



**Canadian
Deafblind
Association**
Supporting Access
and Opportunity
for All

www.cdbanational.com

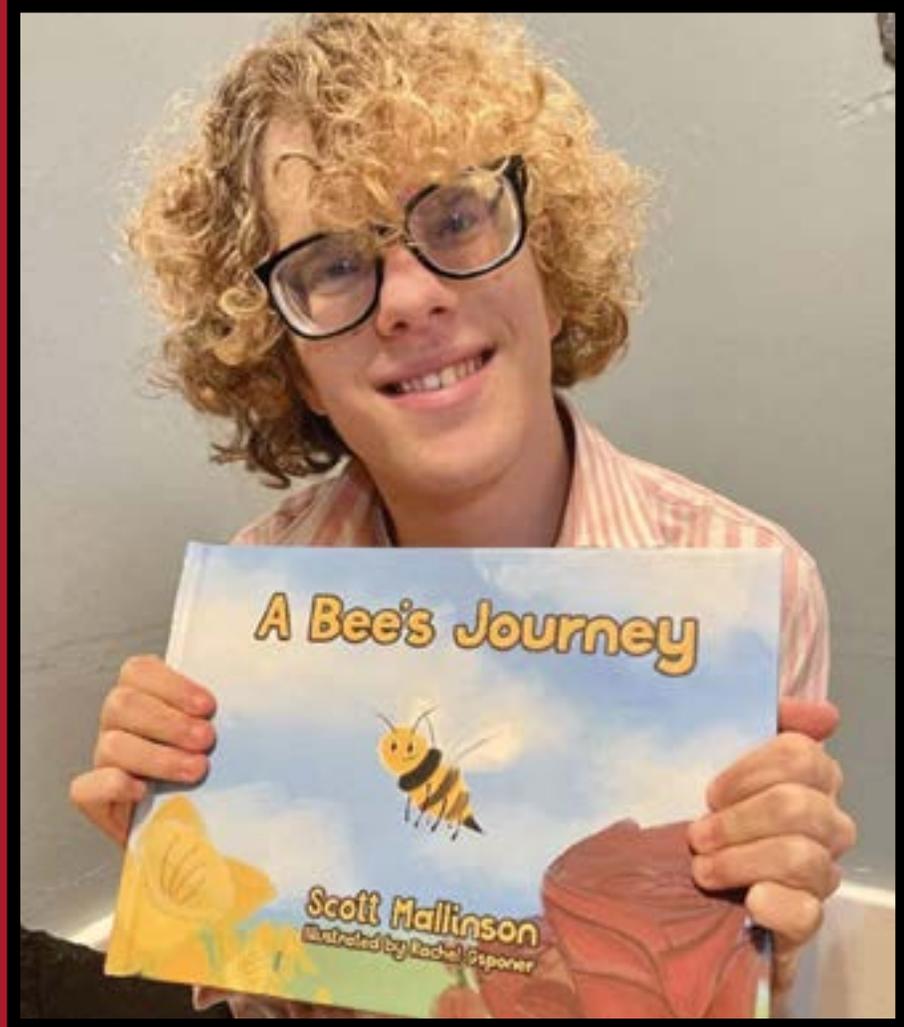
Imagine...

...Life without sight, Life without hearing, Life without BOTH

Edition 44, No.1

Winter 2021

Intervention



Happiness is for Everyone!

Inside:

- Language Emergence in Deafblind Communities
- Lesson #6 from Charlotte's Web
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- Texas Virtual Symposium on Deafblind Education
- 15th International CHARGE Syndrome Conference
- National Cherry Bulmer Award-Volunteer of the Year

Texas Symposium on Deafblind Education

Julia Mayorova

www.deafblindinternational.org



Teacher of Students Who are Deafblind: Navigating a New World

Providing appropriate instruction for any student who is deafblind is challenging since each student's access needs are truly unique. This year's Symposium will dive deep to examine why students in Texas need access to trained teachers of students who are deafblind and interveners. Please join us as we explore the issues and answers to providing quality programming for these individuals and support to educational teams including families and school staff.



Internal Collaboration

COVID has forced us to make this event "virtual", and that has allowed us to partner with Deafblind International (Dbi) Network of the Americas and the National Family Association for Deaf-Blind (NFADB). This has given us the opportunity to include the National Center on Deaf-Blindness, Canadian Deafblind Association National, Perkins International, and other organizations from various places in the Western Hemisphere to make this an international event. This collaboration promises to make this year's Symposium a truly spectacular event. As Helen Keller once said, "Alone we can do so little; together we can do so much."

Over 20 Hours of Training

Registered participants will have the opportunity to access over 20 hours of content throughout the months of

March and April. The main Symposium live events take place March 1st - 4th & 6th with three bonus "March Madness Monday" events on March 8th, 22nd, & 29th. As part of our partnership with the National Family Association for Deaf-Blind (NFADB) and Deafblind International (Dbi) Network of the Americas, we are excited to have family leaders from across the Americas host a special family event on Saturday, March 6th. This year's Symposium features both synchronous and asynchronous training options, and we will archive the live training events for later viewing by our registered participants. During the "live" portions, participants have the opportunity to hear from our presenters and chat with them in Zoom.

Here are just a few of the presenters and topics:

- Robbie Blaha, Deafblind Specialist, Texas Deafblind Project – The Field of Deafblindness: Navigating the Future
- Maurice Belote, Director California Deaf-Blind Services - The Impact of Cognitive Closure on Students who are Deafblind: Strategies for Reducing Stress, Identifying Motivators, and Increasing Active Engagement
- Dr. Judy Cameron, Director of Outreach, School of Medicine, University of Pittsburgh - Impact of COVID on Families, Students, Educators
- Sue Gawne, Deafblind Consultant at Canadian Deafblind Association - Early Intervention Services in British Columbia, Canada for Children who are Deafblind and their Families
- Paul Hart, Head of Research and Practice, Sense Scotland - Communication Partnerships and Tactile Interaction
- Patti McGowan, President, National Family Association for Deaf-Blind - Family Advocacy Skills
- Katy ISD Team, Elaine Robertson, M.S., Instructional Officer for Deaf Education, Vision, and Assistive Technology, Kittrell R. Antalon, M.Ed., COMS and TVI, Carolyn J. Samson, M.Ed., COMS and TVI, Jennifer Magee, M.S., TDHH and Educational Diagnostician - The Role of Teacher of Deafblind as a Student Transitions from Early Childhood Intervention (ECI) to Early Childhood Special Education (ECSE)
- Carolyn Monaco, President of the Canadian Deafblind Association National Board of Directors and Instructor at George Brown College (Toronto, Ontario) in the Intervenor Program – Teacher of Students who are Deafblind in Canada
- Chris Montgomery, Deafblind Specialist, and Cyral Miller, Outreach Consultant, Texas Deafblind Project – Teacher of Students who are Deafblind in Texas
- Dr. Jude Nicholas, Clinical Neuropsychologist, Statped Norway - Tactile Working-Memory Scale
- Gloria Rodriguez Gil, Regional Coordinator for Latin America & the Caribbean, Perkins International - Deaf-Blind Activities in Mexico
- Maria Vasquez, Professor in Special Education at the National University of Rio Cuarto, and a Consultant for Perkins International's Latin America Regional Office - Providing Services in Latin America

Registration Details

Registered participants have exclusive access to over 20 hours of content thru both live and asynchronous presentations. Payment can be made by credit card, check, money order, or purchase order.

Early Registration will end on January 7, 2021, and late registration will start on January 8, 2021. To learn more about the the symposium, please go to <https://txdeafblindproject.org/>

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The Canadian Deafblind Association (CDBA) was formerly known as the Canadian Deafblind and Rubella Association (CDBRA). “Intervention” magazine is published twice yearly in the Spring/Summer and Fall/Winter.

The Managing Editor would be pleased at any time to receive photos, articles, news items, letters, notices of future conferences, meetings and events, as well as stories about deafblind children, their families and adults - young and old.

All written material should be in the English language and may be edited for length. Opinions expressed in articles or letters are those of the author and not necessarily representative of the views of CDBA. “Intervention” magazine is available electronically and in print form to CDBA members, their families, and others upon request without subscription. Please contact:

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A Message From the President

Carolyn Monaco



The 45th Annual General Meeting of the Canadian Deafblind Association took place on Saturday, September 26, 2020. Because of the COVID pandemic, the AGM was offered, for the very first time, via Zoom and it was a resounding success! We were so pleased to have participation from members from across Canada who otherwise would not have been able to attend in person.



I want to acknowledge with utmost gratitude the generous volunteer contributions of retiring National Board members Frances Jablonca (Alberta) and Sandra Owen-Peters (Ontario) following their many years of service to CDBA National.



The newly-elected National Board of Directors and CDBA senior staff for 2020-2021 appear on page 30 of this issue. The unfortunate, albeit anticipated, dissolution of our provincial chapter in Alberta in July 2020 was formally announced by Alberta Chapter rep Frances Jablonca during this year's AGM. The result was a reduction in the number of director positions on the National Board from 8 to 6. Going forward, Alberta Chapter funds will be managed by National to be specifically available to support CDBA members who reside in that province.

A complete set of proceedings and reports are contained in the 2020 AGM Book which is available online www.cdbanational.com or by contacting Tom McFadden at the CDBA National Office tmcfadden@cdbanational.com

Sincerely,

Carolyn Monaco
President, CDBA National

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of the
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Editorial From the National Executive Director

Tom McFadden



Welcome to this winter issue of "Intervention" magazine.

At this moment, the world around us has become both unpredictable and challenging in so many ways. The pandemic has affected nearly everything, and everyone, at CDBA. But our commitment to members and their families remains strong, and with a vaccine on the horizon, we are eagerly looking forward to a "new normal", whatever that turns out to be.

Within the pages of this issue, you'll find uplifting stories that reflect our sense of optimism for the future. Among them: the inspiring experience of Gaston Bedard, who is deafblind, running in the Boston Marathon; a filmmaker's experience "feeling through" a tense inspirational journey through the deafblind experience; and young Scott Mallinson's writing a book about the many frustrating facets of growing up with deafblindness. And once again, you will certainly enjoy the 6th installment of "Lessons from Charlotte's Web - Balance and Mobility!".

Celebrating June 2021 as Deafblind Awareness Month will be so different

June 2021 will mark the 7th anniversary since the Senate of Canada recognized June as Deafblind Awareness Month. This year, in addition to the many celebrations and proclamations in towns and cities across this country, the focus of efforts by like-minded organizations in the field of deafblindness will be participating in a Deafblind International (Dbi) global initiative called "Yarn Bombing". If interested, a registration form is available on the Dbi website <https://www.deafblindinternational.org/get-involved/yarn-bombing-2021/>

Introducing the ImmersX TBI Vibro-Acoustic Chair and Backrest

Relaxation in these stressful times can be difficult, even for those who are not deafblind. A company called ImmersX thinks it has a solution with its Vibro-Acoustic chair and backrest. Users have reported some of the benefits of ImmersX technology – relaxation, elation, happiness and laughing. CDBA National President Carolyn Monaco actually had the chance "to try the chair out", and has a "fireside chat" with Chris Meraw, CEO of ImmersX, to talk about her experience (see pages 16-17)

I leave you with this positive-thinking quote:

"Success is not final; failure is not fatal. It is the courage to continue that counts!" - Winston Churchill

Save the date for the 2021 Lend-A-Hand Golf Tournament!

Monday, June 28, 2021

Alternate date: Monday, August 23, 2021



the co-operators

We cordially invite you to "Save the Date" for next year's event in support of persons who are deafblind and their families.

**Carlisle Golf & Country Club,
Carlisle, Ontario**

www.kaneffgolf.com/courses/carlislegolfclub/

For more information,
contact tmcfadden@cdbanational.com



Volunteers: Carolyn Monaco, Nancy Mactavish, Sandra-Owen Peters, Kim McFadden

Happiness is for Everyone

Scott Mallinson
scott.fyi



Scott Mallinson is a youth that CDBA-BC has supported since he was very young. He wrote and published this book, and specifically included many facets that he found frustrating as a young child with deafblindness, such as having the test on a separate page, using a specific font, naming the flowers...

My Book

Happy New Year! I'm so excited to have my book ready. I got the actual book just before Christmas and I love how it turned out.

It's my dream to be an author and this book is getting me started. It's a children's book I wrote for fun. I just enjoyed writing it. My friend Rachel drew the awesome pictures. I really think it's part of the way I am. The Bee I mean. He smells flowers and I have always smelled flowers. I enjoy the smell. Smell is a very important sense for me and I learn a lot from smelling things. My vision is poor and I only hear when my cochlear implant is on, which I only want

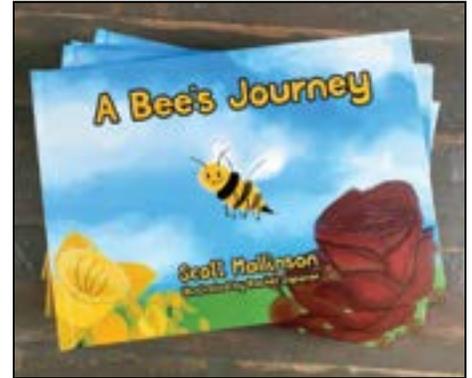
on part of the time. Smell is the sense I rely on most.

I wanted my book to have a font that is easy to read. The words are on their own page with Atkinson Hyperlegible font. It is from the Braille Institute, designed for low vision. I named flowers and countries because the actual names of types of things are sometimes not told to kids. I think kids like to learn this.

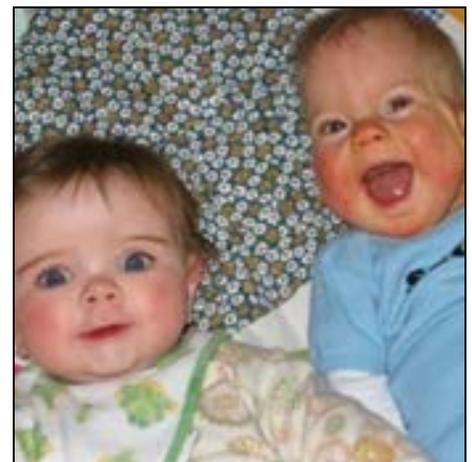
I'm possibly getting very excited to show my book. It's so cool to have an actual book printed with my name as the author. To have an ISBN number. But the best is seeing kids enjoying it. I had an idea of how I could make a book. It took a long time and it was hard, but I love it. It's just so unbelievable that I can say I have a book.

I know I'm feeling really great. It's just a kids book, but it's so much more to me. It is the start of my future, it represents where I want to go. My passion for writing started when I learned I could type. Writing is my communication and it's allowed me to express myself in ways I could not before. It's allowed me to become who I want to be. Thanks for reading my blog.

To purchase A Bee's Journey, please visit <https://scott.fyi/books>



My friend's daughter reading my new book



Rachel and I as babies

A Blind and Deaf Canadian Runs the Boston Marathon

Tim Huebsch

Staff writer, *Canadian Running magazine* *Canadian Running Magazine*, July August, 2016, Olympic special

For Gaston Bedard, running is about togetherness. For those around him, Bedard is an inspiration.

Last year, Aylmer, Que. resident Gaston Bedard completed one of the world's most famous races, the Boston Marathon. But what set Bedard, 63, apart from the rest of the field is that he was accompanied by guides on either side while holding a tether, a plastic tube with foam gripping. Bedard is both blind and deaf and became quite possibly the first person with both conditions to run in the Boston Marathon.

Before the race, the 63-year-old has to remove his two hearing aids to prevent moisture from reaching the devices, which leaves him completely deaf. He must trust the feel of the tether from his guides, and then he goes for it. Bedard lost his ability to hear and see because of Usher syndrome, a progressive genetic disease that affects hearing, and retinitis pigmentosa, a degenerative eye disease that occurs in those with Usher syndrome.

In 2014 Bedard ran the Scotiabank Ottawa Marathon, the event's 40th anniversary, with his two guides. He achieved his goal of qualifying for Boston with a sub-five-hour marathon.

Bedard partnered with Team with a Vision, which raises funds for the Massachusetts Association for the Blind and Visually Impaired. Along with his two guides, Christopher Yule and Melany Gauvin and the fan support of his son, Marc, Bedard completed the race in 5:26:58. Bedard says it took him nearly nine minutes to cross the storied start line in Hopkinton, Mass. before running 42.2k to the finish line on Boylston Street in downtown Boston.

Conditions were wet and cold during last year's event, which didn't deter Bedard

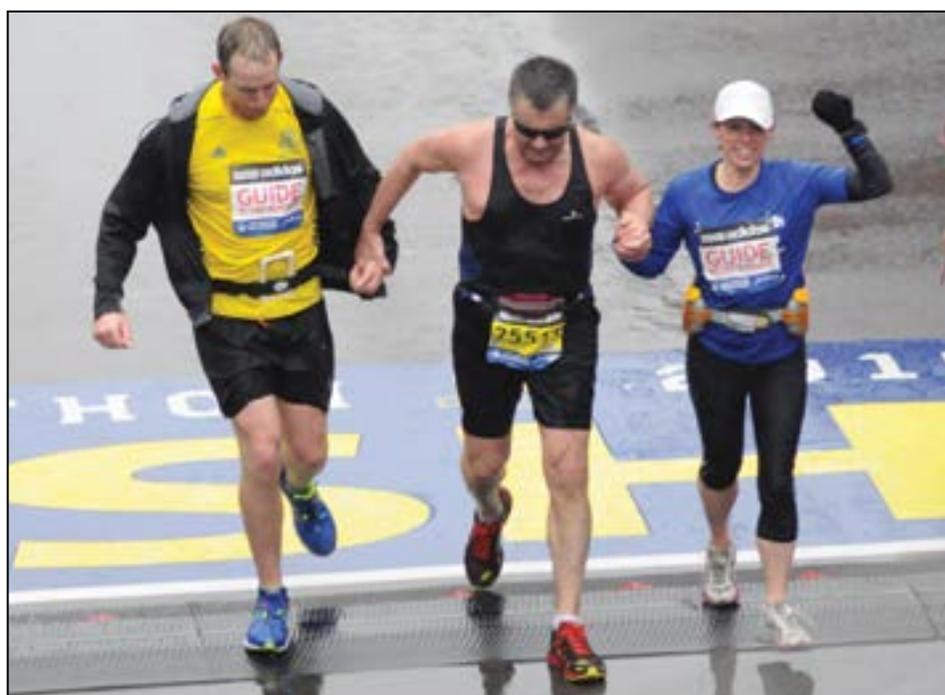
and his team. Knowing that his son Marc would be waiting for him at the finish line helped Bedard push through the final 10k of the race. "My motto is: if you have good people around you, it's amazing what you can do," says Bedard.

The retired elementary school teacher has been a runner for much of his life. In 1981 he qualified for Boston with a 2:51 at the Ottawa Marathon. Between 1981 and 1983, he ran sub-3:05 on five occasions including his 2:51 performance though he never raced Boston because he was a "local runner and didn't have it on my radar."

He took a decade off running before getting back into the sport in 2008. Training led to racing four years later. "I made my comeback as a deaf blind runner in May 2012, and since then I have run some 30 road races, including two full marathons, with sighted guides," says Bedard.



Even though the Boston Athletic Association, the organization that hosts the Boston Marathon, could not officially confirm whether Bedard was the first-ever deaf and blind athlete to complete the storied race, it appears that he is indeed the first to break this incredible barrier.



Yarn Bombing 2021

Deafblind International (DbI)
www.deafblindinternational.org

We invite you to join us in June 2021, for a movement that will build awareness on a global scale in a fun and captivating way.

In June 2020, DbI teased an announcement during the month-long social media campaign. On June 27, we shared that our awareness initiative for 2021 will be yarn bombing (sometimes known as 'knitfitti'); a form of street art where yarn that is knit, crochet, or wrapped, adorns an object in a public space. It is thought to have originated in the United States in 2005.

By coming together in June, to yarn bomb objects in as many cities and countries as possible, we strive to foster connections and unite a community with individuals, service and advocacy groups in the field, DbI members and partners, and the wider global public.

Regardless of whether your country, region, or organization celebrates deafblind awareness as a month, a week, or day, our combined efforts will create a stronger and united voice.

Why Yarn Bombing?

Global yarn bombing for our 2021 awareness campaign is an exciting, fun, and creative way to engage members of the deafblind community in a largescale tactile art project. Each installation around the world will be constructed by people with deafblindness, their families and loved ones, advocates, Human support services/ Interpreter-guides/ Deafblind interpretation services/ Support Service Programs/ Intervenors/ Support Service Providers (SSP), and others in the field.

Each knit or crochet square will be attached to cover a designated community space or object. This symbolizes the coming together of people in the field of deafblindness. Our goal is to increase awareness and knowledge of deafblindness as a unique disability and to influence appropriate services for people who are deafblind around the world.

COVID-19 and Yarn Bombing:

Please follow the necessary procedures and precautions in your country to promote the health and safety of your broader community.



WHO:
We invite YOU to join us in a movement that will build deafblind awareness on a global scale.

WHAT:
Global yarn bombing for our 2021 awareness campaign is an exciting and creative way to engage members of the deafblind community in a tactile art project.

WHERE:
Worldwide yarn bombing installations!

WHEN:
In June 2021; depending on the region, deafblind awareness is celebrated as a month, week, or day.

WHY:
Each knit or crochet square will be attached to cover a designated community space or object across the world. This symbolizes the coming together of people in the field of deafblindness in celebration of deafblind awareness.

HOW:
Please fill out and submit the Information Form to Sam Marren at s.marren@deafblindontario.com by February 1, 2021. You will receive monthly communications and social media materials to guide you through the process.

COVID-19:
Please follow procedures and precautions to prevent the spread of COVID-19 in your country/ region, and promote the health and safety of your broader community.



Deafblind Awareness Month Proclamation

On December 21, 2000, the Ontario Legislature officially proclaimed the month of June in each year as Deaf-Blind Awareness Month, to recognize that "Deafblindness is a unique disability that incorporates the sensory loss of both sight and hearing" and was created to

help "recognize that increased public awareness of this disability is crucial to increase opportunities for those who live with it."

The Canadian Senate passed a motion on May 28, 2015 also recognizing June as Deafblind Awareness Month across Canada. This motion helps "to promote public awareness of deafblind issues

and to recognize the contribution of Canadians who are deafblind."



June is also the birth month of Helen Keller, an internationally recognized person who was deafblind.

Join us in celebrating National Deafblind Awareness Month virtually in communities across Canada. Throughout the month, community objects across the country will be yarn bombed, a form of street art where

yarn that is knit, crochet, or wrapped, adorns an object in a public space. This largescale global tactile arts project symbolizes the coming together of people in the field of deafblindness, with the goal of raising awareness and knowledge about this unique disability. Registration

information can be obtained by visiting the Deafblind International website www.deafblindinternational.org/get-involved/yarn-bombing-2021

Due to the unpredictable circumstances surrounding COVID-19, opportunities to hold events may be restricted or postponed for the health and safety of communities across Canada.

Canadian Deafblind Association National Support Fund

Purpose:

The purpose of this National Support Fund is to provide CDBA members living in Canada who are deafblind with another funding option to assist them with the purchase of:

1. Intervention services during or as the result of an emergency
2. Intervention services for individuals confined to a hospital
3. Specialized education or recreation programs
4. Specialized equipment
5. Other services or equipment resulting from specialized or unique circumstances

The funds provided are short term and are to supplement other sources of funding. They are not intended to replace funding which may be otherwise available nor are they to be of an ongoing nature.

Emergency:

will be defined as—an unplanned event for which the individual or their advocate has had less than 14 days to prepare.

Supplemental:

will be defined as—adding to other funding sources which may be insufficient to cover Intervention Services during short-term hospital stays or specialized education or recreational programs, the cost of such programs or specialized equipment etc.

Criteria for Funding:

Persons Qualifying:

1. Those individuals who have been identified as deafblind and/or in a deafblind service program.
2. The individual or their immediate family must be a member of CDBA for a minimum of six months

prior to the submission of the funding application.

Application for Funding:

Requests for funding may be received from any source on behalf of any qualifying individual from across Canada. The application form is available for download on the CDBA National website www.cdbanational.com or by contacting the CDBA National office info@cdbanational.com or by calling (905) 331-6279. Requests must be submitted in writing.



Lessons From Charlotte's Web

By Frances Jablonca

Lesson #6

Balance and Mobility: "If" is the operative word, not "When"



Mobility is a word which holds utmost importance in the vocabulary of parents who have a child with "special needs." Naturally, this concept is foremost in the thoughts of all parents whose babies and toddlers are on the brink of self-propelling themselves, first by crawling or something akin, and then walking. Typically, the concerning element is



the timing, or 'when' will it happen. For our 'special' children, the questions we parents have is 'if' it will happen. And when the delay is evident, we are usually fortunate to have consultants assigned to us who provide us with a strategic plan of exercises, routines and mobile aids, giving our wee ones at least a fighting chance to reach their ambulatory potential.

Charlotte, our baby, had the typical CHARGE under-developed circular canals, which meant she lacked the balance mechanism to know exactly what a perfect upright position was. As a result, the flat surface of carpet and floor became her gauge to orient herself in space. She became proficient at rolling from room to room. Sitting upright on the floor or a bed without support didn't occur in her first year. She could sit in a highchair, the tray and arm rails providing the safe-guards to keep her from tipping over. We had been passed down a baby-walker (gasp...they are outlawed now), and she loved the independence it gave her while it kept her upright and developed the muscle tone she would need to sit and walk unsupported.

Next, just as our vision consultant Brian predicted, she did learn to crawl, with her forehead on the ground as her guide. But it wasn't her favorite mode of ambulation. She preferred to be upright and her little legs knew just what to do, thus she happily caught on to the concept of walking. For 2 years we walked her everywhere. Perhaps not continually happy since, possibly due to her syndrome, she was below average height, forcing us to walk hunched over, straining our backs, to hold her outstretched arms. Her brother Ives, 20 months younger than Charlotte, eventually caught up to Charlotte and passed her learning to walk. So, for a time, we had two little pre-walkers on our hands.

I was made to understand that over time her proprioception would develop this awareness in space that she required to know which way was up, with the hope she would be able to eventually walk independently. To our delight - and relief - it did indeed happen. It was a slow, precarious process; she'd take a handful of steps, and then she'd start to list to one side. She couldn't sense this at all, and when the list defied gravity



to a too great extent, she would topple over. This took her by such complete surprise, that she couldn't respond by putting her arms out to brace her fall and stop her head from hitting the floor. As a safety measure, we bought a little soft padded helmet for her to wear during this intermediary phase. At the time, we didn't know if this stage would persist forever, or if it would improve. As all parents of such diverse children will attest, it feels like one big experiment that you didn't sign-up for as you watch your child not following any typical milestones. But all you can do is wait, have faith, and wonder "if" your child will move to the next step, not "when".

Fortunately, to our relief, her proprioception developed to become fine-tuned to the point where the helmet was no longer needed. She continued to list off to one side when she walked more briskly or broke into what she thought was a run, but which resembled more of an ungainly prance but thankfully, at that crucial point, just before tipping too far, she would straighten up and then begin her list to the other side. As soon as she slowed down her pace, she would regain her sense of equilibrium. (My husband rather humorously likened this gait to that of a drunken sailor maneuvering his way across the deck of a ship at high seas).

Though we occasionally poked a bit fun at her expense, we were immeasurably proud of each developmental hurdle she overcame. And it seemed that the hurdles were endless. Our vision specialists highly recommended that she could use a white cane to provide awareness of her environment, especially changes in walking surfaces. Charlotte had poor, if any, depth perception. She was not a fan of the cane. Since sign language was her main form of communication and you need both hands to sign, holding and manipulating a cane at the same time was a huge source of frustration for her. Her school routine included the use of her cane, though she still had a classroom assistant or Intervener to supervise her and guide her when needed. At home however, I was less insistent about using her cane when we went out. It seemed a lot for her to juggle. Over time though, as I contemplated her in public places like the shopping mall, trying to maneuver through crowds or clothes racks, even with me at her side, usually guiding her, she couldn't easily track the movements of others with her lack of full peripheral vision. Consequently, she couldn't respond quickly enough to move aside or avoid brushing up on people. Her awkward gait and ungainly movements invited stares and impatience, as people moved out of her way when she should

have been the one to move of her own accord. I realized how I took for granted the amazing way our vision coordinates our quick, subconscious response to the continual movements of others so we don't crash into each other. It was time to suggest to Charlotte that her cane was indispensable to her in public places. She wasn't as convinced as I was, and it took a few years before she got to that point. At the beginning of January in her Grade 12 year, at a class meeting about New Year's resolutions, she made her decision to use her cane everywhere outside her home.

I had not imagined the positive impact this had for her own safety and the enlightening of those around her. Outside, cars slowed down much sooner at intersections, even though she was always with a guide be it a family member or one of her interveners. At busy malls or public events, the public were suddenly able to identify her as someone who needed their attentiveness. She was blind! They moved out of her way. Often, they ensured that others did too. Parents could explain to their children why she had a cane and how they could respect her needs. It explained her awkward movements. The annoyed looks were replaced by looks of comprehension and at times, admiration.

Charlotte, whether it was out of necessity or because of her personality, readily adopted routines. This transferred to using her white cane. I was impressed how true she stayed to her commitment. She always had a place for it at home and impressively managed to always keep track of it. It was lost only once and that was when it slipped through a low gap of a footbridge over the Bow River in

Calgary during an outing to Edworthy Park with her retired elementary school teacher. She was initially horrified, but eventually we added it to our funny story collection.



Horse camp, gymnastics, roller blading, and tandem cycling and even solo tricycling were some of the recreational activities she participated in. Naturally some were more fun for her than others. But she was motivated to try and, as parents, we were grateful for all the support from so many of her wonderful Interveners over the years in these endeavors. Creative adaptations were almost always necessary. What Charlotte taught us was that she needed time, patience and hope.

2020 CDBA National Cherry Bulmer Award for Volunteer of the Year



Frances Jablonca was, until its dissolution in July 2020. President of CDBA-AB. Prior to her elevation to President she served in several capacities On the Board of CDBA-AB for several years. As an elementary school teacher, Frances worked with children and most recently as an ESL instructor at Bow Valley College in Calgary. Her involvement with the field of deafblindness began more than 25 years ago after the birth of her middle child Charlotte, born with CHARGE Syndrome. As a parent, amongst the many skills she acquired, she learned the role of Intervention and advocacy because of her experience with Intervenors and other professionals in the field.

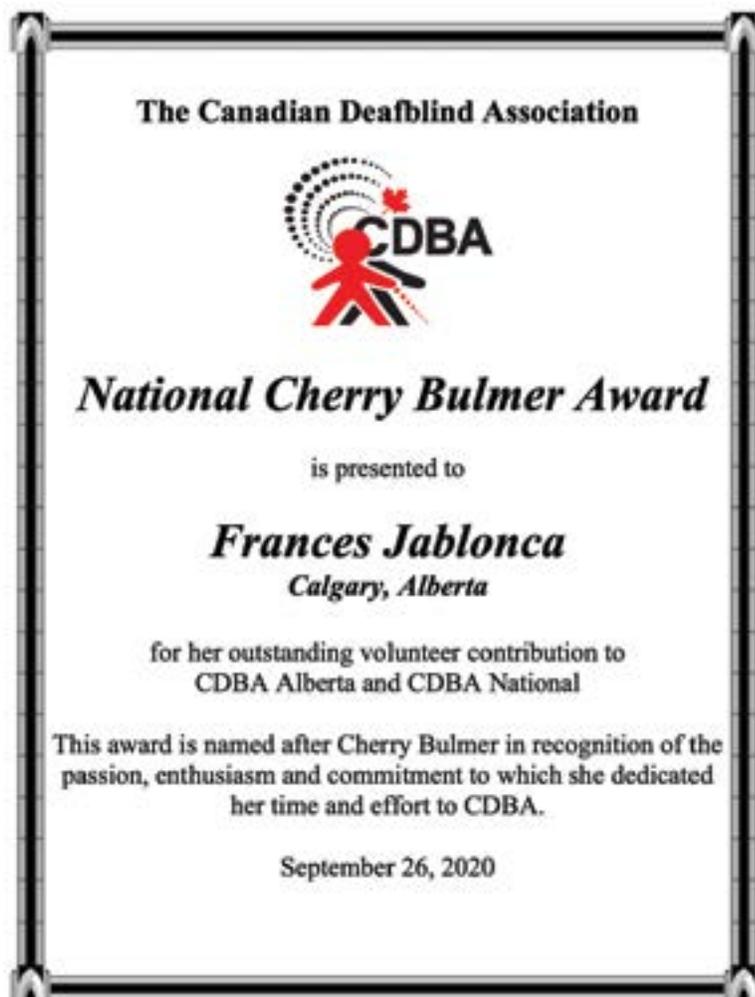
Under her watch, CDBA-AB strived very hard to meet and support the needs of the deafblind community in Alberta. The AB Chapter experienced success in multiple areas of service including:

- Annual Fall weekend retreats
- Social events during Deafblind Awareness Month in June
- Charlotte MacKinnon Memorial Wagon Ride
- Fundraising events such as hosting casinos
- Support with accessibility technology

Frances joined the Board of Directors of CDBA National in September 2017 as the Alberta Chapter Representative and served AB Chapter interests with enthusiasm and profound commitment. As a lasting tribute to her daughter Charlotte, who passed away in 2015 at the age of 22, Frances has written a series of articles entitled “Lessons from Charlotte’s Web” for the CDBA National “Intervention” magazine about her experiences as a mother of a child with deafblindness.

Because of her years of service to CDBA, both provincially and nationally, it is our pleasure to present Frances Jablonca with the CDBA National Cherry Bulmer Award. This is presented to an individual who has made an outstanding volunteer contribution to the Canadian Deafblind Association at the national and chapter level. Many members came to this organization out of necessity. You felt that you had to speak for your deafblind children so their needs could be met and they would be able to live fulfilled lives. Frances did just that – her beautiful daughter lived her young life of 22 years to the fullest despite her disability, thanks in large part to her mother’s spirit to do good in the world. CDBA Alberta and, later on, CDBA National, were the beneficiaries of that giving spirit for many years!

It is therefore our pleasure to give Frances Jablonca the 2020 Cherry Bulmer Award for Volunteer of the Year. With it comes our deepest gratitude for her community spirit, her time, her example, and her talents as a volunteer.



Samsung Good Vibes Wins ‘The Innovation of the Year’ Award at BEMA 2020

news.samsung.com



'The Innovation of the Year' Award Trophy for Samsung's Good Vibes App

Samsung's Good Vibes, an app that enables people suffering from Usher syndrome to communicate effortlessly, has won 'The Innovation of the Year' award at the Brand Equity Marketing Awards 2020. The award recognizes meaningful innovations that touch and transform the lives of the people. Good Vibes exactly does that.

Launched last year, the Good Vibes app has been built with the aim to help deafblind have seamless two-way communication with their caregivers and

loved ones via their smartphones.

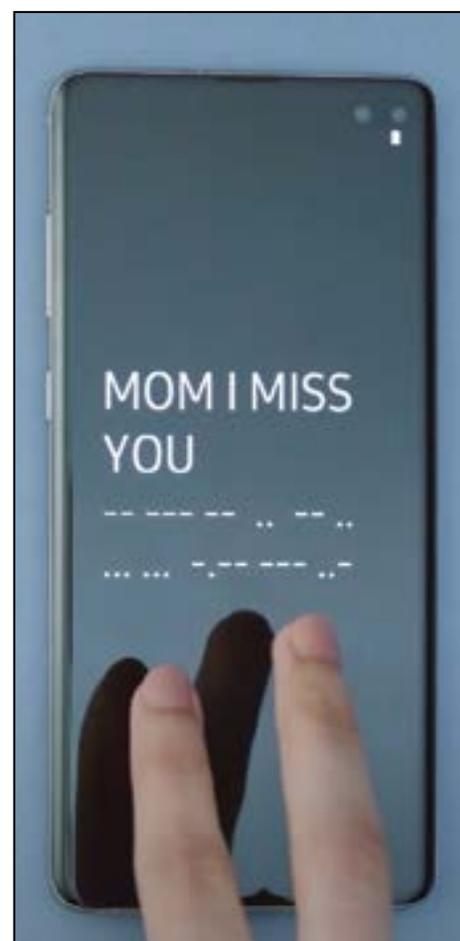
Moon Goo Chin, Corporate Vice President, Samsung India, said "Good Vibes is a testimony to what all of us at Samsung believe in. Innovations should transform people's lives. With Good Vibes, we have touched many lives. At Samsung, this is the kind of stuff that motivates us. It is our way of giving back to the community. This recognition will inspire all of us at Samsung, and hopefully many others, to create innovations that make lives of people better."

Developed entirely in India, the app uses Morse code to convert vibrations into text or voice and vice-versa and has two user interfaces (UI). While one interface has an invisible UI for deafblind, which uses vibrations, taps and gestures, the other is the standard chat interface for caregivers.

The interface allows the user to send messages using a combination of dots and dashes and receive messages as vibrations in Morse code for them to interpret easily. The standard interface lets the user to type or send voice messages to the deafblind.

The Good Vibes app continues to make

a difference to the lives of people suffering from Usher syndrome and bringing a smile on their face.



Renew your membership or become a member of CDBA at

www.cdbanational.com/become-a-member



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Language Emergence in DeafBlind Communities

Linguistic Society of America
www.linguisticsociety.org

A new study demonstrates that grammar is evident and widespread in a system of communication based on reciprocal, tactile interaction, thus reinforcing the notion that if one linguistic channel, such as hearing, or vision, is unavailable, structures will find another way to create formal categories. There are thousands of people across the US and all over the world who are DeafBlind. Very little is known about the diverse ways they use and acquire language, and what effects those processes have on the structure of language itself. This research suggests a way forward in analyzing those articulatory and perceptual patterns—a project that will broaden scientific understanding of what is possible in human language.

This research focuses on language usage that has become conventional across a group of DeafBlind signers in the United States and shows that those who communicate via reciprocal, tactile channels—a practice known as "Protactile,"—make regular use of tactile grammatical structures. The study, "Feeling Phonology: The Conventionalization of Phonology in Protactile Communities in the United States" by Terra Edwards (Saint Louis University) and Diane Brentari (University of Chicago), will be published in the December, 2020 issue of the

scholarly journal *Language*. A link to the article may be found at https://www.linguisticsociety.org/sites/default/files/04_96.4Edwards.pdf. A discussion about the research and its implications for DeafBlind communities with Protactile experts John Lee Clark and Jelica B. Nuccio can be accessed here (free registration required): <https://dbinterpreting.wou.edu/login/index.php>

The article focuses on the basic units used to produce and perceive protactile expressions as well as patterns in how those units are, and are not, combined. Over the past 60 years, there has been a slow, steady paradigm shift in the field of linguistics toward understanding this level of linguistic structure, or "phonology" as the abstract component of a grammar, which organizes basic units without specific reference to communication modality. This article contributes to that shift, calling into question the very definition of phonology. The authors ask: Can the tactile modality sustain phonological structure? The results of the study suggest that it can.

In order to uncover the emergence of new grammatical structure in protactile language, pairs of DeafBlind research participants were asked to describe three objects to one another: a lollipop, a jack (the kind children use to play the game 'jacks') and a complex wooden

toy with movable arms, magnets, and magnetized pieces. The research team videorecorded their descriptions and then transcribed and annotated the videos, looking for patterns. They found that the early stages of the conventionalization of protactile phonology involve assigning specific grammatical roles to the hands (and arms) of Signer 1 (the conveyer of information) and Signer 2 (the receiver of information). It is the clear and consistent articulatory forms used by each of the four hands that launches the grammar in this case and allows for the rapid exchange of information. Analyzing these patterns offers new insights into how the conventionalization of a phonological system can play out in the tactile modality.

The Linguistic Society of America (LSA) publishes the peer-reviewed journal, Language, four times per year. The LSA is the largest national professional society representing the field of linguistics. Its mission is to advance the scientific study of language.



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To learn more visit the link from our website at www.cdbanational.com. Thank you for your support in ensuring that, "All people who are deafblind will live rich meaningful lives."



Independence During Challenging Times

DeafBlind Ontario Services

www.deafblindontario.com

“Since the outbreak of COVID-19, I’ve had to be much more independent. I can do a lot; I am proud of this,” says David. David lives in the small town of Pic River, more than 3 hours east of Thunder Bay. He is creative, active, and a hard worker. David is also deafblind.

In Ontario, an estimated 211,250 individuals are deafblind, like David. Deafblindness is a combination of varying degrees of hearing and vision loss that is unique to each person, and can impact access to information, communication, and mobility.

“I come from a big family, but I am the only one with deafblindness. However, I am not completely blind; I see best out of my left eye and I have some hearing too,” says David.

He is supported by Superior Greenstone Association for Community Living in partnership with DeafBlind Ontario Services, through their Community Services – Partnerships. This program offers specialized expertise and services to the individual with deafblindness through their supporting agency. Every partnership is uniquely designed to ensure the needs of each individual are met in collaboration with the supporting organization. Community Services – Partnerships provides David with access to Intervenor Services so he is more independent in his community and able to achieve his goals.

Intervenors are professionally trained to act as the “eyes” and “ears” of the individual with deafblindness through the sense of touch. With the support of his intervenor, David has a part-time job, rides his bike, and has even overcome his fear of water, swimming 50 laps of the pool on each visit.

Until mid-July, David did not have access to an intervenor for months due to COVID-19. “Because I didn’t have an

intervenor, I had to be more independent at work, as well as doing errands and going to doctors appointments on my own. It was rough, but I got through it,” says David. David also continued to work his part-time job at Circle K, where he has worked for the last 4 and a half years, without the support of an intervenor. He often works in the back of the store, making it easier for him to social distance.

David wears a mask to help prevent the spread of COVID-19, noting that it does interfere with his eyesight. With one eye stronger than the other, wearing a mask makes it more difficult for David to focus his vision. He also finds it hard to walk with it on, but, it’s “how we have to live right now.” Face masks and coverings can create a communication barrier, especially for people with sensory loss. “When speaking to me, people have to remember that I am deafblind. Telling me who they are as well as speaking loudly and clearly help me in communicating and interacting,” says David.

In mid-July, David started receiving support again through an intervenor, Sam. “I am happy to have Sam’s support. She helps guide me on where I am going if I am not using my white cane. She also helps facilitate communication if I can’t hear someone clearly. Things are easier with her support.”

“We are going with the flow and taking things day-by-day. We are doing activities of daily living completely different than before COVID-19... It’s a learning process,” says Sam Atkins, David’s



David with some of his paintings.

intervenor from Superior Greenstone Association for Community Living. “David demonstrates his increased independence that he built during his time without an intervenor. He continues to learn new skills and it’s rewarding watching him take new things in,” says Sam.

David is deafblind, but this has not stopped him from living his life to the fullest. His independence and resilience, especially during challenging times like these, are increasingly apparent.

SOURCE DeafBlind Ontario Services – DeafBlind Ontario Services takes a holistic approach to providing Intervenor Services that are customized to each individual’s unique needs, method of communication, and goals to increase their independence and enrich their life. With programs across the province, their reach extends into a wide range of communities in Ontario. Learn more, visit www.deafblindontario.com.

Fireside Chat - ImmersX Tactile Body Immersion (TBI) for Sensory Support



Michel: So today we're here for a Fireside Chat with Carolyn Monaco, President of the Canadian Deafblind Association and Chris Meraw Co-Founder and CEO of ImmersX Inc. the company behind the tactile body immersion (TBI) chair used for sensory support with people who are deafblind.

Michel: So, my first question is for Carolyn and we'd like to know what made you choose the field that you're in right now and what motivated you to be in this field in the first place?

Carolyn: I didn't initially choose it I sort of happened upon it by accident, loved it and stayed with it. It began at the W. Ross Macdonald School after I finished a program in therapeutic recreation. I thought it might be something kind of fun to do for a couple of years that was just over 40 years ago, so I clearly enjoy the field! I had some wonderful opportunities that helped me learn about the field and grow professionally. I worked in a variety of different capacities, but all within the field of deafblindness.

Michel: And so, what other areas outside of your work with the Canadian Deafblind Association have you done?

Carolyn: Well, I am presently teaching and have been since 1996 in the Intervenor Program at George Brown College in Toronto. I've also volunteered with the Canadian Deafblind Association at the provincial and the national level for years, which has been very rewarding. More recently I've been working with the Post 21 program, which is not specific to deafblindness, but involves adults with developmental and physical disabilities in a day program.

Michel: So, Chris you and the team at ImmersX have a very unique technology that can benefit the individuals with sensory loss that Carolyn serves. Can you tell us a little bit about the development and history of tactile body immersion technology?

Chris: An old classmate asked me to look at a research study from Ryerson University SMART Lab where they developed an assistive technology that would help people who are deaf 'feel' sound. Their goal was to trigger an emotional response from a song or movie soundtrack that you couldn't actually hear. To do this they placed vibro-tactile arrays in the seat back and bottom of an ergonomic chair so that music could be played into the chair and felt while sitting in it. The audio was separated at source into multiple frequency ranges (high, mid and low) so those could be mapped to different zones of the body for a more spatial feeling while sitting in the chair.

Chris: Study participants exhibited many positive reactions including smiling, amazement, elation and laughter while using the chair all without hearing a thing! I might add that you can't actually understand the words of a song through vibration, but when you 'feel' the words through your tactile

sense it's amazing and your body feels like it's totally immersed in sound!

Michel: That's very interesting! Now Carolyn can you tell us a bit about some of the issues that you have in trying to support the families of those with deafblindness?

Carolyn: Probably one of the biggest challenges for us at the Canadian Deafblind Association is the vast expanse of this country. It's large and it's expensive to travel across and so actually connecting with families and schools and individuals who are deafblind is definitely a challenge. The fact that the disability itself is low incidence is also a challenge. That's a challenge for all organizations providing service to this population, the numbers are low in comparison to other disabilities, but the needs are high. Another challenge is the lack of trained personnel across the country. There aren't a lot of programs to train intervenors and provide services to families. Lack of awareness of the disability and of the role intervenors means that few people see working in this field as a career option and of course funding and fundraising are always a challenge not only for us at the national level, but also for our provincial chapters.

Michel: In terms of your intervention with the consumers, what are some of your strategies, and what are the tools that you feel are most effective?

Carolyn: Intervenor and the services they provide are key to compensating for the combined loss of vision and hearing. They provide information and access to experiences which result in a frame of reference upon which communication and concepts can develop.

Michel: Chris tell us a little bit more about how you and the team at ImmersX further developed and demonstrated TBI technology to the consumers that Carolyn and her association are serving.

Chris: After visiting SMART Lab in early 2018 we decided to license the technology and commercialize it. We started by engineering a new control circuit and signal processing system which acts as the brain of the chair. Then we tested different transducer arrays for the seat and backrest area to deliver optimum vibro-tactile stimulation to the body while sitting in the chair. The core concept here is simple but ImmersX TBI is designed to work with your tactile sense (not your ears!) and it took almost two years of prototyping and testing to perfect audio technology that's actually designed for the body and this is what sets us apart from anything done previously.

Chris: While looking at various commercial applications for TBI including eSports/gaming, home entertainment and VR something unexpected happened in November 2019 when the Globe and Mail published an article about Dr. Frank Russo's work with the deaf at SMART Lab and the folks at SENSITY Deafblind Sensory Support Network in Paris Ontario reached out because they wanted a demonstration of the chair. We went to visit SENSITY on music therapy day and had the opportunity to demonstrate the ImmersX vibro-acoustic chair to thirteen deafblind consumers along with each of their intervenors and some facility staff. One by one they got to try a five-minute experience in the chair while enjoying the relaxing sensations of low frequency music.

Chris: Music or video from any cell phone, tablet or computer is sent wirelessly via bluetooth into the chair so it's 'plug and play' simple to operate and everyone was thrilled by the physical experience. We had lots of smiles and relaxation responses, we had intervenors saying they had never seen or experienced anything like this before and they especially noticed that once seated in the chair, everyone reacted in a positive way and immediately felt the immersive body experience!

Michel: Excellent. That's a fascinating story! Now a question for Carolyn about when ImmersX first visited Post 21 to demonstrate the chair to your consumers and the staff. So please describe the overall experience of your consumers at Post 21.

Carolyn: My personal experience was very positive. The first time I tried it

I felt really relaxed and was particularly intrigued when I realized that I didn't have to try to relax, that it just sort of happened. I remember thinking, this could be a really positive thing for people who initially may not fully understand what the chair is all about. The fact that they wouldn't have to work at relaxing while they were in it, but that it would just happen while they were seated!

Carolyn: So, my experience was very positive, and I was really quite eager to see what the experience of other consumers might be and like Chris described the reaction at Post 21 was very similar. I too was impressed at how easily the participants moved from sort of wondering what's happening or what is this all about to enjoyment and relaxation.

Carolyn: I think that depending on what they were listening to at the time determined whether or not they became really relaxed in the chair or whether they had an experience that more heightened their level of awareness. One of my favorite examples was the young man who had his left arm and hand resting on the seat of the chair, and he looked down at his hand and he started to move his fingers in a way I had never seen him do before. I felt like he was experiencing increased awareness in his hand.

Chris: Carolyn that's a really interesting point and there's a reason why that happens even for those of us that don't have sensory challenges. When we hear that favorite song sometimes we tap a toe or finger along to the beat without even thinking about it and this is called neural entrainment. Your brain triggers this response subconsciously because it intuitively wants to get in sync with the rhythm. The same thing happens when the body receives vibro-tactile stimuli while sitting in the chair.

Chris: Additionally when music is felt by the body as vibro-tactile stimuli the brain thinks it has heard something, but this isn't actually true because there wasn't a sound wave from a speaker that came through the air and into the cochlea of the ear. This little brain trick occurs naturally and is called sensory substitution. The effect is a profound sense of body immersion as the music feels like it's in you! So, you don't have to hear music to enjoy it, because once your brain is entrained to the rhythm of the vibro-tactile stimuli it literally takes you away!

Michel: I think it's really fascinating what intervenors are observing in the field because they know their consumers very, very well and they can verbalize their observation of the consumer experience, especially when many consumers are non-verbal and unable to do so.

Michel: I have another question for Chris re product development, what other applications is ImmersX working on right now? We've talked a lot about the chair being the main driver of the vibro-tactile technology but what else could be available in the future for consumers?

Chris: Good question. Last year before the pandemic we collaborated with a class of third year marketing students at Kent State University in Ohio to research how music therapists might utilize ImmersX technology as a tool for delivering passive and active music therapy to consumers. They found that many music therapy sessions are performed out-of-office on the road at community clinics and hospitals. So we went ahead and designed a vibro-tactile backrest which weighs less than five pounds, can be plugged in (or operated by battery) and can be easily placed behind a consumer's back when someone is bed bound or in a wheel chair. This is a great aid for Music therapists when they visit hospitals to treat children, adults and seniors or those in palliative care settings.

Carolyn: I think that the portability of the backrest is in fact a great idea and could be very useful for many individuals in a number of different circumstances.

Michel: Thank you, Carolyn, is there anything else that you think ImmersX could do to help to support the work that you do with consumers, do you have any other suggestions?

Carolyn: We did have one staff member who was very sensitive who wanted the vibration in the chair to be much lower than the headphone

volume, so if there was the possibility to control the sensory level for the ears independent of vibro-tactile intensity to the body that could be useful in finding that perfect sweet spot for different users.

Chris: That's a great point and it gives me an opportunity to mention the new app we're developing so users can adjust the headphone volume independent of the vibro-tactile intensity in the chair. The app will also feature curated music playlists designed to give users a specific experience in the chair; such as deep meditation, simple relaxation or an experience that's more upbeat and energizing all at the click of a button.

Michel: For folks who have these chairs in their homes other family members could also use the chair and I think it will be interesting to see continued research on the benefits of vibro-tactile for those with sensory challenges and for those without.



Chris: Yes and there's already been decades of research into how vibro-acoustic music can reduce elevated levels of anxiety and stress in people. Our tactile sense is very powerful, and some would say highly underutilized. So when you can express music as vibro-tactile information and immediately deliver a dynamic sensory experience to someone simply sitting in the chair it's amazing. So, we always demonstrate the chair to intervenors first so they can understand what it feels like to receive this incredible sensory support. Then we see the big smile, that sense of amazement and hear the "wow I've never felt anything like that" comment!

Carolyn: We have observed low-tech sources of vibration like blowing up a balloon and putting it up to a speaker enjoyed by individuals. So, there's been things over time that have indicated that this is a positive modality. The ImmersX chair just seems to bring this type of sensory input to a whole new level.

Chris: Our experience working with sensory support organizations has given us great insight into the specific needs of this community and we are eager to apply these learnings to deliver the best user experience. Because many consumers are non-verbal it's actually the intervenors that observe these wonderful outcomes and their feedback gives us a great sense of satisfaction!

Chris: Thank you again Carolyn for the opportunity to chat today!

Michel: In closing I want to thank both Carolyn and Chris for today and conclude by saying that ImmersX has provided Post 21 with the chair as a Beta Partner to further experience the technology and hopefully to provide more feedback and information to better serve consumers down the road. So, thank you all!



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Co-Founding the ACLU, Fighting for Labor Rights and Other Helen Keller Accomplishments Students Don't Learn in School

Olivia B. Waxman

time.com

While the world marked International Day of Persons with Disabilities on Dec. 3, the history of people with disabilities is still not fully taught in schools. In the U.S., if American schoolchildren learn about any person with disabilities, they learn that President Franklin Delano Roosevelt once had polio and used a wheelchair in office, and they learn about Deafblind activist Helen Keller.

Most students learn that Keller, born June 27, 1880, in Tuscumbia, Ala., was left deaf and blind after contracting a high fever at 19 months, and that her teacher Anne Sullivan taught her braille, lip-reading, finger spelling and eventually, how to speak. Students may watch the Oscar-winning 1962 movie *The Miracle Worker*, which depicts these milestones as miraculous. Keller has become a worldwide symbol for children to overcome any obstacle. At the U.S. Capitol, there is even a bronze statue of 7-year-old Keller at a water pump, inspired by the movie's depiction of a real milestone in Keller's life in which she recognizes water coming out of the pump after Sullivan spells the word "water" into the youngster's hand. However, there is still a great deal about her life and her accomplishments that many people don't know.

What scholars of disability point out is that when students learn about Helen Keller, they often learn about her efforts to communicate as a child, and not about the work she did as an adult. This limited instruction has implications for how students perceive people with disabilities.

If students learn about any of Keller's accomplishments as an adult, they learn that she became the first Deafblind graduate of Radcliffe College (now Harvard University) in 1904, and worked for

American Foundation for the Blind from the mid-1920s until her death in 1968, advocating for schools for the blind and braille reading materials.

But they don't learn that she co-founded the American Civil Liberties Union in 1920; that she was an early supporter of the NAACP, and an opponent of lynchings; that she was an early proponent of birth control.

Sascha Cohen, who teaches American Studies at Brandeis University, and wrote the 2015 *TIME* article "Helen Keller's Forgotten Radicalism", argues that Keller's involvement in workers' rights can help students understand the roots of the workers' rights and inequality issues that persist today: "The Progressive Era when she was sort of working politically in different organizations was a period of rapid industrialization and so there were these new conditions in which workers were subjected to this sort of heightened inequality and even danger and risk physically. So she pointed out that a lot of times people went blind from accidents on the shop floor. She saw this real kind of imbalance in power between the workers...and the sort of what we would call the 1% or the very few owners and managers at the top who were exploiting the workers."

Some of the reason schools don't teach much about Keller's adult life is because she was involved in groups that have been perceived as too radical throughout American history. She was a member of the Socialist Party, and corresponded with Eugene Debs, the party's most prominent member and a five-time presidential candidate. She also read Marx, and her associations with all of these far-left groups landed her on the radar of the

FBI, which monitored her for ties to the Communist Party.

However, to some Black disability rights activists, like Anita Cameron, Helen Keller is not radical at all, "just another, despite disabilities, privileged white person," and yet another example of history telling the story of privileged white Americans. Critics of Helen Keller cite her writings that reflected the popularity of now-dated eugenics theories and her friendship with one of the movement's supporters Alexander Graham Bell. The American Foundation for the Blind archivist Helen Selsdon says Keller "moved away from that position."

People with disabilities and activists are pushing for more education on important contributions to U.S. history by people of disabilities, such as the Capitol Crawl. On Mar. 12, 1990, Cameron and dozens of disabled people climbed up the steps of U.S. Capitol to urge the passage of the Americans with Disabilities Act (ADA). It was considered a moment that raised awareness and helped get the law passed four months later, but one rarely included in public school education.

Thirty years later, one in four Americans have a disability. At least three other states have made efforts to incorporate disability history into school curricula. It's the law in California and New Jersey to teach the contributions of people with disabilities, and Massachusetts guidelines urge state educators to do the same.

In Sep. 2018, the Texas Board of Education approved a draft of changes to state social studies standards, which included the removal of some historical figures, such as Helen Keller. Shortly after the board opened the draft for public comment, Haben Girma, a Black disability

rights lawyer and the first Deafblind Harvard Law School graduate, was one of many who spoke out on the importance of teaching Helen Keller. Girma argued that if Keller's life is not taught, students might not learn about any history-makers with disabilities. Two months later, the Texas Board of Education approved a revised draft with Keller's name back in the standards.

Girma agrees that more should be done

to teach the full life and career of Helen Keller, and encourages students to read more of her writings to learn more about who she was as an adult. Keller wrote 14 books and more than 475 speeches and essays.

"Since society only portrays Helen Keller as a little girl, a lot of people subconsciously learn to infantilize disabled adults. And I've been treated like a child. Many disabled adults have been treated

like children," Girma says. "That makes it difficult to get a job, to be treated with respect, to get good quality education and healthcare as an adult."

Or just look back at what Keller herself articulated in her 1926 memoir *My Key of Life* about the impact of inclusive education: "The highest result of education is tolerance."

Intervenor Services More Vital Than Ever For People With Deafblindness

NewmarketToday Staff

www.newmarkettoday.ca

The people supported by DeafBlind Ontario Services have been in lockdown since March, keeping them safe during the pandemic, and will not be visiting with family this Christmas.

The sights and sounds of the holiday season are a vivid memory, relived year after year. Neighbourhoods aglow with twinkling lights, trees adorned with beautiful decorations, warm laughter of loved ones, and the unmistakable murmur of countless shoppers echoing through the mall.

Things will be different this year, for everyone.

For the first time in her life, Megan, a woman with deafblindness, will not be spending Christmas at home with her family. "We will drop off her presents and stocking to her home, one of DeafBlind Ontario Services' residential locations, as well as FaceTime with Megan and her intervenor on Christmas day," says Kathy Momtahan, Megan's mom.

Deafblindness is a combined loss of hearing and vision that impacts access to information, communication, and mobility. At just eight months old, Megan's family learned that she is deafblind and has Zellweger Spectrum Disorder, a degenerative neurological disorder.

"Learning how to parent a child with deafblindness was a big challenge...It

was difficult finding specialists who knew about her disorder. We had to do our own research and take her out of the country for answers and what treatment was available," says Kathy.

People with deafblindness often face additional medical challenges, making them an especially vulnerable group. The people supported by DeafBlind Ontario Services, like Megan, have been in lockdown since March, keeping them safe during the pandemic.

We all know what it's like to be in isolation. Now, imagine how this affects someone with deafblindness.

Intervenors are professionally trained to act as the 'eyes' and 'ears' of the individual with deafblindness through the sense of touch. "Intervenor Services means that Megan has specialized support that knows her communication methods and preferences, her health and safety needs, all the while planning for a fun and rich adult life," says Kathy.

With a disability that is already isolating, the need for specialized Intervenor Services is vital now more than ever. This holiday season, DeafBlind Ontario Services' intervenors across the province will bring a sense of comfort and normalcy during a difficult time.

"As a child, Megan enjoyed being with

her family during the holidays. With some hearing in her left ear and a cochlear implant on her right, Megan enjoyed listening to Christmas carols and all the hustle and bustle of activity, not to mention getting extra servings of chocolate pudding around Christmastime," says Kathy.

For Kathy, her husband, and other daughter, it will be a quiet Christmas. "We haven't decided yet on whether or not we will have a tree. We'll open presents on Christmas morning, as usual, but without Megan here. There will be Zoom calls with family living in other parts of Canada, the U.S., and the U.K. too," says Kathy.

This year, Megan will experience fun, sensory activities to help her anticipate that Christmas and the New Year are coming. She will listen to Christmas carols as she did as a child and dance around the Christmas tree with the support of her intervenors. And, she will FaceTime with her family too.

"DeafBlind Ontario Services has given Megan the best adult life we could envision for her, with trained and caring intervenors supporting her. She has matured a great deal in the last few years and has adapted to living away from home much better than we expected," says Kathy.



Update From the Minister of Seniors, Deb Schulte

I hope you had an opportunity to recharge over the holidays.

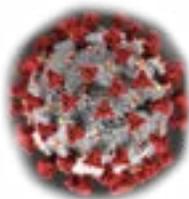
We are reaching dangerous COVID-19 case numbers in areas across the country. Many provinces and territories have made tough decisions and will have to continue doing so. It's not easy, but it's necessary.

The federal government will always be there as a partner as provinces and territories make the right choices to keep people safe. Working together is what will get us through this crisis.

Your choices matter. By wearing a mask, keeping your distance, and avoiding gatherings and non-essential outings, you are keeping yourself and others safe. And, by using the COVID Alert app, you can help stop the virus from spreading.

Stay home if you (or a member of your immediate household):

- have been in close contact with someone who has or is suspected to have COVID-19;
- are in quarantine (self-isolation) or isolation;
- feel sick or have any symptoms of COVID-19, even if mild;
- have returned from travel outside Canada within the past 14 days; or
- have returned from travel inside Canada to a province or territory that has quarantine requirements.



September, we'll have enough doses to vaccinate everyone who is approved to receive the vaccine or for whom the vaccine is recommended.

Stay in Canada and stay safe

The Government of Canada recommends against any non-essential travel. It is safer for people to stay at home in Canada and receive the vaccine here. We are delivering vaccines to the most vulnerable and we have access to a wider range of potential vaccines and more vaccines per capita than any other country.

All air passengers are now required to show a negative COVID-19 test result taken within 72 hours (96 hours for select destinations) prior to boarding their flight to Canada, unless they are under 5 years old or are travelling from a destination temporarily exempted.

New recommendation on masks

To improve the level of protection of non-medical masks, the Public Health Agency of Canada is now recommending that you consider using a 3-layer non-medical mask. These masks have a middle filter

layer that helps to prevent the spread of COVID-19 and reduce the risk of transmission within our communities. The Public Health Agency of Canada is not advising people to throw away 2-layer non-medical masks. Rather, if you are making or buying more masks, you should consider 3-layer non-medical masks to better protect yourself and your loved ones against the spread of COVID-19. For details, see Non-medical masks and face coverings.

Reminder: It's not too late to get your flu shot!

If you have not done so already, make sure to get your flu shot! Getting the flu shot is the best way to prevent the flu and reduce the severity of flu-related complications.

Sincerely,
Minister Deb Schulte

Spread the word:

I hope you will take a minute to ensure that this message reaches as many seniors (and the people who support them) as possible. Please share it with your networks through social media, email or your newsletter.

For regular updates, please follow:

Twitter: @ESDC_GC
Facebook: Seniors in Canada

Do You Have A Story To Tell?

Deafblind International Youth Network Is inviting contributions for a unique and inspiring publication

Calling all deafblind / sensory impaired young people aged 14-30 years. We want you to share your experiences of the Covid-19 Pandemic. Contributions of approximately 500 words. Please submit a photo if you wish this to accompany your story.

Send your stories to the network coordinator Simon Allison at simon.allison@sense.org.uk

Webinar book launch Summer 2021 featuring contributors to the book.





We lead and partner to improve the lives of people with CHARGE syndrome locally, nationally, and internationally through outreach, education, and research.



Mark your calendar! The CHARGE Syndrome Foundation virtual symposium will begin on the evening of Friday, July 16 and will run through Sunday, July 18, 2021.

We will offer both live and prerecorded sessions that will interest families of individuals with CHARGE of all ages and professionals. We will also host special evening events so participants can join together virtually as a CHARGE community.

There will be a nominal registration fee of \$50 for up to two logins and \$25 for each additional login.

Stay tuned for more information on registration and the specific program topics.

Count Me In: Mark Your Calendar!

[DONATE](#) | [BECOME A MEMBER](#) | [WEBSITE AWARENESS STORE](#)



CDBA-BC: Our Services

CDBA British Columbia Theresa Tancock, *Family Services Coordinator*



Recently I was interviewed for Assistive Media Inc. (AMI) regarding our services and programs and it caused me to reflect on what we do to support children and youth with deafblindness in British Columbia.

We are funded by the Ministry of Children and Family Development for two main programs: the Early Intervention Program and the Intervention Program.

Our Early Intervention Program (EIP), carried out by Sue Gawne (Program

Director) and Allison Mail (Deafblind Consultant), supports the families and professional teams of children with deafblindness (birth to five years old) who are functioning as deafblind, whether medically identified or not. The consultants meet with families, introduce them to the world of deafblindness and establish communication methods and Intervention techniques, as well as offer workshops and training to the families and professional teams (including preschool and daycare staff) of the children they support. Currently we are supporting 25 children (5 children transitioned to Kindergarten last September.

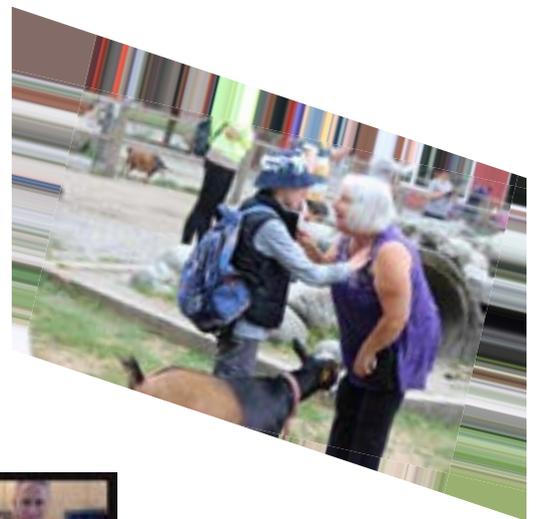
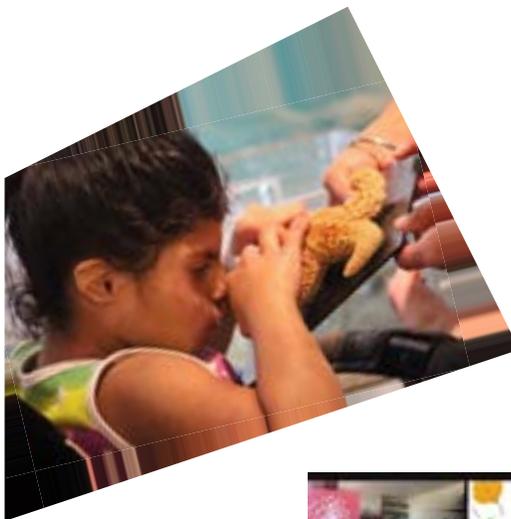
The objective of this program is to help eliminate the family's feelings of social isolation, stress, frustration and helplessness. The family's knowledge and skills for teaching their child with deafblindness is enhanced, creating a sense of control and comfort.

Our Intervention Program (IP) is offered

to children (two years to high school graduation) during the spring, summer and winter school breaks. This past summer (2020), we had 50 children and youth with deafblindness participate in the Summer IP, 7 of which were also participants of the Early Intervention Program. We employed 54 Intervenors to work with the children with deafblindness. For our Winter IP, we had 30 participants who were supported by 32 Intervenors.

The objective of this program is to assist with maintaining skills acquired during the school year, as well as realizing goals established by the parents and the school team. This program also allows for continued practice of communication and social skills.

In conjunction with our Summer IP, we have our Summer Recreation Program, which is open to the children and youth with deafblindness, their Intervenors and families as well as our



members (many of which are adults with deafblindness). This program offers the opportunity for the participants to explore community activities and develop social relationships with others who are deafblind. Intervenors are able to connect with others and learn more about Intervention.

Typically, this program runs primarily in the Lower Mainland, but has also been carried out in other areas of the province in past years. This year, however, we were not able to offer this program due to the pandemic. As a result, we had to create new ways to support our families. With the leadership of our newly formed Intervenor Resource Team, we developed a Virtual Summer Recreation Program, bringing children and youth with deafblindness, their families and Intervenors together for structured activity programs, using a virtual platform.

We have come together to sing, share, create and have fun and have made many wonderful things: bread people, wind chimes, butterflies and spiders, gardening, pumpkin finger-painting and apple cinnamon Christmas decorations, to name a few. In mid-summer, we

began mailing boxes of craft supplies, so that our families could fully participate.

Our Youth Transition Program supports youth with deafblindness and their families as they prepare for adult life.

This includes facilitating PATHs and Representation Agreements, attending school transition meetings and training staff of adult residential and day program agencies.

We also offer a Hospital/Relief Intervention Services Program. This program provides the support of an Intervenor to individuals with deafblindness within a hospital setting or during a time when the family may be in a crisis or emergency situation. This is to facilitate communication and access to information within an unfamiliar environment during a time of high stress and anxiety.

There are other organizations that support individuals with deafblindness in B.C., many of which we collaborate with. To name a few; The Provincial Outreach Program for Students with Deafblindness (POPDB) supports children and youth with deafblindness and their Intervenors and school

teams under the Ministry of Education, Wavefront Centre for Communication Accessibility offers Intervenor Services to adults with deafblindness and the Deafblind Planning Committee also offers networking opportunities and support to adults with deafblindness.

We also collaborate on a larger scale with other vision-focused agencies, organizations and professionals through the Shared Vision group and with other hearing-focused agencies, organizations and professionals through the Council of Service Providers.

Our participation with the National Deafblind Awareness Month Committee allows us to collaborate with other deafblind-focused agencies, organizations and professionals across Canada to promote awareness during National Deafblind Awareness Month in June...stay tuned for information regarding this year's International 'Yarn Bombing' initiative and watch for the 'Blue-lighting' of buildings and landmarks!



News from CDBA New Brunswick

CDBA New Brunswick Kevin Symes, *Executive Director*



Fun around the Province. We had clients send in pictures of things they did this summer and fall to pass the time away. With Covid-19 here, it affected everyone and we were limited on what we could do, so our clients and Intervenors made the best of it.



One of our Saint John clients enjoying the fresh air by the beach.



A Fredericton Client going to a movie with his Intenor, once the cinemas were open.



Three of our Fredericton clients enjoying a nice day at the park, where they ate their lunch.



Some more fun with our Fredericton client and his Intenor at the park enjoying themselves as well.



One of our Fredericton clients getting some special treatment.



Our Moncton Client and his Intenor celebrating 2 years together.

The Below Pictures are some pictures we took while on 2 mini day trips with our clients. One of the trips was to the Moncton Zoo and the other trip was on a boat tour of the Saint John River.



Below are some picture of our client enjoying the Fall.



News from CDBA Saskatchewan

CDBA Saskatchewan Dana Heinrichs, *Executive Director*



As fall approached so did the increase of COVID numbers in our community limiting the opportunities to get away from the homes. Our focus has been and continues to be the safety of the Individuals so they did as much walking, hiking and time outdoors as the weather allowed.

We started a new internal vocational and recreation work program rotating amongst the homes in November but as the restrictions grew it was put on hold for everyone's safety and resumed with in-house program plans. We have been preparing for Christmas, the online gift orders have been coming in hot this year.

We were honored to present Jacky Mackenzie with a service award for 30 years of service with CDBA Sask!



Jacky receiving her service award



Dana & Erin out for a walk



Peggy and Norrie out for a walk

Oscar Preview: FEELING THROUGH a Tense, Inspirational Journey Through the DeafBlind Experience

Shawn Krest
nsjonline.com

It's not unusual to see a man holding a sign on a New York City street corner. What caught Doug Roland's attention 10 years ago was what the sign said, and it just might lead him to filmmaking's highest honor.

"It said, 'I'm deaf and blind and need help crossing the street,'" Roland recalled.



In *FEELING THROUGH*, Roland's fictionalized account of that encounter a decade ago, the man stands, seemingly unaware of just how impossible his predicament seems to be. As cars speed by, inches away, he waits patiently, content in his trust that help would arrive.

In real life, Roland approached the man.

"I tapped him," he recalled. "He pulled out a notepad and wrote that he needed a bus stop. When I took him over there, a bus wasn't coming for over an hour, and I wanted to sit and wait with him. So I just kind of instinctively took his hand and started tracing one letter at a time on his palm. And he understood it, and we ended up having a whole conversation that way—with him writing in his notepad me tracing letters on his palm."

Roland, a filmmaker whose short film *JADE* is up to more than 23 million views on YouTube and feature *LIFE HACK* won 16 festival awards, decided to put his experience that New York night to film. The result is a tense, fraught tale of a DeafBlind man's journey home and the life-changing impact it had on the man who reluctantly chose to help him.

"This 18 minutes is probably the best 18 minutes I've ever spent watching a film," said Marlee Matlin, the first deaf actress to win an

Oscar. After seeing the film, she immediately signed on as an executive producer. "I know for myself. If and when I get excited about a project, then, I know that it really is unique and this certainly stands there as a unique project. It is a testimony to a story that has to be told. It's at the same time, a very simple story, and has so many levels, it's so deep. It's so lovely and natural/ It's authentic and that's the word that we really want to focus on. It's authentic."

Roland made movie history by casting the first DeafBlind actor in a starring role. He worked with Helen Keller Services to cast interested aspiring actors both in person and remotely, but he didn't find his leading man, Robert Tarango, until fate intervened.

"Robert, at the time, was working in the kitchen at Helen Keller National Center," Roland said. "He was not on our casting list that day."

During a break, when it was evident Roland hadn't found what he was looking for, one of the sign language interpreters approached with an idea.

"Hey," he said. "what about what about Robert?"

"So Robert was pulled out of the kitchen, not really fully explained as to what was happening. I think initially thought he might be in trouble," Roland recalled.

"I didn't really know what was going on," Tarango said. "I was just doing my job in the kitchen, and my supervisor called me out and said, 'Come with me.'"

Tarango was born deaf, the result of a rare genetic disorder called Usher Syndrome, which also causes progressive vision loss. About half of the 2.4 million DeafBlind people in America have the syndrome.

Tarango began losing his vision in his 20s and is now legally blind, his vision limited to a small pinhole.

"The more they started explaining, the more inspired and the more excited I got," he said.

"I started to say to them, 'Are you serious? You really think that I could be in a movie?' Growing up, I had wanted to be an actor for a very long time, but I'm thinking that I was deaf. I couldn't be an actor, and then especially losing my vision, I really couldn't be an actor."

The man who comes to Tarango's aid in the film is Tereek, a young African-American looking for a friend to crash with that night. At one point, he has to decide whether to make sure the DeafBlind man gets home safely or get to a lady friend's apartment before she falls asleep.

Steven Prescod brings the character of Tereek to life with a vulnerability that keeps his allegiance to his newfound companion in doubt throughout the film.

Prescod's journey to *FEELING THROUGH* is as improbable as Tarango's. Sent to Riker's Island at 16 for robbery, he was given a second chance by a judge and found a performing arts program that he says "saved my life." At age 22, he gave a spoken-word autobiographical performance to Prince William on the future king's visit to New York. The Prince was so moved by what he called an "inspirational" performance that Prescod has his number in his phone.

Prescod is able to bring Tereek's moral struggle to a level on par with Tarango's physical one as the two attempt to navigate late-night New York City, including a trip to a bodega and an encounter with a rude bus driver.

The result is a heartfelt statement movie that has the ability to inspire no matter which character the audience tracks.

"One shouldn't feel afraid to be creative," Matlin said. "To be able to write your own story write your own script. But at the end of the day, we shouldn't be able to think about actors wearing disability like in costume but to do authentic representation. We should let them be able to tell their stories."

COVID-19 Putting Disability Rights at Risk

Canadian Human Rights Commission
Ottawa, Ontario



With Canada now months into the COVID-19 pandemic, people with disabilities, their families and caregivers are still bearing a disproportionate impact of this unprecedented crisis.

More must be done to protect the rights of people with disabilities and to ensure that safety protocols designed to protect public health are not putting people with disabilities at risk.

Before COVID, people living with disabilities already faced barriers in many forms, often on a daily basis. Some were experiencing the most vulnerable circumstances in Canada. It has been well documented that they have unequal access to health care, education, employment and to be able to participate in the community. They are more likely to live in poverty, experience higher rates of violence, neglect and abuse, and are among the most marginalized in any crisis-affected community. For people with disabilities who face intersectional forms of discrimination — such as women with disabilities or racialized people with disabilities — the barriers are even greater.

Now, COVID-19 has expanded the circle of vulnerability in Canada and created new barriers to full participation for people with disabilities. Part of the problem is that the safety protocols that have become a new normal across Canada may present challenges and risks:

- Many people with disabilities or chronic health conditions have no choice but to risk regular interaction with multiple care providers. Others have had to be distanced from care

providers, family and other support systems upon which they rely.

- People who are blind or visually impaired must rely on touching non-sanitized objects and surfaces, and must navigate world where they cannot be certain that the people around them are abiding by safety protocols.
- People who are Deaf, deafened, or hard of hearing and who rely on reading people's lips to communicate, are now facing a world of masked faces.
- For people who are limited in how they can use technology, or who rely on community support, the order to "stay safe at home" can actually have the opposite effect. For them, the prolonged periods of isolation can compound the situation.
- Similarly, for those who live with mental or intellectual disabilities, the mandated isolation, the drastic shift in daily routine, and the increase of new fears or new stressors can all add up and worsen their situation.
- And overall, like all other Canadians, people with disabilities, their families and their caregivers are experiencing longer wait times, disruptions to health care access, and barriers to other essential services. The difference being that for people with disabilities, these disruptions can mean the difference between living with extreme pain or not, having essential life supports, or not, having independence, or not.

While the Government has made some great strides to address these barriers, including appointing the COVID-19 Disability Advisory Group, the Commission joins other organizations and rights holders who have voiced concerns that more needs to be done.

We are asking that as Canada in this moment of national crisis, that the health, financial welfare, and the human rights of people with disabilities be front and centre.

We are asking Canada to incorporate the diverse voices and lived experience of people with disabilities, their families and caregivers into the difficult decisions that are being made during this unprecedented time. All responses and recovery efforts must be intersectional and inclusive of the diverse needs of all people with disabilities. Further, in cases where an individual is unable to advocate for their own needs and share their lived experience without assistance, care must be taken to provide these individuals with a venue to ensure their voices are heard.

We urge the Government to immediately address the unmet financial needs of people with disabilities in an equitable way. We also recommend a comprehensive review to ensure a consistent approach to inclusion and disability supports across government that addresses the longstanding inequities in government programs and services. Finally, we would ask that any and all of these efforts be carried out using the most inclusive definition of "disability," as outlined in the new Accessible Canada Act, and in accordance with the principles of the United Nations Convention on the Rights of Persons with Disabilities.

The next phase of COVID recovery matters the most. No one can be left behind. Let's keep pushing for accessibility for all, for inclusion for all, and to see the rights of people with disabilities in Canada be at the forefront of Canada's return to a better normal.

7 Health Benefits of Vibroacoustic (Sound & Vibration) Therapy

Deb Wellmes, MA, SLP, ND

westsidedbt.com / www.wakeup-world.com



Deb Wellmes, MA, SLP, ND is a Speech-Language Pathologist, Vibroacoustic Therapy specialist, Neuroplastician,

and Reiki practitioner with a Doctor of Naturopathy degree. Her 35+ years of experience with developmentally disabled adults and her 7 years as a caregiver for her Mom infuse her current passion for natural healing work. She is developing an energetic resonance program for enhancing stress resilience.

Like waves of vibration that are eternally connected and influenced by one another, our understanding and appreciation of vibro-tactile healing has ebbed and flowed.

Ancient traditions recognized vibration and sound as an important method for returning to balance and healing. Some of the ways these traditions have used sound and vibration include: music, chanting, prayer, toning, and the use of instruments such as drums, bells, singing bowls, gongs, and wind instruments.

As Ancient traditions fell from favor, we lost sight of the powerful benefits of vibro-tactile healing. It has taken great thinkers and scientists millennia to return to this lost knowledge. Perhaps we are so comforted by vibration and sound because as humans, our first experiences within the womb were known and felt as vibration (e.g., our mother's heartbeat and voice). All matter vibrates and the human body is no different.

It is known that sound waves move through water at least 5 times more efficiently than through the air and that the water in the human body accounts for at least 50-65% of its makeup. This makes the human body a receptive vessel for vibro-tactile input.

The lens through which the benefits of vibro-tactile healing have been filtered has

changed with time and cultural knowledge.

The earliest known use of a vibro-tactile method for healing comes from the Aboriginal people of Australia, who have used the didgeridoo, a wind instrument made from hollowed limbs from eucalyptus trees, for at least 40,000 years. The sound frequencies that are produced by this fascinating instrument are low and both the person playing the instrument and the person hearing it feel the vibration produced. Healers in Australia have historically used this instrument to heal illness, muscle tears and even broken bones. Auditory rhythm has also been used to affect healing going back tens of thousands of years on every continent. Many indigenous shamans around the world continue to use vibro-tactile methods for healing and balancing dis-ease in the body.

There has been much fascination, mystery, and acoustic research conducted in the Pyramids of Egypt. Much of the research has resulted in theories that have been used to discern the true purpose of the Pyramids and how they were constructed. There are many differing theories about the construction and purpose of the Pyramids but the one common linking factor is the way the structures resonate to sound. A deeper understanding has been awakened to the benefits of sound and vibration and has been fueled by the captivation of researchers working in the Pyramids.

One researcher, John Stuart Reid, found evidence that suggested the Egyptians designed the King's Chamber in the Great Pyramid of Giza, to resonate in such a way as to enhance sound-based ceremonies that included chanting. Reid's research led to the development of instrumentation to visualize vibration and sound using a CymaScope. An interesting side note to Reid's acoustic research in the King's Chamber is, as he worked and spent time in the chamber, he found that his chronic low back pain dissipated.

Another researcher, Alan Alford, closely examined the properties of the granite walls of the chambers and concluded that the Great Pyramid was uniquely designed to "sing". Alford noted that the 43 beams in the King's Chamber were constructed and specifically arranged to resonate with precise low frequencies. These infrasonic frequencies cannot be produced with the human voice, which suggests that the purpose was something other than singing or chanting. He speculated that the Great Pyramid was built as a giant "sound box" designed to harness the low frequency vibrations of the Earth.

Moving forward in time to Ancient Greece, Pythagoras used the kithara (a type of lyre) as healing instrument and he reputedly was able to soothe both animals and people with his music. He termed what he did as "musical medicine". When he was teaching in Crotona, he reportedly opened the day with songs that were designed to awaken the mind and prepare it to focus on the activities of the day. In the evening he used music to soothe and relax his students and prepare them for rest. Many of his students went on to use music for healing purposes.

In his investigation into the therapeutic value of harmonics, Pythagoras discovered that different keys had diverse effects on the emotions and had the potential to influence behavior. A famous example of this took place one evening when Pythagoras was out observing the stars. While star gazing he witnessed the scene of a young man, who was muddled by alcohol and in a fit of frantic emotion. The young man was wildly stacking kindling by the door of his mistress. Nearby, a musician played a stirring tune, which seemed to fuel the young man's frenzy. Pythagoras asked the musician to change the tune to a slower, more rhythmic piece. The musician complied and with the change in tempo and rhythm, the young man's agitation calmed. Once he was in a

calmer state he quietly gathered the sticks and returned to his own home.

The use of sound made its way into “modern” medicine in 1928 when German scientist Erwin Schliephake discovered that short sound waves accelerated healing in cancer patients. In 1938 another German scientist named Raimar Pohlman went on to demonstrate the therapeutic properties of ultrasound.

A Return to Respect for the Healing Properties of Vibro-Tactile Input

Olav Skille and Tony Wigram have been driving forces behind our current understanding of Vibroacoustic Therapy as a research-based healing technique. Skille began his work and research in 1968 by developing equipment and music software to deliver vibro-tactile input to young people with Rett Syndrome in Scandinavia. He discovered Vibroacoustic Therapy to be beneficial for such conditions as asthma, autism, cystic fibrosis, cerebral palsy, insomnia, pain and Parkinson’s disease. He described the three main areas of effect from Vibroacoustic Therapy as being:

1. Spasmolytic and muscle-relaxing effect
2. Increase in blood flow to the extremities
3. Marked but varying effects to the vegetative state

In England, Wigram began his own research in the 1990s, using some of Skille’s techniques to help adults with cognitive disabilities and behavioral challenges. He used the techniques with individuals with self-abusive behaviors and anxiety. The passion and dedicated research from both of these men has been invaluable to our understanding of sound and vibration as a healing modality.

In 1997, Butler studied patients undergoing open heart surgery and found that the use of vibro-tactile stimulation post-operatively reduced the need for and reliance on a ventilator and decreased the overall length of the hospital stay from 9 to 5 days.

In 1999, the National Institute of Health published research into the use of Vibroacoustic Therapy for addressing pain

and symptoms that often accompany pain such as anxiety and depression. Although the results of the study were published in 1999, the study itself has been ongoing and continues to show similar positive results. There are presently a number of forward thinking hospitals in the United States that use Vibroacoustic Therapy as an adjunct to conventional treatments such as surgery and chemotherapy.

How Does Vibroacoustic Therapy Work – The Science

Vibroacoustic Therapy uses low frequencies and therapeutic music delivered through special speakers called transducers. The transducers can be embedded within some sort of furniture such as portable mats, mattresses, and massage tables, custom tables with water bladders, beds and recliners.

As a person’s body has contact with the embedded speakers, the music is sent from the source into the transducers and then is felt by the body as vibration and heard by the ears as sound. The vibro-tactile input stimulates nerve bundles along the spine, up into the brain stem and then through the limbic system. In addition, the sound stimulates the medulla in the brain stem and activates the auditory nerve that connects with all the muscles of the body. These reactions signal the body to relax and flood the brain with mood lifting chemicals. In addition, the low frequencies also cause a relaxation of the tissues, and a dilation of blood vessels and an opening of the lymphatic pathways which in turn increases the body’s ability to heal.

Effects of Vibroacoustic Therapy

Are there side effects to Vibroacoustic Therapy? The answer is “yes,” if you think of side effects being positive responses.

In today’s world we are taught to think of side effects as being negative. This has been ingrained in us due to the numerous negative side effects associated with both pharmaceutical and over-the-counter drugs. But Vibroacoustic Therapy has no

known negative side effects and numerous positive effects.

A few of the positive responses to Vibroacoustic Therapy may include:

- Lower Blood Pressure
- Reduced Pain
- Reduced Anxiety
- Better Regulated Limbic System
- Increased Circulation
- Shortened Healing Periods
- Increased Sleep Quality
- Increased Sense of Calm

7 Health Benefits of Vibroacoustic Therapy

When Vibroacoustic Therapy is used in conjunction with other vibrational modalities, such as essential oils and Reiki, this creates what Don Estes calls “Sensory Resonance”, where the individual is bathed in harmonic frequencies that integrate the whole brain and body into a state of peace and calm. When the mind and body are in a calm state, all kinds of health benefits can occur.

1. The Limbic System is signaled to return to a calm state, and over time helps the body to become better at self-regulation and more resilient to stressors.
2. The Relaxation Response is activated, which creates a cascade of positive physical and emotional health benefits.
3. The heart rate slows and heart rate variability (HRV) improves, which is an indicator of stress resilience.
4. Blood pressure lowers, which reduces the risk of stroke and heart attack.
5. Muscles relax, which in turn can reduce pain from tension and spasms.
6. Pain lessens through a combination of increased relaxation and an increase of “happy” hormones.
7. Circulation increases, which nourishes the cells and organs.

In a day when people are seeking healthy alternatives for combating stress, pain, and illness, we should reconsider the Ancient wisdom of vibro-tactile input. Modern technology now makes it possible for this healing modality to be put into practice and available to a wider population.

A Wellness Solution For People Who Are Deafblind

Introducing the TBI Vibro-Acoustic Chair



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*Check with local government agencies to determine eligibility for coverage

**Qualitative responses from users at product testing sessions, January - November 2020



Exceed Your Sensory Potential

www.immersx.com

Michel Lamy - EVP Growth
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