

Senate Committee on Human Services and Early Childhood  
SB 449

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Testimony of Mitchel Turbin PhD, Chair of Oregon Deaf-Blind Services Task Force

Senator Gelser and members of the Committee: Thank you for the opportunity to be heard here today.

I'm Dr. Mitch Turbin, and I live in Gresham. I recently retired after more than 10 years as a Research Psychologist at the Department of Veterans' Affairs National Center for Rehabilitative Auditory Research located at the Portland VA Medical Center. I'm here as Chair of the Oregon Deaf-Blind Services Task Force, an ad hoc committee of stake holder agencies and citizen advocates who have met for over 3 years to discuss the needs and possible solutions of and for Oregonians who have severe combined vision and hearing losses.

I'm also here as a citizen advocate because I have Usher Syndrome Type 3 and have been experiencing progressive vision and hearing loss all my life. I'm able to function well with a cochlear implant; however continued acceleration in my vision loss forced me to retire at least a few years earlier than I would have preferred.

We use the term "deaf-blind" to identify all those whose combined vision and hearing loss is so severe as to impose significant barriers to functioning in education, career, at home and in the community. I have personally and professionally met probably 100s of "deaf-blind" individuals. I know people with advanced degrees who have led productive lives and who have rich family experiences. I have met working class people who have struggled but been able to meet many of the challenges posed to them by their disabilities. And I have met some who are profoundly disabled and isolated. But all of these individuals can benefit from some extended services to enable them to function more fully in our society.

Estimates vary of the number of deaf-blind Oregonians, ranging from as low as 20,000 to as many as 35,000. Approximately 8% of deaf-blind people are children and youth, 15-20% are of working age, and probably 70% or more are over the age of 62. The incidence of deaf-blindness in the latter group continues to grow as our life spans are extended by medical advances. The VA has identified the needs of veterans with this impairment, labelled as a "dual sensory loss" as a serious public health challenge. The Oregon Deaf-Blind Services Task Force strongly agrees with that assessment and strongly supports SB 449 as a critical first step in developing a more effective system for meeting the complex needs of our target population. We have established the following preliminary priorities:

1. Outreach to identify Oregonians of all ages with deaf-blindness.
2. Central coordination of services and case management to ensure lifelong availability of assistance.
3. Training case managers, personal adjustment and family counselors who understand the unique adjustment and communication needs of deaf-blind people.
4. Training and provision of Support Service Providers, a nationally recognized specialization, to assist deaf-blind people in the community and at home.
5. Training & provision of specially deaf-blind-skilled sign language interpreters, captioners & communication device specialists

The Office of Deaf, Deaf-Blind, and Hard of Hearing Services that is envisioned in SB 449 will present an excellent first step in meeting these needs of the deaf-blind population and in clarifying, refining and amending this list. I strongly support SB 449 and ask you to do so as well.

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