

Legacy Oral-Visual History Interview with George Failes

Background Information

Interview Information

This interview with George Failes (GF) was conducted for the Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans' (MNCDHH) Oral-Visual History Project. This interview took place on June 7, 2011 at the Golden Rule Building (85 E. 7th Place, St. Paul, MN 55101). The interviewer was Barbara W. Sommer (BWS).

Translation Notes

The interview was recorded in English. The interviewer and interviewee used spoken English as a first language.

This transcript and the open captions in the video are based on the spoken English information.

Actions are in brackets. Translation notes are in parentheses and italics (using the emphasis font), and they represent additional information and corrections about what was said.

Transcript of Interview with George Failes

Key to names:

GF = George Failes (voices in English)

BWS = Barbara W. Sommer (voices in English)

[Visual of title graphic "Minnesota Oral History Project Interview with George Failes"]

[Barbara W. Sommer is sitting with George Failes for the interview.]

[Interview time 1:56:17]

BWS: I'm Barb Sommer and I'm sitting with George Failes today. It is June 7, 2011, and we're doing an oral-visual history interview for the Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans Oral-Visual History Project. We're in the Golden Rule Building in downtown St. Paul, Minnesota (***in the MNCDHH offices***).

Thank you, George, for coming in today. Would you say your name and tell me a little bit about your activism.

GF: OK, Barb. I'm George Failes. I'm a native St. Paulite. I've lived here just about all my life except the couple of years when I was working out of the state. I'm classified as a DeafBlind person but I'm an English-speaking person. I do not use ASL or American Sign Language. I started out with a mild hearing loss in my youth, then it gravitated to wearing hearing aids during my high school years. Then – also in college. Over the years, as my vision started to diminish due to retinitis pigmentosa, which is a genetic,

inherited type of problem. Sometimes it's associated with various degrees of hearing loss. It's normally called Usher syndrome. Like everything else, it's various degrees of hearing loss and sight loss. Over the years, I got involved with the blind system and the organizations for the blind and, then, in peer counseling work for the Vision Loss Resources (**VLR**) in St. Paul and Minneapolis. In doing this work, I came across many seniors, much older than myself at the time, that had hearing impairment and were suffering from macular degeneration – which is just the opposite type of a sight loss that I have. I found that this group of people were not being served very well back in those years. So I gradually became acquainted with some of the people that had started the Minnesota DeafBlind services. It led me into meeting up with the Curt Micka, who was a policy-maker for the Division of Deaf and Hard of Hearing. I, then, got involved in the Governor's office on assistive technology for the disabled. Through that agency, I was working with some deaf people and it dawned on me at that time that there was a real need for services – policy-wise and even politically-wise – so I got involved with a task force to – the health organizations and even Medicare. I thought it was ironic that these people without hearing aids were becoming reclusive. It affected their mental outlook. I felt strongly that this sort of a thing had to be corrected. So that's generally, Barb, how I got into dealing with the deaf and hard of hearing and the DeafBlind community.

[Interview time 07:03:27]

BWS: You said – at that time – tell us a little bit about that time and what was going on generally in the deaf and DeafBlind community – and when it was.

GF: It was about 1989, 1990 when I met a young woman who was a strong advocator for the DeafBlind. She herself was, at that time, had functional sight and maybe more of a serious hearing loss than I had. This was through a support group called Vanishing Vision. It was a support group that worked with people who were having the same type of eye problems that – the retinitis pigmentosa and in some cases with the macular degeneration – that was predominantly occurring among the older people. Well, in this support group, I learned from this young woman – her name was – it has escaped me for the moment. But she was such an advocate working with DeafBlind consumers for In Touch, Inc., which was a private service organization for the DeafBlind. I learned pretty much about some of the needs of these people through her. Her name was Kathy Anderson. She was one of the early pioneers in starting up In Touch Inc. Through that experience, I got involved with the Division of Deaf and Hard of Hearing services through Curt Micka and Mary Hartnett.

[Interview time 09:46:22]

BWS: In Touch, Inc.?

GF: In Touch, Inc.

BWS: Is that a private organization?

GF: Yes. In fact, I think it was a result of the fact that, because of the state funding had to be cut off for the DeafBlind services of Minnesota – which was a non-profit, tax-exempt organization that started up and after a few years, they no longer could provide that service. Then the DeafBlind community, along with the help of people like Mary Hartnett and Kathy Anderson and others, they started up the private,

non-profit organization – which was the first one – and its (*unintelligible*) in the United States. And this was to provide rehab training for the DeafBlind. Does that answer your question?

[Interview time 11:15:07]

BWS: Yes, that does answer my question. It was one of the first ones in the country – the first one in the United States?

GF: Yes. I might have to stand corrected in the one aspect. There was an organization in Seattle, Washington, that pioneered in the DeafBlind community. There was a group of – I believe you call them Cajuns from Louisiana – that among this French community, they had a large number of people who had Usher syndrome which is a combination of hearing and sight loss. I'm not exactly sure when this company started in Seattle, but I believe that In Touch, Incorporation could have been the first private organization to provide rehab services for this group. They did get some funding from State Services for the Blind (*SSB*) who were not really equipped to give the highly-detailed training that they needed for people who could not speak English and had to learn Braille from a – with the help of – for a few years – and then, too, it ran out of funds. It was picked up later by the Minneapolis Society for the Blind, where a few people with the Usher syndrome were being rehabbed.

[Interview time 13:33:03]

BWS: Was that a start of a DeafBlind – working with the DeafBlind community – or was it more focused on the blind community?

GF: Well, Barb, at that time, they didn't – shall I say – have a community among themselves yet. The DeafBlind – let's see – the Minnesota Deaf-Blind Association (*MDBA*) was started by a group of DeafBlind people who felt that they needed to serve themselves as well as being provided rehab training by Minneapolis Society for the Blind or the State Services for the Blind. Their mission, when they started back in June of 1961, was to provide advocacy, support, and even provide some services that they felt that they could do better among themselves for other DeafBlind people. So today the Minnesota Deaf-Blind Association is a thriving, non-profit organization of their own. In other words, they do not depend upon outside agencies other than having interpreters at their board meetings or forums or any outings that they provide for these people to get them out and be involved with the community.

BWS: 1961? Was that pretty early?

GF: Yes, as far as I was concerned it was in a way because I really sort of gravitated into working with DeafBlind people later, after that organization started up. I knew nothing of it at that time. Frankly, my main concern in those earlier years was my sight problem. I went into a career that – where my vision was still functional and very helpful in the earlier years, but as the vision became less and less diminished – in other words, with retinitis pigmentosa, you are classified as being legally blind if your peripheral vision is eighteen percent or less. Or with the corrections of glasses or any other devices. The problem – I knew I had this problem – it was first detected back when I was about nineteen years old. But it was very light. It was very difficult for the ophthalmologist to really detect it, but they suspected it. One other indicator of the type of the problem is that you have night vision problems. In my case, I did not. I was able to see well at night even though they were able, later, to detect some diminution of

peripheral vision. But it did not affect my functional activities and so it wasn't, as I say, during my working years from when I started as an agronomist for Cenex, Inc., in 1955 – I was able to drive and pretty much from the Great Lakes out to Montana in my work. But in later years, along about 197- 1964 – my peripheral vision did start to diminish to the point where it did affect my driving to a certain degree. However, I did continue to drive and then I became legally blind in 1970 when my peripheral vision did drop below eighteen percent from one side to the other. So, at that time, while I did wear in-the-ear hearing aids, I only used one. I was not having too much difficulty and my main concern was my sight. So I believe that I did not have Usher syndrome which comes in various degrees of loss. My hearing loss in the earlier years, as I mentioned, was very mild but it got progressively worse as I aged. So it really wasn't until about 1985 when I really started to have to have powerful hearing aids and wear two hearing aids most of the time. That was about the time when I started to get acquainted with the other people in the DeafBlind community.

[Interview time 20:20:24]

BWS: You found these people through In Touch, Inc.? That was your entry into meeting people in the DeafBlind community?

GF: That is correct. Kathy Anderson was known of the severity of the problems that these people were having when she was working with them, teaching them how to use a computer. She made me aware of what potentially she and myself would be facing and so she, more or less, encouraged me to be ready and to think about – ahead – and use every communication devices I possibly can so that I could keep in contact with the outside world if I had complete sight loss or hearing loss.

BWS: You were starting to train yourself. Is that when you started learning more about the needs of the DeafBlind community?

GF: Yes.

[Interview time 21:38:26]

BWS: As you said – what made you start to think about the needs of others?

GF: I suspect that, going back to Vision Loss Resources, where I had my earlier rehab training for preparation for blindness, in 1983, I got involved with peer counseling work. That was where people who have been blind for some time and have rehab training will start calling on newly-blind people and help them bridge the gap to learn from their – mostly by listening. We try to be listeners of their problems and step in when we had to help with ideas or encouragement and so forth. At that time, after visiting with Kathy Anderson and others and seeing how the seniors were becoming reclusive because of some hearing loss and sight problems, I felt compelled to become more aggressive in working with this community. When I had the opportunity to be a part of the Minnesota Senior Federation, I took it upon myself to – because I did a lot of writing in working career years – to write articles in the Senior Federation newspaper that traveled throughout the whole state of Minnesota about services that – to help the deaf and also some articles about dealing with slowly diminishing sight loss.

BWS: You were looking to help educate people and bridge the changes they were going through?

GF: Would you repeat that?

BWS: Help people navigate change?

GF: Yes, that's right. I found it very rewarding. It gave me a sense of well-being in helping other people. And because I had done a lot of educational work after leaving the University and starting to work at Cenex and the cooperative movement, there was a lot of education work involved and that sort of carried over after my retirement years. So I took it upon myself to have at least – they encouraged us to have maybe three to four clients to call on a few times each month and give a report of what you think their progress is. Sometimes to be ready to call in a community service person when they might be ready to be served by State Services for the Blind.

[Interview time 25:19:19]

BWS: You were a good listener.

GF: Yes. We had to take a ten-week, five-hour per class session on listening skills to learn to find their hidden fears, to not to push them too quickly into something that they're not ready for, but to gently pass on your own experiences wherever it was called for. Listening skills was very important in peer counseling work.

BWS: How long did you do that? Are you still involved?

GF: I retired from active volunteer work and peer counseling after – let's see. I started back in about 1982 and did that work until about 2000. The year 2000. But I also was involved in several other activities. The one which I consider very important – since I was quite actively involved in the blind system with State Services for the Blind, they asked me to serve on some advisory committees. Among those committees was the DeafBlind services. But that wasn't until probably around 2004 when I got involved with that part of it. I also was working with the Minnesota Chapter of the American Council of the Blind – on their board – and also serving with the Senior Federation board – so through all these different agencies, I was able to, you know, pass on some of my experiences that Kathy Anderson was telling me about – the needs of people. There's, of course, one thing I need to point out – among sensory loss, people along the way are not aware that sometimes the sensory loss are occurring. For example, it seems strange, but there's a lot of people with slowly diminishing sight loss aren't really aware that it's happening until someone points it out to them. Sometimes I think it's pretty well known that there's many people that have hearing loss that don't really admit to it. It seems that hearing loss is something that people want to hide more than sight loss.

[Interview time 29:02:10]

BWS: We see that, notice that. You mentioned the Minnesota Senior Federation. Talk a little about your work with that. What kinds of things you did.

GF: When I got involved with some of the people at that time, much older than myself, who had started with using computers but were complaining about having problems – really not seeing their monitors as well as they used to – it occurred to me that maybe a case services for the blind or some agency should

be working to help these people who already know how to use computers and are connected up with the outside world – to teach them how to use adaptive software like – we call it JAWS or Window-Eyes – that converts text to speech. It’s a screen reader that voices out everything that’s on the monitor. It works with some of these senior members of the board that had computer use but who were complaining about not seeing well, I told them about this software because I had been using it since 1990 when, again, going back to Kathy Anderson – she helped me get started with the first software that read – not Windows – it didn’t use Windows as such. It would read WordPerfect. So I was able to continue to do some writing by being able, at that time, to see some of the enlarged words on the monitor as well as hear the words. It helped in the training. So, I tried to convince some of these people that this is something that we needed. I didn’t realize at the time that they were starting to do that with the DeafBlind people by using a Braille keypad that is at the bottom of the regular keyboard. That – there is software that comes with text over into Braille and the DeafBlind person can actually run their fingers over the Braille keyboard that would pop up for the proper cell for each letter. They could read it just like they were reading a Braille book. So, through the Senior Federation, we got a grant written up and tried to – and then State Services for the Blind was going to join with me in a partnership. We wanted to see if we could get some public support but that took quite a while. Besides along with that effort to get started in providing tutorial training for the seniors that used computers, I did quite a bit of writing of articles for the senior newspaper because a few boards that wore hearing aids and I thought, “We need to get the word out.” We needed to get the word out. As a result of that, we did get the head person of the Minnesota Academy of Audiologists together and to explore the possibility of the Senior Federation providing some type of service among their other services. Low-cost audiology services for hearing throughout the state of Minnesota. The Academy of Audiologists from Minnesota did have a manager that more-or-less helped them to get the word out. That was one thing that we started out with, along with the articles on the various types of hearing loss, the availability of all the different types of hearing assistive equipment and so on.

[Interview time 34:59:26]

BWS: You reached people through the newsletter and through education to try to make sure people understood these services were available and how to find them.

GF: Yes. If I understood your question right, Barb, how did it get going?

BWS: Yes.

GF: OK. In working closely with State Services for the Blind, I suggested to them that the libraries are a good repository for all types of books and things that people need for education and that, possibly, they might be a good place to have some of the equipment – computers with the adaptive software to help people that come in to the library that might want to read about certain things. It was possible to take a book and lay it on the scanner and that scanner is equipped with the optical character recognition software, just like a copier machine, and then it converts that text over to speech and it also can be enlarged on the monitor so that a person with low vision could easily read a monitor and see the book just like an ordinary person reading with normal vision. Well, when we got the libraries – librarians – together at two different meetings, the Hennepin County library system was very quick to jump on the

utilization of JAWS – which is one of the softwares that converts word to speech – and installed it in one of the first libraries, I believe, out in the western side of Minneapolis. Then, after they trained some of the librarians on how to do some basic tutorial training of the use of this equipment, we had a couple more meetings, and the St. Paul representative for the development of library services and the Friends of the Library became acquainted with it. We provided them with the grant proposals that the Senior Federation helped me develop to try and get money from other sources to install the computers at their library. So today they have one in Highland Park library and one in what they call the job workforce center library in St. Paul on Dale and University Avenue. As a result of this, the – somebody – the Hudson family gave some money to the Minneapolis – what do I want to call it – the Minneapolis Foundation to fund what they called digital inclusion. From that the main library in downtown Minneapolis has several computers all equipped with this type of software and they were able to – with the funding from this digital inclusion fund – able to hire some visually impaired computer users who have been longtime users of all these softwares to be able to do tutorial work for anybody that came into that library. So today, they hold two and three hour programs – training – on specific applications of Windows.

[Interview time 40:30:16]

[Short break in interview – chatting during break not transcribed.]

[Interview time 00:27:21 – Interview clock reset to zero for taping purposes]

BWS: George, we just talked a little bit about the some of the difficulties that the services for the blind and the division for the blind found in working with DeafBlind people. Could you expand on that a little bit?

GF: Once in a while, we had people like Lynette Boyer on the advisory committee along with some other hard of hearing, blind people and myself. We had to explore models that were being provided by other states on working with DeafBlind. It's hard to believe that many other states services had problems in trying to bring the two together. There was a Kentucky model that we studied where the resource people formed their division for the deaf and then people appropriated from the services for the blind would work together and provide whatever services they could. But oftentimes, the two services would clash with one another because one would want to demand more times and help in rehab – a blind person – while the deaf person or the hard of hearing impaired person may be having trouble hearing about the rehab side of it. So, this came up quite vividly in our advisory committee meetings and the division for the deaf and hard of hearing was trying to take care of the deaf person with their services and then possibly, depending on the degree of sight loss, then maybe the blind services counselor would come in. They did try – and I believe this might still be going – for the DeafBlind person that has received some rehab training from the DeafBlind services of Minnesota – which is a part of Vision Loss Resources in Minneapolis – would provide the rehab training for the deaf and blind person. We found that maybe not all of these people with varying degrees of hearing loss and sight loss might be able to work out their own program. So they started what they called a discretionary self-service type program. They probably took the money that they would possibly pay to the blind counselor for his or her time and for the deaf counselor to give to this person with various degrees of sight and hearing loss to spend the money the way they felt best. In other words, if they were having more visual problems than they were having

hearing problems, they possibly would use more of that money towards services from State Services. Then if they, on the other hand, had some rehab training from State Services but were having very serious hearing problems, then maybe they would apply for the tutorial training on using the computer and software for the – that fit their specific needs. And it's sort of like maybe working with an HMO with your own self-styled health plan. I think this is working out quite well for some of the people. I know in my case if that were available I would use most of it at that time, in the early years, for sight rehab training and then possibly deal with the hearing problem later as I aged and it became worse.

[Interview time 06:09:03]

[Short break in interview – background chatting not transcribed.]

[Interview time 06:46:19]

BWS: Did that lead to your work with the legislative group that you were involved with – or was that part of your work with that group?

GF: Yes, Barb, it was. As I mentioned earlier, I became acquainted with Curt Micka while I was on the advisory committee on assistive technology for the disabled. Normally called the STAR program. There were a couple people in that advisory group that were also hearing impaired. It turned out that Curt was working on the idea of – really on two different things now. One was to try to get the mandated benefits of providing hearing aids for the – anybody that was on the health plan. Well the long and short of that is, I was able to persuade Senator Richard Cohen to carry a bill to get this as a mandated benefit for healthcare from the healthcare agencies. The long and short of that was that there was a lot of resistance from these healthcare providers to absorb the cost of providing hearing aids which had been creeping up very much in costs - \$2000-\$2500 – even \$3000 apiece. But since it was so important for hearing impaired children to – in their developmental years and for education – to have some type of corrective hearing equipment, we were able to get the legislators to go along with that part of it. That was definitely carried out by the efforts of all the people associated with the Commission for the Deaf and Hard of Hearing when they had legislative rallies and so forth. The Commission for the Deaf and Hard of Hearing and the DeafBlind were instrumental in pulling these people together to help get the mandated hearing aids for children up to the age of – I believe – eighteen or twenty-one. The other aspect of the Task Force was – they felt that it was necessary in the Department of Human Services to present a total viewpoint – overview – of the needs of the DeafBlind. So Curt arranged to have many DeafBlind people and people like myself at the Task Force to work over several months on bringing out the barriers of – to the DeafBlind and ways to overcome these barriers. That was, after several months, all compiled and documented and then presented to the legislative body as a booklet. (**Footnote 1: REPORT TO THE MINNESOTA STATE LEGISLATURE, DeafBlind Services Study: Effective and Efficient Use of State Appropriations and Providing Seamless Service Delivery. February 1, 2002.**

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs_id_005245, accessed June 22, 2011.) I might want to give credit to another young woman by the name of Adrienne Haugen from Olivia, Minnesota. There was a woman that, like myself, had early stages of retinitis pigmentosa, I believe, and probably a little bit more severe hearing loss, that was very active in this task force and

helped chair the meeting because she was associated with the Minnesota Deaf-Blind Association – a sort of a self-help group that I mentioned about earlier – along with Lynette Boyer who was a pioneer in developing the Minnesota Deaf-Blind Association. So the long and short of it is that not only the Task Force pulled together with the help of the Commission for the Deaf and Hard of Hearing, the self-help type group of the Minnesota Deaf-Blind Association helped develop this book that was presented to the legislative body.

[Interview time 12:30:00]

BWS: How did the legislative body receive it?

GF: I think – along with the efforts of the Commission for the Deaf and Hard of Hearing and the DeafBlind at legislative rallies and by the people advocating for themselves have convinced the legislative body that this community of people were being involved with a lot of barriers and that they should do anything they can to help eliminate some of these barriers. Of course, the Commission – being the focal point for these people to gather together and use their advocacy effort and work with Senator Richard Cohen, I think this brought about some of these services that they needed. There is still a lot of work to be done. There's much work that needs to be done by the Deaf only but these people as a community need to realize, too, that as they age, they are going to experience many of the problems that the totally deaf and the blind people will have. So it behooves both the deaf and the blind to work together on these issues.

[Interview time 14:34:21]

BWS: Will you talk about the Minnesota Deaf-Blind Association?

GF: I took it upon myself, I think about – after Lynette Boyer told me at one of the Task Force meetings about the Deaf-Blind Association – I went to one of the board meetings just to learn how they conducted the board meetings, what kind of work they did, and what their mission was. I learned that they had to have American Sign Language interpreters there and they had both the DeafBlind English-speaking people like myself on this board. We planned outings and forums, meeting forums, for them. Among some of the meetings, for example, we met with the Minneapolis Police Department who, fortunately, had a woman – American Sign Language interpreter – as an officer. She had worked with the young DeafBlind people like Jessica Eggert, who were members of the Minnesota Deaf-Blind Association. She would bring in another officer who might – who was not aware of the needs of the DeafBlind. He was to learn of their needs if an emergency came up. Out of this came a seminar for the DeafBlind on how to prepare for emergencies – whether it's a weather emergency or a maybe burglary in their home or their apartment or whatever – how to prepare and how to communicate with an officer who may not know that they are DeafBlind. We tried to tell them to be sure and inform the safety offices and everybody where they lived and what their needs were and so forth. Among some of them were maybe having a reflectorized metal put on the window – whether it's an apartment or a home – in the bedroom where they sleep so that if there is a fire, the fire department will know if there is a disabled person in that particular room. Also they carry a card in their wallet or purse so that, if for any reason they are riding with someone and their car gets stopped for some violation, they will have their card to show the officer that they're DeafBlind and that they're not been drinking or anything like that.

And that – so that the driver, of course, who – if there was any violation – would have to explain the situation. But it was mainly for home use so that when an officer comes, they will see this card or any other type of literature to indicate that that person was DeafBlind. Then there were outings. We would have picnics. I helped sponsor the picnic for the first time in St. Paul in the Hidden Falls area. They've had a couple over in the Minneapolis side at their park. But it wasn't quite as convenient as the St. Paul one where the Metro Mobility could bring them right up to the picnic area under cover and so forth. We would try to arrange to have outdoor activities such as – last fall they had a camping out up at Camp Courage. I, myself, didn't go. It was up in the Brainerd area on Sylvan Lake. They spent the weekend up there. We like to try and have these people get out into the community as much as possible so that the community knows about their situation and their needs and also for the DeafBlind person to be able to meld in with the community and maybe somehow be a – serve them as the blind person serves in peer counseling work and so on.

[Interview time 20:40:20]

BWS: You have done quite a bit. We're only touching the surface of the volunteer and advocacy that you've done. But I know that you won a McKnight Award. Tell us about that.

GF: Well, as it turned out, the executive director, Peter Wykoff, the longtime head of the Senior Federation, knew of the grant-writing that we were providing to try and get money for tutorial help. He knew about the (**Paul and**) Virginia McKnight Binger Award. He had the volunteer coordinator who I was most associated with to get three other people to nominate me. Among them was the peer counselor supervisor of Vision Loss Resources and someone from State Services for the Blind besides Peter Wykoff to submit my nomination. I was surprised – I really didn't know about it. I guess they're not supposed to notify whom they're nominating or the nominee that they're submitting their name. It didn't come until – the notice – until about October. When the writer hired by the McKnight Foundation to document some of the information was the first time I learned about it and that was in October. Of course, the nomination or the dinner was held at the Heritage Center out in the – I'm trying to remember the name – out in the northeast part of Minneapolis where they have at least ten other nominees that receive awards for whatever efforts they were working on. We were invited to bring along at least nine or ten other members at each dinner table. We each received a beautiful cut glass star with the name inside. And then also they gave us a little financial award for our efforts. I'm glad that out of all of this, that the St. Paul and Minneapolis library now are carrying out the tutorial work that we have started.

[Interview time 24:19:10]

BWS: You've looked back and talked about things that happened. But as you look forward, what is it that you would like to see happen? For the blind community, the deaf and the DeafBlind community.

GF: Well, for one, in the State Services for the Blind, there was a time when – and it was what we are facing right now – but back a while, the funding had to be cut back. The advisory council of the blind, which is commissioned by the governor and is made up of members from various blind organizations and so forth, had to make a decision on how to divide the money they had left to services to say – the DeafBlind community and just the blind community. It was the first time that they ever had to have

what they called a service review. They've – it was interesting that the sixty blind persons with very good hearing all voted to give top priority to the DeafBlind community because they felt that their needs were far more important than their own. Now I believe this situation is occurring again but, frankly, I have to say at the moment I do not know what the status of that service is going to be. If they are going to just give discretionary money to the DeafBlind person or if they will provide this rehab training for them as top priority and then the balance of the funding just to the blind people. That is one of the critical needs, I think, that is looming because there are a lot of DeafBlind people outstate. And just to back up a bit – in our travel, I worked a lot with farm families. It seems odd in a way, but in a rural area, families with a disabled person – especially one that might be DeafBlind – tend to protect them, hold them back. Tend to – in a way – hide them like it was a curse – when it really was just a genetic situation that popped up. Like in my case, which is an autosomal recessive gene. No one knows in the immediate family nor we've known of nobody else in our forefathers that had this certain type of disease. It's carried – I shouldn't call it a disease. It is a genetic factor that's carried by the female – the mother. Anyway, in the rural area, I feel that we have to have trained both of the parents and of the siblings and the DeafBlind person to be aware of these services and try to reach out and in some way bring these people, if we have to, into Duluth where they have services for the DeafBlind or into the Minnesota DeafBlind services at Vision Loss Resources. That's one of the major needs.

The other course is, in these times of low employment, I recognize employers are very few unless they have members of their families that are deaf or blind, but not combined DeafBlind, might consider hiring these people because, in a way, communications is becoming a lot better. For these DeafBlind people they can do work with their computers. They can use a Braille keyboard and – so they're able to do some of the – even like medical transferring of data onto the computer once the data is put on a reader that converts it to Braille or to speech if they have enough hearing. So they – their needs are really – while it's more intense, is every bit the same as any other person. They can provide a – given proper support in the workplace, they could be working alongside the non-disabled person. That's about the extent about some of their needs that I think needs to be taken care of. I think, too, with the advancement of technology, with the video phone, and the ability to be able to communicate by sign language over cameras, that much of the connections with the outside world will help in a way so that they won't be so reclusive. They need to be out just like anybody else.

[Interview time 31:45:00]

BWS: Anything you would like to add?

GF: Well, I guess if I were going to summarize, you know, you could think of the great persons – the great leaders in the past, the (*unintelligible*), the Abraham Lincoln, the president that we have, they can make waves and lead the people, but really, what it all boils down to is just the ordinary person – whether they're disabled or non-disabled – to work together as a community, to put the flesh and bones into action. They may not be leaders like the president and so on, but certainly as ordinary people, we can all pull together and work to achieve whatever goals we have. And that will also improve the overall community.

BWS: Thank you very, very much.