



April 28, 2023

Dr. Karl White, Director
NCHAM, Utah State University
2615 Old Main Hill
Logan, Utah 84322

Dear Dr. White:

We wish to call your attention to the inappropriate description of your upcoming NCHAM-sponsored webinar on May 18, 2023 with Dr. Eliot Shearer, where it was stated:

“...Early identification allows for a rapid response to limit, if not prevent altogether, any periods of time where a child does not have access to language.”

The way our current EHDI infrastructure is set up with the 1-3-6 intervention plan, babies identified as having hearing outcomes will have missed six months of language acquisition. All of the legislatively mandated implementation has not mitigated the severe language deprivation syndrome that we all have discussed in depth.

Abundant research on deaf children’s language acquisition, language development, and eventual K-12 academic and literacy development show that early acquisition—through American Sign Language—have enabled robust ASL/English development which our federal implementers and intermediaries such as NCHAM have historically, ideologically, and agnotologically neglected.

Indeed, part of the problem is the EHDI implementation is focused on hearing restoration in their quest to ensure deaf children acquire spoken languages (Hatrak, 2022). This has resulted in devastating consequences for our deaf children who do not achieve grade-level academics, did not graduate with diplomas as was the case with Miguel Perez (in his Supreme Court decision), and have not become gainfully employed in their adult lives.

Where is the evidence for “positive speech, language and listening outcomes?” There is no national data affirming the academic success of K-12 deaf students (Hall & Dills, 2020). Furthermore, EDHI implementation is focused on parents’ desires for spoken languages rather than on deaf children’s signed language needs (Payne-Tsoupros, 2019)

When you suggest that hearing is needed to acquire language, then as Dr. Tom Humphries (2017) suggested, those research statements and/or professional recommendations against sign languages were “scientifically, ideologically, and ethically” (p. 648) irresponsible, considering the ultimate harms inflicted upon deaf babies. Based on the webinar description sponsored by NCHAM, this is the deficient ideology that contributes significantly to why deaf children continue to struggle to get access to and to acquire language.

Based on years of policy-based—rather than on evidence-based—research findings, it would be prudent to amend by hosting a webinar focused on the benefits of learning American Sign Language from the first day of deaf babies' identification and I would be happy to consult for NCHAM.

Sincerely,

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