

## **INFORMED DECISION-MAKING AND LANGUAGE DEPRIVATION 2012-KY-PUB-025**

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**Proposal: The NAD shall set up a Headquarters Ad-Hoc Committee to look into developing model state and federal legislation to prevent language deprivation.**

The Committee shall be comprised of individuals with expertise in various relevant areas including legal, educational and socio- and neuro-linguistic development to look into the possibility of making liable actions that causes harm to Deaf children as a result of the deprivation of American Sign Language and develop model state and federal legislation for such liability.

The committee should also look into developing model state and federal legislation that would require medical and audiology personnel to refer deaf infants/children and their families to American Sign Language instruction and education prior to undertaking any medical procedure that may presume to provide hearing.

The committee should also develop a strategy for the adoption of these legislation including identifying which states may be most favorable as early adopters of those legislation.

This is to be an ad-hoc Headquarter committee reporting to the CEO. A full report including the first draft of a model legislation must be completed by December 1, 2013.

**Rationale:** Past attempts through the educational system to ensure that Deaf children are not isolated and linguistically deprived have experienced extremely limited success. Alternative approaches needs to be fully explored.

This motion is timely because the United Nations developed and adopted the Convention on the Rights of Persons with Disabilities (“CRPD”) to advance equality further throughout the world. The CRPD makes repeated specific references to the deaf community and sign language in its text.

The rationale and justification for this proposal comes from the abstract of Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches; Harm Reduction Journal 2012, 9:16 which specifically states:

“Children acquire language without instruction as long as they are regularly and meaningfully engaged with an accessible human language. Today, 80% of children born deaf in the developed world are implanted with cochlear devices that allow some of them access to sound in their early years, which helps them to develop speech. However, through early childhood, brain plasticity changes and children who have not acquired a first language in the early years might never be completely fluent in any language. If they

miss this critical period for exposure to a natural language, their subsequent development of the cognitive activities that rely on a solid first language might be underdeveloped, such as literacy, memory organization, and number manipulation. An alternative to speech-exclusive approaches to language acquisition exists in the use of sign languages such as American Sign Language (ASL), where acquiring a sign language is subject to the same time constraints of spoken language development. Unfortunately, so far, these alternatives are caught up in an “either – or” dilemma, leading to a highly polarized conflict about which system families should choose for their children, with little tolerance for alternatives by either side of the debate and widespread misinformation about the evidence and implications for or against either approach. The success rate with cochlear implants is highly variable. This issue is still debated, and as far as we know, there are no reliable predictors for success with implants. Yet families are often advised not to expose their child to sign language. Here absolute positions based on ideology create pressures for parents that might jeopardize the real developmental needs of deaf children. What we do know is that cochlear implants do not offer accessible language to many deaf children. By the time it is clear that the deaf child is not acquiring spoken language with cochlear devices, it might already be past the critical period, and the child runs the risk of becoming linguistically deprived. Linguistic deprivation constitutes multiple personal harms as well as harms to society (in terms of costs to our medical systems and in loss of potential productive societal participation).”

Because Headquarters have the legal staff and interns along with necessary key relationships with those having needed expertise, the committee should report to the CEO.

**Fiscal Impact:** Minimal. The ad hoc committee will be mostly made up of volunteers. NAD staff expertise on the committee would be most helpful and staff’s time will have the biggest fiscal impact. The committee may also benefit from the research expertise of one of the law student interns that the NAD often has. The CEO may lend NAD staff and interns to the committee as he sees fit.

**Steering Committee Comments:** Merits Consideration.