

May 14, 2015

Senator Alan Bates, Co-Chair  
Representative Nancy Nathanson, Co-Chair  
Ways and Means Subcommittee of Human Services  
Oregon State Legislature  
900 Court Street NE  
Salem, OR 97301

Dear Senator Bates and Representative Nathanson,

As a member of the Deaf, DeafBlind, and Hard of Hearing community, I ask you to support SB 449A. The State of Oregon lacks critical services for people who are Deaf, DeafBlind, or Hard of Hearing.

Hearing loss need no longer be a significant barrier to communication, thanks to today's technology. Before video relay services, real-time captioning, and video remote interpreting, and other innovations, losing your hearing excluded you from normal participation in educational, public and social affairs. The emotional and psychological impacts of that exclusion can be profound for persons of every age, and can be costly.

Deaf, DeafBlind, and Hard of Hearing people are still being excluded, despite availability of communication technology. Businesses, government programs, and social services are under informed about the available communication technologies and are under informed about legal provisions to accommodate people who need them. A tiny number of Deaf, DeafBlind, and Hard of Hearing people are able to advocate for their own communication rights, and do so tirelessly every time they encounter a new business, or a new organization or program. The vast majority don't know their rights, and are unable to access consultation and case management services to mitigate the resulting emotional and psychological impacts of exclusion, or prevent them altogether. There is no designated place or program they can turn to for the support, guidance and counseling they need to regain stability. Oregon Deaf, DeafBlind, and Hard of Hearing services would provide these much needed resources.

I ask you and your committee to bring SB 449A to the floor in the Senate and House with a DO PASS recommendation. Thank you for your consideration and support.

Sincerely,  
[Your First and Last Name]  
[Your Street Address]  
[Your City, State and Zip]

cc: Oregon Association of the Deaf, Inc.  
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