language Programs Gallaudet College

10:00	Leave by bus for 4-H Center	
10:30	REFRESHMENTS	Hospitality Committee

Wednesday
October 10, 1973

A.M.

8:00	Leave by bus for Gallaudet College Student Union Building Overflow Dining Room	
9:00	"Purpose and Plan of the Conference"	Presiding Dr. A. June Bricker
	"Evaluation of Conference"	Mrs. Ella Mae Berdahl Program Leader, EFNEP Extension Service--USDA
9:45	BREAK	
10:15	"An Insight Into My Deaf World"	Mrs. Ruth Petersen Homemaker Beltsville, Maryland
11:15	Panel: "Tell It Like It Is" (Coping with problems of every day living)	Coordinator Miss Loraine DiPietro Materials Specialist Public Service Programs Gallaudet College
		Mrs. Jo Ann Pelarski Deaf mother of hearing children Silver Spring, Maryland
		Mrs. Jacquiline Poorbaugh Hearing mother with deaf child Bethesda, Maryland
		Mr. John Hines Hearing father with deaf child Galesville, Maryland
12:45	LUNCH State Teams sit together*	

*State teams will be relating the program content to their state situation and developing a plan of action for programming with the deaf community.

1:45	Panel: "Resources to Help" (Identifying agencies, organizations and community services available to help the deaf help themselves)	Coordinator Mrs. Mary Moore Community Development Specialist Cooperative Extension Service University of Maryland
		Mr. Albert Pimentel Director of Public Service Programs Gallaudet College
		Mr. Richard S. Clark Div. of Vocational Rehabilitation Montgomery County, Maryland
		Mr. Louis Aymard Instr. in Psychology Anne Arundel Community College Arnold, Maryland
		Mrs. Lois Williams Extension Volunteer Prince George's County, Maryland
		Mrs. Margaret Nitkoski Extension Volunteer Anne Arundel County, Maryland
		Dr. Glenn T. Lloyd Associate Director Deafness Research and Training Center New York University
3:15	Leave by bus for 4-H Center	
4:00	"Resources for Effective Programs" Exhibit Center, Room D-1 4-H Center	
6:00	DINNER	
8:00	"Resources for Effective Programs" (Exhibit Center) or Night Tour of Washington, D. C.	Maryland Hospitality Committee

Thursday
October 11, 1973

A.M.		
8:00	Leave by bus for Gallaudet College Hall Memorial Bldg. Room 213	
9:00	"Diagnosis and Treatment of the Deaf--Guidelines for the Family Physician"	Presiding Mr. Albert T. Pimentel Peter Fine, M.D. Director of Medical Services Gallaudet College
9:45	BREAK	
10:00	Panel: "Tell It Like It Is" (continued)	Coordinator Miss Loraine DiPietro Anonymous Contributor Sudden Partial Hearing Loss Jean Mulrooney, R.N., M.A. Washington, D. C. The Newly Deafened Mrs. Muriel Wilson College Park, Maryland The Deafened Senior Citizen Mr. Wallace Edington East Riverdale, Maryland The Deafened Senior Citizen
11:00	Panel: "Resources to Help"	Coordinator Mrs. Mary Moore Mr. Harry F. Walker Executive Director Maryland Commission on Aging Mrs. Paulette Pidcock Audiology and Speech Services University Hospital Mr. Fred Burbank Lions International District 22C Metropolitan Washington

		Mr. Robert Lynch Manager of Personnel International Business Machines Manassas, Virginia
P.M. 12:30	LUNCH Student Union Building Overflow Dining Room	Presiding Dr. A. June Bricker
	"Public Programs In America: Reaching Citizens With Unique Needs"	Senator J. Glenn Beall, Jr. Maryland
2:30	"Resources to Help" (continued)	
4:00	Leave by bus for 4-H Center	
6:00	DINNER-Buffet South Dining Room 4-H Center, Building E	Presiding Dr. A. June Bricker
	"The Maryland Story"	Narrator Mr. Charles Leidenfrost Cultural Resource Development Specialist Cooperative Extension Service University of Maryland
8:15	"Goals Assessment"	Presiding Mr. Albert Pimentel
	(State Teams sit together) 4-H Center Room D-1	Dr. Thomas Mayes Dean Center for Continuing Education Gallaudet College
Friday October 12, 1973		
A.M. 9:00	National 4-H Center, Room D-1	Presiding Dr. A. June Bricker

Special Recognition is given to Mrs. Phyllis Hole, Extension Agent--Home Economics, for developing the Maryland Project presentation.

	"The Role of the Volunteer"	Miss Faye Nichols Former Extension Home Economist Anne Arundel County University of Maryland
9:45	BREAK	
10:00	State Teams Final Meeting	
P.M. 12:00	LUNCH-Buffet South Dining Room Building E 4-H Center	
	Gallaudet Dancers	Dr. Peter Wisher Department of Physical Educ. Gallaudet College
1:30	Evaluation	Mrs. Ella Mae Berdahl
	Reports from State Teams	
	"Realities and Potentials of Program Implementation"	Dr. A. June Bricker Mr. Albert Pimentel
4:00	ADJOURNMENT	

HOSPITALITY COMMITTEE

Mrs. Anne Elward
Program Assistant
Extension Service
Montgomery County, Maryland

Mrs. Margaret Lerner
Volunteer Coordinator
Montgomery County
Homemakers Council
Maryland

Mrs. Julia Mayes
Volunteer Deaf Homemaker
Silver Spring, Maryland

Mrs. Catherine Rhoads
Extension Agent--Home Economics
Montomery County, Maryland

Mrs. Alice Spencer
Extension Volunteer
Montgomery County, Maryland

Mrs. Jacalyn Stover
Volunteer Deaf Homemaker
Millersville, Maryland

PROGRAM PLANNING COMMITTEE

Mrs. Ella Mae Berdahl
Program Coordinator EFNEP
Extension Service--USDA

Dr. A. June Bricker
Dept. Head and State Leader
Extension Home Economics
University of Maryland

Miss Loraine DiPietro
Materials Specialist
Office of Public Service
Programs
Gallaudet College

Mrs. Phyllis A. Hole
Extension Agent--Home Economics
Anne Arundel County, Maryland

Mrs. Judy Johnson
Project Coordinator
Continuing Education
Gallaudet College

Mr. Willis Mann
National Association of the Deaf
Silver Spring, Maryland

Mrs. Julia Mayes
Volunteer Deaf Homemaker
Silver Spring, Maryland

Mrs. Mary L. Moore
Community Development Specialist
Extension Home Economics
University of Maryland

Mrs. Margaret Nitkoski
Extension Homemaker
Glen Burnie, Maryland

Mrs. Catherine Rhoads
Extension Agent--Home Economics
Montgomery County, Maryland

Mrs. Jean Shickel
Volunteer Deaf Homemaker
Silver Spring, Maryland

Mrs. Jacalyn Stover
Volunteer Deaf Homemaker
Millersville, Maryland

Mrs. Bonnie Tanner
Extension Agent--Home Economics
Prince George's County,
Maryland

STATE TEAMS

Florida	Ms. Mary Ann Gilchrist	Div. of Vocational Rehabilitation
	Ms. Lora Kiser	Cooperative Extension Service
	Mrs. Cecilia McNeilly	Fla. Association of the Deaf
	Mrs. Harold Scarbrough	Fla. Extension Homemakers
Kentucky	Ms. Diane Barnard	Bureau of Rehabilitation Services
	Mr. Jerome Freeman	Kentucky School of the Deaf
	Mrs. Carolyn Rainey	Cooperative Extension Service
	Mrs. Fred Scroggin	State Exten.Homemaker Health Chr.
	Mr. Winford Simmons	Kentucky Association of the Deaf
Maryland	Mr. Edward Kilcullen	Div. of Vocational Rehabilitation
	Mrs. Mary Moore	Cooperative Extension Serivce
	Mrs. Margaret Nitkoski	Extension Homemaker
	Mrs. Jacalyn Stover	Extension Homemaker Volunteer
	Miss Ellen Varley	Cooperative Extension Service
Massachusetts	Mrs. Irene Hermanson	Cooperative Extension Service
	Ms. R. Catherine Nash	Council of Organizations Serving the Deaf
	Mrs. Theresa Pothier	Extension Service Volunteer
North Carolina	Mr. C. Boukouvalas	Central Piedmont Community College
	Miss K. Isabelle Buckley	Agricultural Extension Service
	Miss Eva Butler	North Carolina School for the Deaf
	Mrs. Ralph Crutchfield	North Carolina Assn. of the Deaf
	Ms. Lucy Wilson	Extension Homemakers State Health Chairman
	Mrs. Martha Adams	Agricultural Extension Service

Pennsylvania	Dr. Marcia Beppler Cooperative Extension Service Mrs. Julianna Dillenberg Counseling Center for the Deaf, Pittsburgh Ms. Mildred Dovey Eastern Pa. School for the Deaf Mrs. Kendig Bergstresser, Jr. Volunteer Mr. Frank Nemshick Pa. Society for the Advancement of Deaf People
Virginia	Mr. Vernon Browning Dept. of Vocational Rehabilitation Mrs. Georgia Mae Crews Va. Polytechnic Institute and State University Extension Miss Mary Harris Va. Polytech. Extension Division Mr. James L. Scott Dept. of Vocational Rehabilitation Mr. J. Rex Purvis Dept. of Vocational Rehabilitation Mr. John Stallings, Jr. Dept. of Vocational Rehabilitation Mrs. Ellis Williams Va. Extension Division Volunteer Mr. Stephen Markham Dept. of Vocational Rehabilitation Mr. Fred Parkis Yates, Jr. Va. School for the Deaf and Va. Council for the Deaf