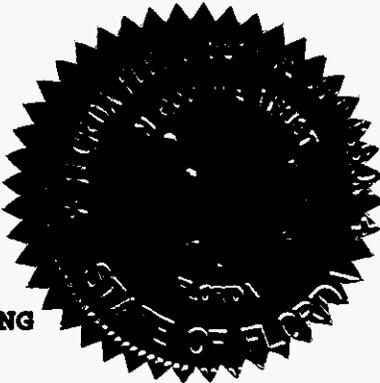


FLORIDA PUBLIC SERVICE COMMISSION

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In the Matter of
Implementation of Florida
Telecommunications Access
System Act of 1991.

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: DOCKET NO. 960598-TP
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PROCEEDINGS: ADVISORY COUNCIL MEETING

DATE: Thursday, November 13, 1997

TIME: Commenced at 1:00 p.m.
Concluded at 3:40 p.m..

PLACE: Betty Easley Conference Center
Room 152
4075 Esplanade Way
Tallahassee, Florida

REPORTED BY: JOY KELLY, CSR, RPR
Chief, Bureau of Reporting
Florida Public Service Commission

DOCUMENT NUMBER-DATE
12278 DEC-25
FPSC-BUREAU OF REPORTING

1 **IN ATTENDANCE:**

2 **JAMES FORSTALL**, Executive Director, FTRI.

3 **ROBERT GIUNTOLI** and **BRYAN CARRELL**, MCI.

4 **ALEXANDER FLEISCHMAN**, **JULIA MAYES** and **RITA**

5 **SLATER**, Florida Association of the Deaf, Inc. (FAD).

6 **SUSAN LANGSTON**, Florida Telephone Association.

7 **JERRY CONNER**, Deaf Service Center

8 Association.

9 **TESSA LITTLE**, Advocacy Center for Persons with
10 Disabilities, Inc.

11 **CHRISTINE CALL**, Florida Telecommunications Relay,
12 Incorporated.

13 **JIM MARTIN**, DMS

14

15

16 **FOR THE FPSC:**

17 **RICHARD TUDOR**, **ALAN TAYLOR**, **LAURA KING** and

18 **DON McDONALD**, FPSC Division of Communications.

19

20

21 **INTERPRETERS:**

22 **STEVIE FENTON**

23 **CHARLENE SANTIAGO**

24

25

1 **P R O C E E D I N G S**

2 (Meeting convened at 10:00 a.m.)

3 **MR. TUDOR:** Okay. If we can go ahead and
4 get started.

5 We're glad to see everyone here today. I
6 think maybe what we should do, because we do have some
7 people that don't know each other is to quickly go
8 around the room and ask people to introduce
9 themselves.

10 So I want to start here to my right with our
11 Staff. Could we just go through the room?

12 **MS. KING:** Laura King, Commission Staff.

13 **MR. TAYLOR:** Alan Taylor, Commission Staff.

14 **MR. TUDOR:** Richard Tudor with the Public
15 Service Commission.

16 **MR. McDONALD:** Don McDonald with Staff.

17 **MS. LANGSTON:** Susan Langston with the
18 Florida Telecommunications Industry Association here
19 today representing the local exchange industry.

20 **MS. LITTLE:** Tessa Little with Advocacy
21 Center for Persons with Disabilities.

22 **MR. CONNER:** Jerry Conner with the Deaf
23 Service Center Association.

24 **MR. FLEISCHMAN:** Alexander Fleischman,
25 President, FAD.

1 **MS. SLATER:** Rita Slater, and I'm a
2 representative from FAD.

3 **MR. TUDOR:** And we have some other people
4 who will be speaking later and we'll be introducing
5 them as they come up.

6 I guess first of all let me welcome a couple
7 of new members, Jerry Conner and Rita Slater. We
8 appreciate you being willing, as well as all of you
9 being willing, to serve on this committee. We will
10 look forward to working with you and appreciate your
11 input.

12 Rita just finished a four-hour drive from
13 St. Augustine, so she is a little road weary. We hope
14 you will enjoy the meeting today and thank you for
15 making that trip over, and, Jerry, the same for you.

16 The agenda I sent out basically has three
17 items for us to deal with today. We do have James
18 Forstall here from FTRI. And James will be telling us
19 a little bit about FTRI, and then a little later,
20 Bryan E. Carrell and Robert Giuntoli from MCI will
21 bring us up to date on some of the activities at the
22 relay center.

23 Then also as an item, an administrative
24 item, we need to discuss the makeup of the Advisory
25 Committee and how we want to go forward with the

1 Advisory Committee format.

2 I laid out a couple of things on the front
3 table, an agenda, if anyone needs one of those.
4 There's also a newsletter that MCI has started putting
5 out, and the summer one, the first edition is there.
6 I believe I may have sent one to many of you, but
7 there's a copy there if you'd like to pick it up
8 before you leave today.

9 Before James starts, let me see if there are
10 any preliminary remarks, if anyone needs to say
11 anything before we begin with James this morning.

12 Okay. James, we appreciate you being here,
13 and I'll just turn it over to you, and let you bring
14 us up to date on what is going on at FTRI.

15 **MR. FORSTALL:** Thank you, Mr. Tudor and
16 Advisory Board members for inviting me to give this
17 presentation. I'm glad to be here to update you on
18 FTRI since our last meeting. Let me begin by sharing
19 some information regarding the equipment distribution
20 program.

21 As of June 30th, 1997, FTRI has a database
22 of over 125,000 clients. FTRI is currently
23 distributing the following specialized
24 telecommunications equipment which provides hearing,
25 speech and dual-sensory impaired individuals with the

1 ability to access the telephone system. They are the
2 TTY, volume control phone for the hearing impaired,
3 volume control phone for the speech impaired, voice
4 carry over telephone, large visual display TTY, the
5 braille TTY, a voice carry over, hearing carry over
6 TTY telephone.

7 Additionally, FTRI distributes ring
8 signaling devices to alert these individuals to a
9 ringing telephone. The signaling devices are the
10 audible ring signaling, the visual ring signaling and
11 tactile ring signaling. TASA provides the
12 certification of persons as hearing impaired, speech
13 impaired or dual-sensory impaired by any of the
14 following professionals. I have listed the number of
15 recipients certified to coincide during the fiscal
16 year 1996 and '97.

17 Certified audiologists, they've certified
18 7,942 recipients.

19 Hearing aid specialists, certified 7,725
20 recipients.

21 Licensed physicians, 1,483 recipients.

22 Speech language pathologist, certified 69
23 recipients.

24 Deaf Service Center directors, certified
25 3,549 recipients.

1 Teacher of the hearing impaired, certified
2 93 recipients. Teacher of the visually impaired, nine
3 recipients. State or federal agency representative,
4 127 recipients.

5 During fiscal year '96-97, FTRI served
6 20,997 new recipients. Of that number, 499 were deaf.
7 20,320 were hard of hearing. 145 were speech
8 impaired, and 33 were dual-sensory impaired. The
9 total number of new equipment distributed during that
10 time was 34,038 pieces, which includes both Category A
11 and B.

12 More people in the 70 to 79-year-old group
13 receive equipment than those of any other specific age
14 group. 89% of all recipients were 60 years of age or
15 older.

16 With the hiring of an Outreach specialist
17 last July, we're expecting to see an increase in the
18 number of new applicants and equipment distributed
19 during the coming fiscal year. Ms. Call will do a
20 brief presentation on Outreach following my
21 presentation.

22 FTRI continues to contract with 13 regional
23 distribution centers and seven training agencies
24 throughout the state. The majority of the equipment
25 distributed continues to be in the regional

1 distribution center areas.

2 Last February FTRI conducted a 1.5 day
3 training conference to provide the RDCs and training
4 agencies with some updated training on the equipment,
5 along with a thorough review of the procedures manual
6 and related forms. Training on this specialized
7 equipment was provided by the different vendors or
8 manufacturers, while training on the procedures manual
9 was conducted by the FTRI Staff members. This
10 conference was very well attended.

11 We also held separate regional meetings this
12 past summer to obtain input, feedback and suggestion
13 from the RGC regarding the procedures and distribution
14 method that should assist us in making improvements or
15 changes where necessary.

16 During this past fiscal year, FTRI processed
17 new request for proposals or bid on eight different
18 types of specialized telecommunications equipment. As
19 a result of these bids processes, FTRI will be able to
20 purchase the same quality and quantity of equipment
21 within an approximate annual cost savings of over
22 \$450,000 to the program.

23 A third bid process has already begun on a
24 new piece of specialized telecommunications equipment
25 called the in-line amplifier. We hope to complete

1 this bid process and begin distribution during this
2 fiscal year.

3 Additionally, FTRI has initiated efforts to
4 organize in association of equipment distributors. We
5 met last week in Tampa for our first meeting with 11
6 states attending. There are currently 32 states that
7 have or are in the process of implementing the
8 distribution program. The states that attended were
9 Texas, Louisiana, Arkansas, New Mexico, Wyoming,
10 Minnesota, Maryland, Virginia, Georgia, Massachusetts
11 and Florida.

12 We spent two days organizing the association
13 along with sharing our views and other relative
14 information. It was a very informative and worthwhile
15 meeting. We're planning to meet annually.

16 In conclusion, FTRI expects distribution to
17 continue at the present level with slight increases
18 due to some renewed Outreach activities through the
19 next fiscal year. The maintenance levels are expected
20 to maintain the same level as the past fiscal year,
21 and as FTRI's client data base increases there will be
22 a proportionately larger number of people needing
23 maintenance and other services.

24 Given the demographic of the state of
25 Florida, FTRI is continuously evaluating specialized

1 telecommunications equipment that will enable the
2 citizens of Florida with unique hearing and speech
3 impairment to better access telecommunications. This
4 helps to ensure that the citizens of Florida are
5 provided with the best available services to suit
6 their needs.

7 For example, FTRI introduced the new VCO/HCO
8 TTY telephone and will introduce a new in-line
9 amplifier. This in-line amplifier will enable the
10 client to amplify their own standard telephone. FTRI
11 printed materials, including the distribution,
12 application, brochures and other information are being
13 revised to reflect the new inventory and any updated
14 information to keep the applicants informed about the
15 services provided by FTRI.

16 This concludes my report, and I'll be glad
17 to answer any questions at this time.

18 **MR. TUDOR:** Thank you, James.

19 The in-line amplifier, where is it
20 installed? Is it installed on the handset cord or
21 between the wall and the telephone set itself?

22 **MR. FORSTALL:** The in-line amplifier is
23 installed between the handset cord and the base of the
24 telephone. It has a dial or a sliding dial to allow
25 the amplification to increase.

1 **MR. TUDOR:** How would you decide who to give
2 that to versus, say, the Walker clarity phone.

3 **MR. FORSTALL:** We are going to leave that up
4 to the individual client. That's an option. We know
5 there are some clients out there who may prefer to
6 remain with their current telephone equipment, and
7 this would be that option for them.

8 **MR. TUDOR:** Okay. Let me see if anyone on
9 the committee has questions for James? Alex.

10 **MR. FLEISCHMAN:** I have a question. Have
11 you selected an Outreach specialist?

12 **MR. FORSTALL:** Yes, we have, and I will
13 introduce her in a moment to you to do a presentation
14 on Outreach.

15 **MR. FLEISCHMAN:** Okay.

16 **MR. TUDOR:** Any other questions for James?
17 Why don't you go ahead and introduce Ms. Call.

18 **MR. FORSTALL:** Now I'd like to take this
19 opportunity to introduce FTRI's outreach specialist,
20 Chris Call.

21 **MS. CALL:** Hi. I'm Chris Call. As James
22 said I just joined FTRI in July. Since that time
23 we've participated in several exhibits, and Outreach
24 events. The first one we did was right after I got
25 started. We participated in the ADA celebration at

1 the capital, and then we went over to Pensacola to
2 celebrate in their Deaf Awareness Day and celebration
3 of ten years of service.

4 While we were over there, we met with HRS
5 District I administrators. We met with like Adult
6 Protective Services, Children's Home Services, and
7 different service providers to inform them. Many were
8 not aware that children as young as three can receive
9 our equipment. Others were not aware that people's
10 Social Security SSDI, SSI, Medicare, Medicaid, were
11 not affected. Knowing that one piece of information a
12 lot of the Elder Affairs people were very receptive.

13 We've met with several medical centers that
14 are primarily geared to senior citizens, and I'm
15 starting to hit a lot of the VA hospitals. We're
16 participating in -- one of the events we just got done
17 was down in Jerry Conner's area in Tampa. We
18 participated in the Southeast Regional Institute on
19 Deafness. Several people from Florida and the
20 surrounding areas were not aware that people who are
21 in residential treatment can also qualify for the
22 phones while they are in treatment or living in a
23 nursing home or an assisted-living facility, that they
24 don't need to have their own residence; it's just
25 wherever they reside.

1 Recently we have been hitting the local
2 areas since we've already hit a lot of the statewide
3 events. Meeting with like Taylor County Meals on
4 Wheels programs, the people who deliver the meals
5 because they are the ones that see the individuals.
6 We have been meeting with a lot of the different INR
7 organizations, and getting our names on a lot of the
8 information referral list so that when people call,
9 and this is one of their issues, that they know where
10 to contact us, how to contact us, how to contact the
11 local RDCs and the training agencies for more
12 information.

13 We have sent out the Outreach contract for
14 the regional distribution centers. There's been about
15 ten received out of the 20 that were sent out. Out of
16 the ten that have been received there's currently 11
17 Outreach opportunities in -- planned through now and
18 the end of December. We expect that number to
19 increase as more contracts come in and as more
20 questions are answered.

21 Some of the Deaf Service Centers want their
22 attorneys and their boards to go over it so that
23 everybody is included and everybody agrees to it.

24 We've finally got some of the printed
25 materials done, the brochures are done, the new

1 applications are being done. A newsletter will be
2 going out within the next four to six weeks, depending
3 on the mail because of the holidays.

4 We're trying to get our names, like I said,
5 on as many information referral lists, as many --
6 within as many social service agencies that primarily
7 work with -- like the Health Departments, HRS, Elder
8 Affairs, and the universities that work with students
9 with disabilities, and the libraries. We've started
10 to send out packets to all of the libraries for their
11 resource information racks.

12 And right now we're just in the works of
13 planning more for January and February and, hopefully,
14 planning a meeting in either -- I think it's May or
15 August, depending on when we can start meeting with
16 all of the RDCs again.

17 So does anybody have any questions?

18 MR. TUDOR: Alex.

19 MR. FLEISCHMAN: You said you have
20 newsletters.

21 MS. CALL: One newsletter, yes.

22 MR. FLEISCHMAN: Are you sending those out
23 to professional people?

24 MS. CALL: Yes.

25 MR. FLEISCHMAN: I thought you were just

1 sending them to deaf people themselves.

2 MS. CALL: No. We will --

3 MR. FLEISCHMAN: Where is the name of the
4 list of the people that you're sending them to. Are
5 you sending them to any individual deaf people?

6 MS. CALL: We are sending them to anyone
7 that is in our database that has received our
8 equipment, plus service providers, and other
9 professionals. There's a total of -- right now I have
10 a total list of 180,000.

11 MR. FLEISCHMAN: But are you sending it
12 specifically to deaf people or just professional
13 people? I specifically mean deaf people themselves.

14 MS. CALL: Yes. People who are deaf will
15 receive our newsletter.

16 MR. FLEISCHMAN: I've never seen any.

17 MS. CALL: I joined FTRI in July. And
18 previously this position has been vacant for three
19 years.

20 MR. TUDOR: Jerry.

21 MR. CONNER: I have a couple of things.
22 What I would recommend for the newsletter
23 that you also include all the school districts.

24 MS. CALL: Yes. The ESE directors are on
25 the list.

1 **MR. CONNER:** The problem is that the ESE
2 directors don't get the information down to the
3 teachers, and those are the ones who contact the
4 children. ESE directors seldom, if ever, see
5 children. And our experience has been that by sending
6 it to those people it never makes it on down to the
7 next level unless you have some way to force that to
8 happen.

9 Also the colleges and universities that have
10 programs, particularly the interpreter training
11 programs and the deaf programs at HCC, junior college,
12 USF, Miami, Dade, they have a large number of
13 students. I know we do presentations there, and they
14 are usually stunned that there is such a program.

15 And, finally, the deaf clubs really ought to
16 get a stack themselves, because there's still a
17 misperception among the deaf community among many of
18 the deaf club members that it affects their benefits
19 or whatever somehow.

20 **MS. CALL:** Yeah. That is a big issue where
21 people believe that if they do receive this equipment
22 they are going to have to claim it.

23 **MR. CONNER:** Yes. And at one point somebody
24 was telling people that. I don't know who. I know
25 that I've dealt with probably 50 or 60 people who

1 said, "Well, I'll lose my SSI." No. It's just a
2 phone. That's all it is. So somehow somebody got
3 that perception. And it was right around tax time, so
4 all I can assume is it must have been somebody's tax
5 preparer saying, "You've got this \$600 machine, well,
6 you have to report that." I don't know how it
7 happened. I'm just telling you. So that may be --
8 you know, hitting the deaf clubs would be a way to
9 dispel some of that myth.

10 Secondly, as you know, I'm constantly
11 pushing and pushing. On the flight flying up here I
12 was sitting next to a Janice Caluda, C-A-L-U-D-A. She
13 is vice president of operations for the Florida Cable
14 Telecommunications Association. And I was telling her
15 why I was coming. And I said that FTRI was starting
16 to do some outreach. And she indicated that the cable
17 people would love to help make public service
18 announcements, et cetera, at no charge.

19 **MS. CALL:** Great.

20 **MR. CONNER:** So if you want to make a copy
21 of her card.

22 **MS. CALL:** Yes.

23 **MR. CONNER:** Like I said, I never stop
24 pushing. So.

25 The other thing I'd like to ask is what is

1 the total amount of money that is going to be put into
2 the Outreach program -- I guess in particular I'm
3 talking about the contracts with the RDCs, because
4 they were left open and there was no amount of money.
5 So for most centers there was no way to plan staffing
6 or anything because -- I mean, we could plan 40
7 events, but if you only approve 10 of them, we can't
8 staff for only part-time people.

9 **MS. CALL:** I don't have the exact dollar
10 amount. I can refer to James for that, because I was
11 not here during the budget time last year and the
12 budget preparations have not taken place yet for the
13 following year. So I would have to refer back to
14 James for that because I was not here during that
15 time.

16 **MR. CONNER:** I'd just like to know that
17 number if we can get it, and whether or not that's
18 that's going to be divided up based on population or
19 based on the distribution contract, or -- it's real
20 hard to sign a contract that doesn't have any numbers
21 on it is what I'm saying.

22 **MS. CALL:** Well, I'm sure James can answer
23 that question if you want him to come back.

24 **MR. TUDOR:** Let me just ask that. James, do
25 you know what the budget is for Outreach for the

1 current budget year?

2 **MR. FORSTALL:** Total budget for the Outreach
3 is \$150,000. Specific to answer your question, we did
4 not come to any dollar amount. It will be as --
5 approved as requested. So as an Outreach activity is
6 planned, a budget requested for that, you know, as is.
7 So there is no particular dollar amount assigned to
8 each individual contract.

9 **MR. CONNER:** Okay. I'm hoping you
10 understand the dilemma that, say, I, as an Executive
11 Director, have when I'm expected to sign a contract
12 that has no dollar figure on it, so I don't know
13 whether I can go out and recruit an Outreach person
14 for \$20,000 a year. If there's \$150,000 in the total
15 budget, clearly that means that if you're talking
16 about 13 centers, if -- you're talking less than
17 \$10,000 a center. It's real hard to plan it -- we can
18 plan short-term stuff, so next week we'll know what
19 we'll do and the following week, but I can't project a
20 year or two down the road if I don't know how many
21 dollars are available.

22 **MR. FORSTALL:** I understand the question.
23 And the contract allowed for reimbursement as
24 activities are performed. And as a center or an
25 agency wants to apply for particular Outreach dollars,

1 that application is affected by how much reimburse --
2 mileage reimbursement and per activity, and we also
3 reimburse per hours, a salary per hour. If you're
4 planning to do a particular activity and it requires,
5 for example, ten hours of labor, manual, then we would
6 reimburse that ten hours allotment per activity.

7 **MR. CONNER:** What if I planned 30 events
8 over the next year and each of them are going to
9 involve 20 hours of work on a staff person's part? Do
10 you see the kind of dollar figures that are going to
11 happen there? I can't hire somebody to do that and
12 have them lay out a plan if I don't know if you're
13 going to automatically approve all of that or you've
14 already set aside X-number of dollars for me to work
15 with.

16 From my perspective it's an impossible
17 situation, and I don't understand how the other
18 distribution centers can possibly sign a contract and
19 say, well, we're going to plan these activities when
20 they don't have staff to do that. It's got to be
21 additional staff, because as, you know, most of the
22 centers are not funded at all by any state dollars or
23 even many local dollars are being lost. How can they
24 possibly plan an effective strategy without knowing
25 how much money they have to work with at the end of

1 the road? So if you tell me I have \$25,000, then I
2 know what I can plan for \$25,000. But if you tell me
3 plan whatever you want, so I plan \$100,000 worth of
4 expenditures in the next year, hire my people, send
5 you the list and you approve only five of them, what
6 am I going to do with that employee the rest of the
7 time? There's no money for them. That's my dilemma
8 is how can we have an effective coordinated Outreach
9 campaign if we don't know the dollars that we're going
10 to ask each center to put forward?

11 **MR. FORSTALL:** Good point.

12 **MR. TUDOR:** Chris, let me ask you a question
13 that we've always had difficulty trying to chase down,
14 and that is trying to identify who the potential
15 recipients of the equipment are. People that don't
16 know about it yet and that sort of thing.

17 Have you attempted to get any, I guess, any
18 kind of cooperation through some of the state agencies
19 that might interface with people that would use the
20 equipment?

21 **MS. CALL:** Right. Department of Elder
22 Affairs has been real receptive, so has HRS with the
23 Department of Health. And right now, I'm just working
24 with the North Florida area. Both of those agencies
25 have been very receptive, so has Children's Home

1 Society in the Panhandle area. They've been real
2 receptive as far as, you know, with follow-up,
3 calling. Elder Affairs and HRS both have asked us to
4 come back and talk to more people. The first time I
5 met with the administrators and not like the frontline
6 people. And now we're working on getting more of the
7 frontline people and meeting one-on-one with groups,
8 and talking to, like, different local civic groups and
9 different organizations that do provide services
10 outside of the state agencies.

11 **MR. TUDOR:** In terms of a mailing list, do
12 those agencies -- are they willing to give to you a
13 mailing list that you could mail information out to --

14 **MS. CALL:** What we do, is a lot of them have
15 a newsletter that they will put something in their
16 newsletter and then mail it out. Because sometimes
17 mailing lists are confidential just because of the
18 nature of what they do.

19 **MR. TUDOR:** Okay. So you have been
20 successful in getting information --

21 **MS. CALL:** Yes.

22 **MR. TUDOR:** -- in their newsletter?

23 **MS. CALL:** Correct. And the same with,
24 like, Self-Help for the Hard of Hearing has been real
25 willing to put stuff in.

1 **MR. TUDOR:** On your mailing list for that a
2 180,000 people, are you the one that has to lick the
3 stamps?

4 **MS. CALL:** No.

5 **MR. TUDOR:** Good.

6 **MS. CALL:** It's the prepaid stamp, already
7 printed.

8 **MR. TUDOR:** Go ahead, Jerry.

9 **MR. CONNER:** If I may, I do want to specify
10 the Deaf Service Center Association is thrilled that
11 we have somebody on board to coordinate the Outreach
12 efforts, because we have been bemoaning the fact
13 that -- the inability to do Outreach has hurt our
14 ability to distribute the equipment that so many
15 people need so desperately. And I have had a chance
16 to talk at length at the ALDA conference with her.
17 And I'm thrilled. I think we're finally going to get
18 off the ground and take off running. I don't know
19 what the long-term financial impact will be if we end
20 up increasing distribution significantly, but I concur
21 and I know every Deaf Service Center works within
22 their own local districts with the various state
23 agencies to get the information out. So we're
24 thrilled to death because we think it's going to make
25 a real significant impact, particularly in those

1 people who do not normally access information through
2 the normal channels of deafness or audiological
3 services. That's the population we need to impact the
4 most.

5 **MR. TUDOR:** Let me ask you about this issue
6 about the loss of SSI or something like that. Are we
7 certain about our answer on that, that this should not
8 affect it at all?

9 **MS. CALL:** Right, because what it is, we
10 loan the equipment. They don't own it. It would be
11 like you or I being taxed because we have five books
12 from the library. Why would we be paying taxes on
13 library books when we just borrow them? You know, the
14 equipment is on loan; they don't own it. They don't
15 have to claim it. And they return it when they leave
16 the state or in the unfortunate case of a death.

17 **MR. TUDOR:** Has that been confirmed like
18 somebody from SSI?

19 **MS. CALL:** It's been confirmed with Doc.

20 **MR. TUDOR:** He's shaking his head no. I
21 mean, what you're saying makes sense. But I just want
22 to make sure that we're telling people the right
23 thing. It makes plenty of sense. I think you're
24 right. But I don't know for sure.

25 **MS. CALL:** We own the equipment. FTRI owns

1 it.

2 **MR. TUDOR:** Right.

3 **MS. CALL:** Not the customer. They are just
4 borrowing it.

5 **MR. TUDOR:** Okay. Go ahead, Alex.

6 **MR. FLEISCHMAN:** I was going to say that
7 deaf people still face problems. When we go to
8 hotels, there's no TTYs that are prepared already.
9 And so I'm wondering, have you been accessing any of
10 the hotels in the area? At the last meeting that I
11 came to here in Tallahassee, at my hotel, they were
12 looking and looking -- I looked for a TTY. And they
13 said they could find one and give me one. What did
14 they give me? They gave me a hair blow dryer. So it
15 shows that hearing people really don't understand and
16 they have no control of what a TDD is. They don't
17 really understand what this is.

18 So, you know, you may want to -- maybe try
19 and get in touch with the state association of hotels
20 or something.

21 **MS. CALL:** We cannot distribute a phone or
22 any of our equipment to a hotel. We need to
23 distribute it to an individual who is eligible for our
24 equipment. It has to be an individual who is
25 certified as having deafness, a hearing loss, speech

1 impairment or deafness and blindness.

2 **MR. TUDOR:** Chris, I think probably what
3 Alex is trying to point out is that might be a group
4 to target in terms of information.

5 **MS. CALL:** As far as trying to educate
6 people, yes, we are still trying to educate as many
7 people as possible as to the various kinds of
8 equipment.

9 **MR. FLEISCHMAN:** So where is the ADA? How
10 does it -- what's happening with the ADA as far as
11 that goes?

12 **MR. TUDOR:** Alex, I think you're right, that
13 a lot of hotels -- I've heard that complaint
14 concerning hotels more than once, and I think a lot of
15 them still are not aware enough of their
16 responsibilities under the ADA and their requirements.
17 And I think your suggestion is a good one, that that
18 might be a group worth targeting with some information
19 concerning what their responsibilities are.

20 I don't know that that's necessarily an FTRI
21 function, but it might be something that maybe even
22 the Commission -- maybe we could get Chris to help us
23 with some wording -- but could try to further make
24 aware the hotels and the hotels association about that
25 need. Because I have heard of many people

1 experiencing that same problem.

2 Jerry, did you have a question?

3 MR. CONNER: Referring back to whether or
4 not it affects benefits or not, the attorney for
5 friends of the Deaf Service Center, because I kept
6 bringing it up at a board meeting -- for whatever good
7 it did, he called IRS and what he got from them was,
8 no, that's not a taxable thing because of the loan
9 situation.

10 And then we contacted our local Social
11 Security office and sat down with the district
12 supervisor and she, too, then said, you're right, that
13 has nothing to do with anything. So I know in our
14 local district they send out a letter to the Social
15 Security offices saying this is not a gift. It's a
16 loaned piece of equipment and, therefore, it doesn't
17 affect a person's benefits.

18 But the problem is not so much that as the
19 myth that's out there.

20 MR. TUDOR: Right.

21 MR. CONNER: It rests with many of the other
22 myths that are out there. But, certainly, publishing
23 in a newsletter to that effect will help ameliorate
24 some of that problem.

25 MR. TUDOR: Okay. Good.

1 Chris, let me ask you about another area
2 that has always been a concern in terms of Outreach.
3 And that is, we have some degree of success in
4 reaching the people with hearing problems, but the
5 hearing population, the ones that receive a lot of the
6 calls or maybe have never used the relay service
7 before, businesses, the pizza place, the garage, all
8 of those places, often we hear complaints about people
9 not being successful in making a relay call because
10 those businesses don't really know what they are
11 dealing with, and they are confused by the delays and
12 those sorts of things.

13 Have you had any thoughts about how to get
14 to that population?

15 MS. CALL: Well, every time we go out and
16 give a presentation, we also include how to use the
17 Florida Relay Service, what the relay service is, how
18 to phrase saying that, you know, I'm Chris Call. I'm
19 calling for so and so through the relay service, you
20 know, don't hang up. We try to explain that the relay
21 service is a confidential service. That no records
22 are kept. But it's more that you just have to keep
23 telling people and reenforcing that this is a service;
24 that, you know, they are there to assist people who
25 use one type of phone to another type of phone. You

1 know, it's just more education.

2 **MR. TUDOR:** Possibly if you have any success
3 with the cable television folks on PSAs, you know,
4 they are going to be more likely the ones to reach
5 that market and so maybe that's a way to approach
6 that. But that's always been a problem with trying to
7 reach that part of the population.

8 **MS. CALL:** Part of the problem with like the
9 pizza shops and that is the turnover.

10 **MR. TUDOR:** Right.

11 **MS. CALL:** Is so high, you might get, you
12 know, like 10% of the people, but then six months from
13 now you're going to have a whole new group, and it's
14 not part of, like, business training.

15 **MR. TUDOR:** Okay. All right. Does anyone
16 have any other questions of -- Rita.

17 **MS. SLATER:** The management of a restaurant
18 like the pizza places, we should educate the managers,
19 and then it would be their job to educate the new
20 workers.

21 **MS. CALL:** Correct. But management turns
22 over, too. A lot of those jobs are not ones that
23 people stay in for years.

24 **MR. TUDOR:** Just encourage you that that's
25 an area --

1 **MS. CALL:** It's just going to have to --

2 **MR. TUDOR:** Keep your ears open.

3 **MS. CALL:** Right.

4 **MR. TUDOR:** That possibility is there.

5 **MS. CALL:** Right. But every time we go out
6 and give a presentation, we do include the relay
7 service, because for a couple of our phones you need
8 to use the relay service in order to place the call.

9 **MR. TUDOR:** Right. Okay. Do you have any
10 other questions?

11 **MR. CONNER:** I was just -- what I was going
12 to say is I think some of the other problems deal more
13 with the relay service and not necessarily with
14 Outreach. And that's something I would like us to
15 discuss at some point, because I'm not sure that the
16 problem is always the turnover, et cetera. I,
17 frankly, believe it's the equal of the relay service
18 that we have that causes so many businesses to hang up
19 and disconnect and not deal with the deaf person.

20 So when we get to that, I want to make sure
21 we have an opportunity to talk a little bit about
22 that.

23 **MR. TUDOR:** Well, certainly just by the very
24 nature of delays that are associated with a relay
25 call, I think that often causes a person to be

1 confused if they've never dealt with it before or, you
2 know, not want to deal with it. So -- that's a
3 problem we've had ever since we've dealt with relay is
4 trying to figure out how to deal with the person on
5 the other end of the line.

6 Anybody else have any questions for either
7 James or Chris?

8 Alex.

9 **MR. FLEISCHMAN:** Last week I went to North
10 Carolina, NAD's Regional 3 meeting. And North
11 Carolina has television with deaf people talking to
12 each other face-to-face. Would it be possible for us
13 to do that for FRS, through FRS?

14 **MR. TUDOR:** Video relay is a service that
15 has been certainly trialed in -- I think Texas was
16 maybe one of the first states, North Carolina has just
17 begun to offer it. I think Texas has with Sprint, and
18 I think North Carolina is with MCI. There may be some
19 other trials going on.

20 There's certainly lots of issues that
21 surround that in terms of the fact that people have to
22 drive to a location away from their home or business
23 to use that. You know, scheduling, having a different
24 type of employee; instead of just the normal CA, you
25 would have kind of specialized CAs in that case. So

1 there's lots of issues to deal with there.

2 There's also some question about the way the
3 law is currently written. It was written before there
4 was really video relay in the marketplace, so back in
5 '91 or so that wasn't an issue we thought about. And
6 the way the current law is defined I believe it talks
7 about a TDD talking to a voice telephone arrangement.
8 So it's not certainly specifically addressed in the
9 current law, so that's something we'd have to look at,
10 too.

11 There's also the issue of how to pay for the
12 interstate calls there. The FCC makes arrangements
13 for payment for interstate calls. So to the extent
14 one of those video calls is an interstate call, I
15 don't know that the FCC has arrangements in place yet
16 for paying for the interstate side of that either.

17 So those are some of the issues that
18 surround that.

19 **MR. CONNER:** Do I dare bring up an ugly
20 word? Special needs relay was intended to address
21 that way back when we wrote the original law. I feel
22 obligated as a Deaf Service Center Association
23 representative to mention that the special needs relay
24 was really intended to address that particular need
25 and it never happened.

1 **MR. TUDOR:** Unfortunately, special needs was
2 never defined in the law, either, and that's been part
3 of our problem with that piece for the last seven
4 years, six years.

5 Other questions for Chris or for James?

6 **MR. CONNER:** Can I back up?

7 I was asked by the Deaf Service Center
8 Association to bring up the issue of the voice carry
9 over and 911. James asked me not to use the term
10 "compatibility problem," but it certainly is an issue
11 that I think this committee should be at least
12 thinking about what -- you know, how we will react to
13 situations like this again in the future.

14 To kind of bring everybody up to date,
15 during the training of the RDCs on the voice carryover
16 telephone, the manufacturer's representative made what
17 was sort of a passing remark that he had heard that
18 some places the voice carry over function could not be
19 used with 911, and it was one of those comments that
20 was made.

21 What happened was a person from my agency
22 was there, came back to me and said, "I know, Jerry,
23 every time somebody mentions something that slides by
24 real fast you want me to bring it to your attention."
25 The Deaf Service Center Association then decided to

1 ask several of the RDCs to contact their local 911
2 systems and test the voice carry over and to whether
3 or not it worked. What we found was that in parts of
4 Hillsborough County and Sarasota County, if you used
5 the voice carryover telephone and called 911, you were
6 unable to communicate what your needs were. And I
7 think that's a serious problem. We don't know to what
8 extent it has gone.

9 I know that James Forstall has been working
10 with 911 people to try to address that issue. But I
11 think we need to be aware that that issue is out there
12 lying in the bushes and until there is some resolution
13 to it, we have some grave concerns about where the
14 liability lies. Certainly, as regional distribution
15 centers, we're very concerned that -- if I can create
16 a scenario, a 70-some year old woman has just lost her
17 husband, she learns about this equipment, she installs
18 a voice carry over phone because she's late-deafened.
19 She calls 911 and gets no response. Because that's
20 really what happens, you get a little garbled message,
21 and then you get no response.

22 In our test with the 911 system, we ended up
23 saying -- we know we got through but we don't know
24 what's happened. We were able to alert the 911 system
25 not to send anybody out while we were testing this

1 system. But I'm envisioning here's a person who calls
2 911 because she thinks somebody is prowling around her
3 house. She has though no way to communicate with
4 them. She doesn't know that her machine is not able
5 to communicate with that particular 911 system. So in
6 my imagination I then envision that the problem gets
7 more severe; she hangs up and calls back and hangs up
8 and calls back. Meanwhile 911 has dispatched a fire
9 truck, an ambulance, an EMS vehicle and the police,
10 and this woman is still not aware that she's even made
11 contact with 911.

12 So let's say she runs out of her house
13 because she feels that she's in danger, and she trips
14 and falls and injures herself badly. Who is liable?
15 Who is responsible? Now, the contract attorneys say,
16 "Well, whoever is responsible in the contract." But
17 we also know from litigation attorneys that you can't
18 sign away liability. Liability is liability.

19 We are aware this is a problem. None of
20 those recipients of those machines have been informed
21 other than in two or three centers where we have sat
22 down with every person since that time and said, "It's
23 possible this VCO phone will not work with your 911
24 system. You need to know that. So switch off the VCO
25 thing and go directly to TTY if you are calling 911

1 because that is compatible.

2 But I think it is imperative that we know
3 that these issues should have been addressed before we
4 ever bought the equipment from the manufacturer
5 because the manufacturer knew that there had been some
6 rumors that there were problems in some areas. And I
7 don't know if this is the proper body to discuss it,
8 but it certainly has -- the RDC is very concerned
9 about the well-being and safety of the community that
10 we're trying to serve because the legislation did
11 entrust us with that capability.

12 MR. TUDOR: Jerry, when -- let's try a
13 situation where the 911 system does work with a VCO
14 phone, I'm trying to understand how that scenario
15 works. What do they do right, or what equipment do
16 they have at the 911 center that makes it work right?

17 MR. CONNER: Beats the heck out of me.

18 All I know is that it works. When you call
19 voice carry over, say, to the Pinellas County system
20 -- and I think we all know they sunk a great deal of
21 money into their system -- you can talk and then click
22 over and then they type the message back to you and
23 you talk. And they can switch back and forth between
24 receiving a voice call and typing out on TTY.

25 Some of the systems cannot do that. They

1 can either do TTY or they can do voice, but they can't
2 mix the two up. That's my understanding of the
3 problem. But I don't have a real technical handle on
4 the problem. Maybe James understands it a little
5 better than I do, because I know he's been involved in
6 the discussions in trying to resolve that issue.

7 But generally it's a matter of being able to
8 tell 911 what the problem is so they know what to
9 dispatch to your home and continue to talk to you.
10 But with the voice carry over thing, the person is
11 talking into the phone and the 911 system can hear the
12 person talking, but then when they try to answer her
13 by voice, she's not getting an answer. Nothing
14 happens on her machine. She gets a garbled thing.
15 What that is when the voice hits certain frequencies,
16 it's the same frequency as baudot signal, and those
17 letters start appearing on the screen, but it's
18 nothing sensible. That's all I really know about the
19 problem.

20 **MR. TUDOR:** In those places where it does
21 work, I'm wondering how the CA knows to go back and
22 forth?

23 **MR. CONNER:** I don't know.

24 **MR. TUDOR:** Not the CA, but the 911
25 operator.

1 **MR. CONNER:** I really don't know. All I
2 know is that we can deal with it.

3 We've gone in and trained our 911 system in
4 Pinellas three or four times on what happens with TDD
5 calls. So it's not been a problem for us. But we're
6 seeing it as a problem, particularly for the smaller
7 more rural counties because they don't have as
8 sophisticated a system.

9 And I don't know how to solve the problem,
10 other than I do know that I felt strongly for well
11 over a month now that every VCO operator, everyone who
12 has a VCO machine should have been notified by now
13 that there's a potential problem. Because I'm real
14 concerned that -- it's simple enough: All they have
15 to do is not use the voice carry over feature. They
16 still have the ability to type away to the 911 system
17 with the uniphone.

18 **MR. TUDOR:** Help me out on that. Maybe I
19 don't know what the VCO phone looks like. I didn't
20 realize there was a keyboard associated with it.

21 **MR. CONNER:** Yes. It's a telephone that has
22 a keyboard, and they can talk into the system and then
23 the message comes back on that. They can also punch
24 into that keyboard if they have to, but generally
25 that's not what they use it for. So they don't really

1 have that much training on using it. I know when we
2 train them, we train them as though it's a TTY and
3 then as a voice carry over.

4 **MR. TUDOR:** Well, are there some VCO phones
5 on the market that just have the window for the
6 message to come in but do not have the keyboard?

7 **MR. CONNER:** Yes. I've seen that, yes.

8 **MR. TUDOR:** But the ones -- James, the ones
9 we distribute, do they have a keyboard with them?

10 **MR. FORSTALL:** The VCO phone that we
11 currently distribute is manufactured by Ameriphone.
12 It does not -- it has a keyboard, but it has the
13 standard pad, dialing pad, that is used in the place
14 of a keyboard. It's not encouraged to be used as a
15 keyboard in communicating with another person. There
16 is another device called the VCO hearing carry over
17 TTY which is named Uniphone, made by Ultratech that
18 does have a standard keyboard. We're talking about
19 two different VCO type of phones.

20 If an individual is to call 911, from my
21 understanding of my meeting with the statewide
22 coordinator, the person will call the operator. The
23 operator is able to recognize the call that's coming
24 to them. However, when they make the transition to a
25 TTY, they start communicating. The person that will

1 receive it, but after that point there's no more
2 communication that takes place, because the 911 system
3 doesn't allow for switching back, from what I
4 understand.

5 However, in Tallahassee, in testing the 911
6 center here locally, we tried it with the VCO phone,
7 we had some problems. However -- I'm sorry, VCO phone
8 to a TTY it didn't work as well. But when we plugged
9 the Uniphone in in place of the TTY it was successful
10 on the 911 part, the call was able to take place.

11 **MR. TAYLOR:** Because you relied on the
12 keyboard? Because both parties used the keyboard?

13 **MR. FORSTALL:** No. The VCO caller using the
14 Ameriphone VCO does not have to use the keyboard. The
15 reason the other party can communicate is because of
16 the Uniphone -- I'm getting the two products mixed up
17 here -- allows the person to have a receiver to listen
18 and type, because when a person on this end is calling
19 911, they initially send a typed message to the
20 caller -- to the 911 system. Then after that point
21 they talk verbally for themselves.

22 **MR. TAYLOR:** Yes. But what alerts the 911
23 recipient of the call to -- they have to type back,
24 right? So the caller has to type?

25 **MR. FORSTALL:** The caller is sent -- there's

1 a 911 emergency button on the phone, has sent a
2 preprogrammed typed message. It says, "Help, VCO
3 caller. My name is so and so, address, phone number."
4 At that point the operator hears the signal that's
5 coming across, knowing that it's a TTY and makes the
6 transition. There's a pause as soon as the signal is
7 sent allowing them to switch over. But once that
8 switch-over is made, the VCO person cannot talk
9 anymore to the operator.

10 **MR. TAYLOR:** Okay. So the 911 center is
11 alerted by the phrase "VCO user."

12 **MR. FORSTALL:** Exactly.

13 **MR. TAYLOR:** As how to respond, and they
14 have to know to react to that. Okay.

15 **MR. FORSTALL:** Exactly.

16 **MR. TUDOR:** James, do you know if the 911
17 centers are all aware of this issue yet?

18 **MR. FORSTALL:** In meeting with the statewide
19 coordinator, Mr. Jim Martin, we have been
20 communicating, and at this point I'm not aware if all
21 of the centers know this yet.

22 **MR. TUDOR:** Okay. Jim.

23 **MR. JIM MARTIN:** Richard, we're working on
24 that. We do realize there have been some problems.
25 And as James said, in Tallahassee the system did not

1 operate through the existing TDDs. We're looking now
2 at changing on a state contract, the TDD units, to put
3 the newer equipment in. I just started on that this
4 morning.

5 So I've got a call in to those people. I
6 have not heard from. Our people are aware that
7 there's a problem and we're working on it. We're also
8 trying to get back with James and some of the other
9 people to get the information out and get some input
10 from these folks as to what we can do from the 911
11 side to help solve the problem.

12 **MR. TUDOR:** Tessa.

13 **MS. LITTLE:** Have you done any kind of
14 mailing to the people you were referring to who have
15 this equipment to say, "Hey, you may have this problem
16 with this equipment. If so, try another way," kind of
17 thing. So that people who actually have the equipment
18 know --

19 **MR. JIM MARTIN:** Part of the problem is with
20 the different phone companies we've got in the state
21 and the other vendors that provide 911 PSAP equipment,
22 one brush doesn't paint everything. We're having all
23 kind of problems. It may work in one area, may not in
24 another other. Part of the problem we had in Duval
25 County was that in going back and forth between the

1 calls, the computer-aided dispatch system was -- we
2 could either have the call on or get the
3 computer-aided dispatch system up, but not both at the
4 same time when they flipped back and forth. We've
5 found a work around there. People are aware of it.

6 We contacted -- and I don't have the names
7 with me, but we contacted some of the groups here and
8 asked for a meeting for some of the folks to address
9 13 counties in this area. And we were told it was
10 outside of the scope of their state contract and would
11 do it for \$65 a hour. We may pay the \$65, but we're
12 trying to help everybody here and try to figure out
13 how to do this.

14 MS. LITTLE: You may have answered my
15 question, but just to make sure, I'm not talking about
16 the 911 people knowing; I'm talking about people with
17 deafness or who have --

18 MR. JIM MARTIN: I'm not privy to that list.
19 That would be James.

20 MS. LITTLE: They are the folks that I'm --

21 MR. FORSTALL: That will be part of our next
22 newsletter that goes out to all of our clients
23 informing them of the situation.

24 MS. LITTLE: Okay. Thank you.

25 MR. CONNER: James, I appreciate the fact

1 that it will be in the newsletter. But I'm also very
2 aware that as a person who receives 30, 40, 50
3 newsletters every month I may not read it all just
4 simply because the information gets lost in this two-
5 or three- or five-page newsletter.

6 My concern would be that all of those VCO
7 people, we know who they are, we know where they live,
8 we know their addresses. I would think we need to do
9 a special mailing that addresses one thing: The risk
10 factor of using the VCO to call 911.

11 We're talking about people's lives being in
12 danger here. I do think we can wait for a newsletter.
13 I think we have to move quicker than that and get a
14 mailing out to those VCO owners to tell them do not
15 use the VCO to call 911. You've got to use a
16 different method until we work out the problem. Is
17 that an unreasonable request?

18 **MR. FORSTALL:** No. We're aware of the
19 situation, and we want to make our clients aware of
20 the same thing, too, to prevent any potential problem.
21 However, the FTRI equipment is not the only voice
22 carry over equipment out there. There are retailers
23 and other distributors that have the same equipment.
24 So there are other people besides FTRI's clients out
25 there with the same equipment.

1 **MS. LITTLE:** You might miss some of those
2 people, but I'd hate to miss the people we know how to
3 contact just because we can't get everybody. It
4 concerns me to think that someone might pick up the
5 phone to call 911 and not get what they need at the
6 other end of it, and we sit here knowing that's a
7 possibility. It seems an easy fix to me to send a
8 letter. It doesn't seem expensive or anything.

9 **MR. TUDOR:** James, do you know how many
10 people have VCO phones now?

11 **MR. FORSTALL:** Approximately about 700
12 people in the state of Florida through the FTRI
13 program.

14 **MR. TUDOR:** Right. In terms of the new
15 equipment that's being distributed, is training about
16 how to access 911 a part of the training for new
17 recipients of equipment?

18 **MR. FORSTALL:** Yes, it is. It's in the
19 manual. It comes with the phone. It describes how to
20 make an emergency phone call and what to do.

21 **MR. TUDOR:** Do those instructions deal with
22 this problem?

23 **MR. FORSTALL:** The instructions explain how
24 to make that call based on the manufacturer's
25 instruction in the manual.

1 And I can't answer any more than that.

2 **MR. TUDOR:** Well, if they were to follow the
3 instructions in the manual, would they have the
4 problem that we've described here?

5 **MR. FORSTALL:** It depends on the 911 system.

6 **MR. TUDOR:** Okay. So if you have a VCO
7 phone, what instructions would you give a person about
8 how to make sure their 911 call goes through? What
9 would you tell them to do?

10 **MR. FORSTALL:** If the 911 system was unable
11 to handle the call?

12 **MR. TUDOR:** Okay.

13 **MR. FORSTALL:** Then according to the
14 instructions, they would speak in the phone, letting
15 the operator know that I'm deaf, hard of hearing; I'm
16 calling from a VCO phone and I need help, name,
17 address, and they leave the phone off the hook.

18 **MR. TUDOR:** Okay. Because there would be no
19 way for them to actually communicate two ways, both
20 ways with that phone?

21 **MR. FORSTALL:** There is a way if the 911
22 system is able to receive that call, then there is no
23 problem, the communication can take place.

24 **MR. TUDOR:** Okay. But if the 911 center
25 cannot, then that person basically doesn't have a way

1 to make a two-way communication with the 911 center?

2 **MR. FORSTALL:** Yes.

3 **MR. TUDOR:** Then your example is what you
4 would tell the person to do is just to voice a message
5 of what they needed and not -- I mean, not expect a
6 response, that would be the end -- that would be the
7 end of what they could do in that case.

8 **MR. FORSTALL:** And if Mr. Martin's office
9 would be able to tell us if there are other ways to
10 inform the client, we would be glad to notify them
11 that as well. However, the center would prefer to
12 educate our people that way. When they do get the
13 call they can recognize it as such a call.

14 **MR. TUDOR:** Well, I'm sure the training
15 needs to go both places. The user of the phone needs
16 the training as well as the 911 operator. Both need
17 to be informed. Jerry.

18 **MR. CONNER:** By the time the VCO caller
19 realizes something is wrong, that message has already
20 been sent and the 911 system has already gone to TTY.
21 And so if they start talking, they are not gonna --
22 nobody on the other end is going to be able to hear it
23 because it will be going into their TTY equipment.

24 **MR. FORSTALL:** There is a slight pause.
25 Okay, when they press the button, it sends a signal,

1 the operator recognizes and makes that switch over and
2 then the message begins.

3 **MR. CONNER:** Right. But what I'm saying is
4 that in that time frame, the voice carry over call
5 that came in has already been dispatched to a TTY, and
6 now the voice carry over person has no way to delivery
7 any kind of message because they don't have the
8 keyboard unless they take the time. And what he meant
9 by the standard telephone keyboard, like "ABC" you
10 have to push that number three times to get "C". And
11 then where the "O" is you have to push that one three
12 times. By the time you get done doing that your house
13 will have burned down. It just takes too long.

14 My point is that the VCO person has already
15 lost any ability to voice into the phone because it's
16 been dispatched to a TTY within the 911 system.
17 That's my understanding of how it works. And that's
18 where we lost the phone calls with the Sarasota
19 system. When we called in and said we have a VCO call
20 coming in. We're going to send the message. We send
21 the message and the blip, it went off to a TDD, or
22 TTY. Then when we said, "Hello, hello, hello," it was
23 too late. What we were getting back was the TTY
24 sound.

25 So in that scenario, that isn't going to

1 work. But I think the point that you were trying to
2 make that I have been trying to make all along is
3 let's send a postcard to all 700 of these people and
4 tell them, "You have a potential problem if you call
5 911 trying to use voice carry over. If you call 911,
6 don't use voice carry over. Wait a while when you
7 assume somebody has answered the phone and then tell
8 them what the problem is, and they'll dispatch the
9 right equipment to you." Because all of these people
10 can talk, but they have no way to know that they've
11 made a connection is my concern. And I don't
12 understand why we're delaying sending out something to
13 those people to let them know there's a problem.

14 **MR. TUDOR:** I haven't heard yet if we know
15 what to tell the people in that letter. I mean it's
16 one thing to just tell them you've got a problem. I'd
17 rather tell them "and here's how to fix it." And I
18 don't know if I've heard how to fix it yet.

19 **MR. CONNER:** Yes. I'm saying send them a
20 card that says, "Do not use your voice carryover
21 telephone because you will get no message back. When
22 you call 911, use your regular telephone and in the
23 time that it takes 911 to respond, then talk to them,
24 but don't expect a two-way conversation." That will
25 at least get them alerted to not send that VCO message

1 because when they send the VCO message they lose all
2 ability to talk to 911.

3 MR. TUDOR: Isn't that VCO message, though,
4 a voice message?

5 MR. CONNER: Yeah. But as soon as it comes
6 across they then dispatch it to the TTY machine.

7 MR. TUDOR: Who does that?

8 MR. CONNER: It happens automatically in the
9 911 system.

10 MR. JIM MARTIN: Not in all systems.

11 MR. CONNER: Well, in the Pinellas system
12 that's the way it works. They just dispatch it
13 immediately, and so that person isn't going to be
14 hearing what is being said. You're saying the 911
15 operator manually does that. It doesn't automatically
16 happen, but --

17 MR. CONNER: Right. Yeah. There's that
18 pause time for it to happen.

19 MR. TUDOR: It's something that the 911
20 operator manually does on their own. It's not
21 something mechanically done.

22 MR. CONNER: Now, I don't know the answer to
23 that, to be honest with you.

24 MR. TUDOR: We need to pursue this, and with
25 only 700 customers it certainly wouldn't be too big a

1 deal to send something to them. But it seems to me
2 there also needs to be something in the new equipment
3 that's being distributed, and there also needs to be
4 something in the 911 centers, and they are all
5 different. I mean, there may be five different ways
6 that all the different counties do that, or ten or 20
7 or 67, I don't know. But it certainly is something
8 worth pursuing. We need to follow up on it I think.

9 Where are you at this point on this issue,
10 James, in terms of what you believe we need to do?

11 **MR. FORSTALL:** We still don't know -- we
12 still don't know, FTRI -- we are going to send out the
13 newsletter in a couple of weeks to inform them of
14 that. However, your suggestion of maybe doing a
15 direct mailing, it's another option. We had
16 considered that. If that's the request of the
17 Advisory Board, we'll be glad to consider that.

18 **MR. TUDOR:** Well, with only having to deal
19 with 700, it doesn't seem to be a big issue to do
20 that. If you feel that you can compose something that
21 people can understand and that will work in their
22 particular situation. Because you may send a letter
23 to somebody in Pinellas County that may not work --
24 that particular arrangement may not work the same in
25 Pinellas County as in St. John's County.

1 **MR. FORSTALL:** I think by finding out which
2 centers are able to receive the VCO call will limit
3 the number of the people we have to do a direct mail
4 out. If it works in one county, theres no need in
5 notifying them because it works, and so that's what we
6 will be waiting on.

7 **MR. TUDOR:** Is there a way for you to
8 determine in each of the 911 centers where it does
9 work or doesn't? Jim.

10 **MR. JIM MARTIN:** Richard, one of the things
11 that concerns me with that, in Palm Beach County, for
12 example, there are 25 separate public safety answering
13 points. It's not a matter of doing one per county.
14 There are five in Leon County. So in Palm Beach
15 County, for example, we'd have to know what little
16 community in Palm Beach County that 911 call would be
17 routed to.

18 So, you know, we'll be glad to work with
19 you, try to do something like that. I would almost
20 say if we're only looking at 700-and-something, but as
21 James said, there's also the possibility of someone
22 purchasing one of these units from Wal-Mart.

23 **MR. TUDOR:** Sure.

24 **MR. JIM MARTIN:** When we had our 911 state
25 meeting back in September, this thing took about two

1 hours of a meeting to discuss voice carry over and the
2 problems, and we did have some folks come in and
3 discuss these issues.

4 We would be glad to do some more
5 call-through testing if we knew where some of these
6 people were. I know sometimes we have run into
7 problems in the past that maybe because they were
8 hearing or speech impaired they did not want to give
9 that information out. I'll work with them anyway we
10 can. I'll get with our 911 coordinators in the
11 counties and see what we can do.

12 What we're trying to do from our end, and I
13 think James from his end, is make sure that we find a
14 way we can handle this. I'll be honest, right now I
15 don't have a answer.

16 If all of the systems were alike and we
17 could come up with one answer, we'd do it today.
18 Unfortunately, it's just not that easy. But anything
19 I can do, let me know. We'll work on it.

20 **MR. TUDOR:** I appreciate it.

21 James, if you would just, you know, continue
22 working with Jim on the 911 centers, and if you can
23 come up with some kind of letter -- if it can't be one
24 that's specific, then if nothing else, just a warning
25 letter that every system is different but you may have

1 problems with two-way communications using your VCO
2 phone. I mean, if that's all you can say in the
3 letter, I suppose that's better than not being aware
4 of the issue.

5 **MS. LITTLE:** I was just going to say the
6 same thing. You don't want to find out you have a
7 problem with it when you need to get in touch with
8 911.

9 **MR. TUDOR:** Right. Exactly.

10 As specific as you can be in a letter, but
11 to the extent you have to be broader, certainly, I
12 think we understand that from our discussion here
13 today. But are you comfortable with sending out a
14 letter directly to those 700?

15 **MR. FORSTALL:** (Nods head.)

16 **MR. TUDOR:** Okay. I think that would
17 probably be a good approach. Then that same
18 information that you would give to them, is there some
19 way you can communicate that to the people who
20 distribute the equipment and train people in using the
21 equipment so that, you know, they have more than just
22 what is in the manufacturer's book?

23 **MR. FORSTALL:** Right. That won't be a
24 problem at all.

25 **MR. TUDOR:** Okay. I think that would be a

1 big help. Thanks.

2 MR. CONNER: I certainly don't want to try
3 to do James' work for him because he's certainly
4 capable of doing it and does a good job.

5 I would just say when we're talking 700
6 people, it would be fairly simple to just simply say,
7 "You need to test your VCO carry over," and give them
8 a method to do that.

9 In Palm Beach County they are going to have
10 to stay right close to their home and have somebody
11 maybe call 911 and say, "We're going to do a test."
12 The 911 centers have been real cooperative in trying
13 to test out the system. So just call and say, "We're
14 going to do a test," and then try it and see how it
15 works. Somehow if you build that into the letter it
16 gives -- I don't want some 75- or 80-year old person
17 to say, "What do I do?" Give them some choice. go to
18 their local senior center, go to their distribution
19 center and try it out. I think that would give them
20 somewhere to go.

21 MR. TUDOR: That's true. Wherever they get
22 their equipment from or who they deal with for
23 training may already know how their particular
24 situation would work and could give them advice on
25 that. Okay. Thanks, James.

1 Jim, do you see any -- I always worry about
2 how the 911 centers react when people call up and say,
3 "This is a test," and how often they want to get test
4 calls.

5 MR. JIM MARTIN: Let me know when you're
6 going to do that. No, seriously, we do need to notify
7 them. And as far as these people going some other
8 place to make the call, if they have it in their home,
9 I'd rather they make the call from their home because,
10 again, if the local deaf center is over on this side
11 of the street, could route the call to one PSAP. And
12 if they are in their house, it could go to another
13 one. So whatever test calls we need to make need to
14 be made from where that phone is located.

15 MR. TUDOR: Actual use. Okay. Good
16 suggestion.

17 MR. JIM MARTIN: If they'll get with me,
18 I'll be glad to set up some times, and we'll get the
19 911 coordinator in that county to set the test call --
20 a time to place the test calls. And I think that
21 would be useful.

22 MR. TUDOR: Okay. Thanks. Alex.

23 MR. FLEISCHMAN: There's another issue about
24 911.

25 In the past deaf people who have dialed 911

1 and have hit the space bar to let them know that they
2 are a TDD caller, so I'm assuming that this would make
3 the sound and let them know. But I find out that it
4 is not always true. With the new machines and the new
5 technology, this space bar doesn't make any noise. So
6 they have to hit other characters on the keyboard in
7 order to produce some kind of sound from the machine
8 and to alert the 911 caller that they're a TDD
9 operator. Are all deaf people aware of that? No. So
10 I think the newsletter might want to explain this
11 issue as well. Deaf people tend to just tap the space
12 bar because they've always done that, but it doesn't
13 make any sound now.

14 So this is something that you may want to
15 send out and let people know it's new technology on
16 this machine, and that they may have to use another
17 character to be able to produce the sound that the
18 space bar used to do.

19 **MR. TUDOR:** Thank you, Alex. I didn't
20 realize that.

21 Let's give our folks here a break for just a
22 minute, and then we'll go to MCI. Let's take about
23 ten minutes to 2:30.

24 For those of you have who have not been here
25 before, if you go out these doors there are restrooms

1 out in the hallway behind this room.

2 We'll take about a ten-minute break.

3 (Brief recess taken.)

4 - - - - -

5 MR. TUDOR: All right. If we could go ahead
6 and get started again.

7 We have Bryan Carrell and Robert Giuntoli
8 from MCI, and ask them to bring us up to date with any
9 issues concerning the relay service or anything they'd
10 like to share with us today on how the relay service
11 is progressing or any new information they can share
12 with us.

13 MR. CARRELL: Thank you, Richard. I
14 appreciate it.

15 First of all, allow me to introduce myself.
16 My name is Bryan Carrell. I'm the TRS contract
17 manager for the state of Florida, work with MCI, state
18 government, university division.

19 Today -- well, I'd like to thank Richard for
20 inviting MCI to address this body today. We've got
21 some information we'd like to share with the group
22 regarding some of the feature functionality that is
23 available and will become available in the near future
24 as a function of the TRS center located in Miami,
25 Florida.

1 What I've done is put together a small
2 concise overhead that touches on some of the features
3 that are, or will be, made available to the public in
4 the immediate future.

5 And with regard to some of the issues, I'd
6 like to solicit feedback from the committee on the
7 level of desirability for some of the services that
8 can be afforded to the TRS user community in the state
9 of Florida.

10 There are trade-offs involved with some of
11 those. But that said, I'll step right into the
12 presentation.

13 Basically, what I will do is simply give a
14 brief definition of the features that are afforded
15 under the program and feel free to interject at any
16 time, stop me, ask questions. If you have a problem
17 understanding one of the definitions, feel free to
18 interject and ask me anything you'd like.

19 The first of which are defined as custom
20 calling services, and within customer calling services
21 we have what we term --

22 **THE INTERPRETER:** Is there any way to make
23 it larger?

24 **MR. CARRELL:** The first of the customer
25 calling services is a feature that is available to the

1 public today if they have what we term as three-way
2 calling, or what you may know as conference calling
3 service on your local telephone lines. This is a
4 service that is afforded by the local telephone
5 company, which you may be resident in. It is simply
6 the ability before calling the TRS center, bridge in,
7 call a distant party, and then using the flash key on
8 your telephone instrument, bridging in the TRS center
9 by simply dialing their 800 number, at which point the
10 interpreter, the calling assistant, would actually do
11 the relay between both of the originating parties and
12 a distant third party.

13 That service is available today. It's just
14 a matter of how many users out there actually
15 subscribe or utilize the services that are made
16 available.

17 The next of which is last number redial.
18 Last number redial -- and this is one of the services
19 that I would solicit feedback from the committee on
20 the level of desirability in the community. Last
21 number redial is simply the ability to place a call to
22 the Miami center. We would store that information in
23 a database. And the next time you wanted to place a
24 call, if it were the last number that you had
25 attempted to call, you would simply tell them, "Please

1 place a call to the last number tat I previously
2 dialed. So in other words, we would store some amount
3 of information within your database on the calling
4 party to make it a little bit easier on that caller
5 should they have frequent communications between the
6 particular individual or a particular number.

7 Call Trace. Call Trace is the ability to
8 identify within -- it's important that we keep this
9 within the context of the TRS world -- the ability to
10 identify the last TRS caller that attempted to place a
11 call to you. Does that make sense to everyone? Does
12 everybody understand that?

13 MS. SLATER: Could you explain it again?

14 MR. CARRELL: Okay.

15 MS. SLATER: Give an example.

16 MR. CARRELL: As an example, let's say that
17 I were to contact you via the relay center in Miami.
18 You could actually contact the relay center -- and
19 let's say you were out of the home, and for whatever
20 reason you missed that call; you didn't have a
21 answering machine or anything of that nature that
22 would store information that I had called you. You
23 could actually contact the FRS center, the Florida
24 Relay Service Center, and request that they provide
25 you with the last number that had attempted to contact

1 you.

2 Did that help better explain that?

3 **MS. SLATER:** Like an ID kind of like?

4 **MR. CARRELL:** It ties in with Caller ID

5 which we are going to get to at the very end. There
6 are other issues surrounding that, but just the pure
7 ability to be able to contact the TRS center and
8 request, "Who was the last person that you tried to
9 contact me through?" We'll get into some of the other
10 issues related to ID in just a moment. Did that help
11 explain your question, Rita?

12 **MS. SLATER:** (Nods head.)

13 **MR. CARRELL:** The second item is access to
14 900 or 976 numbers.

15 We have recently commenced discussions with
16 the PSC on how we would afford such a service to the
17 general public in the state of Florida.

18 One of the primary concerns with both the
19 Commission and MCI is where would the funding come
20 from? It's similar to the 800 issue in that only
21 recently did the federal jurisdiction agree to absorb
22 interstate charges associated with toll-free calling
23 to the relay center. 900 service or 976 service will
24 be treated similarly as far as MCI is concerned.
25 However, there is no legislation or governing laws

1 that cover that.

2 So we, along with the Public Service
3 Commission, are diligently investigating what can be
4 done from a federal funding standpoint to afford such
5 service to the state of Florida and its constituents.

6 **MS. SLATER:** I'm surprised that the 800
7 number -- if I use that 800 number, it doesn't cost
8 anything to me. But I'm hearing that there's a fee
9 for 900 service? I didn't know that.

10 **MR. CARRELL:** Well, there's two parts of the
11 cost factors within that call. One is the actual
12 relay time associated with the call. And, obviously,
13 as you stated, with 800 service there is no cost to
14 the caller. It is a toll-free number. That's not the
15 same in a 900 world. In a 900 or 976 world,
16 obviously, those are pay-per-call type services.

17 **MS. SLATER:** Pay by the minute.

18 **MR. CARRELL:** Correct.

19 **MS. SLATER:** Made us think that we need to
20 pay for the 976 numbers; it's not free, right?

21 **MR. CARRELL:** Correct. At least I know of
22 no 900 or 976 service that is not incurred without
23 cost. And what we were specifically referring to is
24 the actual relay time associated with that 900 or
25 toll-free call.

1 **MS. SLATER:** The fees that gets paid to --
2 the fees that goes to the 900 number pays for -- they
3 should pay for the relay.

4 **MR. CARRELL:** Exactly. The originator of
5 the call would pay for the 900 portion of it. The
6 relay time that is absorbed by the state of Florida is
7 the amount in question. Did that help to explain it
8 better for you?

9 **MS. SLATER:** Yes.

10 **MR. CARRELL:** Okay. Thank you.

11 The functionality is available today. It's
12 just a matter of working out the funding issues with
13 the state of Florida.

14 Does anyone have anything else on the 900,
15 976 questions? Comments?

16 **MS. SLATER:** Is it possible for the company
17 who own -- you know, the people who get the fee to pay
18 for a relay service? They pay for the privilege of us
19 using their relay service?

20 **MR. CARRELL:** That's a good question. I'm
21 not certain of the answer to be honest.

22 **MR. CONNER:** My question -- help me, because
23 I'm not sure I understand.

24 **MR. CARRELL:** Sure.

25 **MR. CONNER:** You're talking about the

1 funding issues. Is that talking about who pays MCI to
2 do that particular relay?

3 MR. CARRELL: Exactly.

4 MR. CONNER: Rather than -- the caller would
5 already have to pay whatever the 900 or 976 charge is.

6 MR. CARRELL: Exactly.

7 MR. CONNER: It's who pays -- how is that
8 different than any other call?

9 MR. CARRELL: Well, currently it's not
10 covered under any federal legislation or jurisdiction,
11 so to speak.

12 The best example I can provide is with 800
13 service. The only difference between 800 and 900
14 service is that the caller pays for something and that
15 would be the same in the relay world. However, the
16 state absorbs the relay time associated with a 800 or
17 a 900 call.

18 In the 800 world, the FCC has come down with
19 an organization that they've termed as NECA. I'm not
20 certain what the acronym stands for -- richard may
21 know. But NECA actually pays for 64% of all the relay
22 time associated with toll-free calling. The State
23 pays for 34%. It's just a flat arbitrary number that
24 they've defined within the industry as averages to
25 rely that 36% of calls go in-state; 64 out of state.

1 That's not necessarily the case with 900 in
2 the sense that there's been no legislation or no
3 language that is specifically addressed, the
4 interstate portion of 900 call.

5 **MR. CONNER:** Thank you. I now understand
6 that.

7 **MR. CARRELL:** Okay. Anything else? On 900
8 or 976?

9 The next item is enhanced transmittal speed
10 and interrupt capability. This is a service that --
11 we have recently implemented software upgrades in our
12 Miami center. The function is being tested as we
13 speak. We would anticipate having the EP available,
14 the enhanced protocol, available in the first quarter
15 of 1998. I understand that there are a lot of new
16 units being shipped with Turbo Code that are inclusive
17 in the unit itself, and we will be compatible with
18 that format sometime early in the first quarter --
19 excuse me -- of 1998.

20 The next item is something that was brought
21 up by Mr. Fleischman, video relay interpreting.

22 This is a service that is available from a
23 technology standpoint today. We have recently
24 commenced our discussions with the Public Service
25 Commission on determining the potential or feasibility

1 of enabling or rolling out a service like that to the
2 state of Florida. Richard touched on some of the
3 issues associated with video relay interpreting, such
4 as location of the 11 service centers and how to get
5 the most bang for your buck, so to speak. In other
6 words, being able to address a concentrated population
7 in a given geographic area, just one of which -- but,
8 again, that is available today. It's just a matter of
9 sitting down with the Commission, providing them with
10 a proposal of the cost aspects of it and really
11 determining if it's feasible at that point if the
12 funding is available.

13 **MR. CONNER:** In part of that consideration,
14 I would advise that you may want to think long and
15 hard about whether or not there are enough qualified
16 interpreters out there, because that is a critical,
17 critical issue. And having served on the National
18 Registry of Interpreters for the Deaf, and that issue
19 has been discussed by the NADRID task force for some
20 time now.

21 You might be opening Pandora's box because
22 the number of qualified interpreters is rather limited
23 as it is, and when you open up that, all of a sudden
24 you may throw everybody into tilt.

25 **MR. CARRELL:** Just to share a little bit

1 about MCI's perspective, we look at North Carolina as
2 the VRI model. We have been successful with VRI in
3 state of North Carolina, and it's worked very well.
4 It's been received very well. So the one thing I can
5 say about VRI is MCI would attempt to pattern any type
6 service offering made available outside of the state
7 of North Carolina after the model that we have in
8 place. Because, again, we have been very successful
9 with implementing that technology in that state.

10 **MR. TUDOR:** Bryan, do you know if they have
11 had difficulty locating a sufficient number of
12 interpreters up there? Do you know how big an issue
13 that has been for them?

14 **MR. CARRELL:** I'm not certain. And,
15 honestly, I'm not even certain of how many physical
16 locations they have. I've not delved into those type
17 of specifics regarding the VRI issues; just kind of
18 know what Charles Estes has educated me on and how I
19 can expect to make any type of proposals to the state
20 of Florida.

21 But to answer your question, now I'm not
22 certain if they have had -- they've run into those
23 type issues in the state of North Carolina.

24 **MR. TUDOR:** Okay.

25 **MS. SLATER:** How often is it used, and who

1 are the people? How is it set up? Is it in a
2 private -- can it be set up in a private home? Is it
3 TV to TV? You know, can you give more details?

4 **MR. CARRELL:** Not too much detail, but
5 generally we have centralized service centers. It's
6 not a desk top, in-the-home type environment. It's TV
7 to TV. And without getting too technical, we've
8 basically set up a very fast wire infrastructure that
9 simply handles nothing but video amongst all of the
10 service centers -- the various service centers in the
11 state of North Carolina.

12 **MS. SLATER:** I have had the experience at
13 the World's Fair in New York a very long time ago, it
14 was probably '64, where there was glass and the people
15 in it were in these rooms. I would sit over there and
16 another person, a friend of mine, would sit on the
17 other side and we could see each other signing in the
18 screen, in the TV screen. That was 1964. So --

19 **MR. CARRELL:** I don't really know how to
20 comment on that. I'm not familiar with that
21 situation. I'm embarrassed to say I wasn't even born
22 then. (Laughter)

23 **MR. CONNER:** You didn't have to say that at
24 the end. (Laughter)

25 **MR. TUDOR:** Rita, if I understand, in North

1 Carolina they have, I don't know, maybe ten physical
2 locations around the state where there's a room of
3 some sort, and a camera and a monitor, a TV screen in
4 that room. And an employee of the relay service is an
5 interpreter and they are in that room. And then the
6 person wanting to use the relay service drives to some
7 location, which may be close or it may be a distance
8 away, and they are in a room also with a camera and a
9 monitor, and they sign back and forth to the MCI
10 interpreter, who in turn is making a voice telephone
11 call to the pizza guy or whoever the call is going to.

12 But the advantage, of course, is that the
13 person making the call -- for example, if he didn't
14 have a TDD it would be useful, or if he were not
15 literate and could not use a TDD for that reason it
16 would be very useful. It would meet a need that
17 otherwise he couldn't use a regular relay.

18 **MS. SLATER:** Maybe we could have that
19 service for PSC meetings, too, so that we don't have
20 to drive in from St. Augustine.

21 **MR. CARRELL:** I can empathize. I drove in
22 from Jacksonville this morning myself.

23 **MR. TUDOR:** Susan.

24 **MS. LANGSTON:** Richard, during the comments
25 that Bryan has made and referred to, that they are in

1 discussions with the PSC on some cost related issues,
2 as well.

3 Looking at providing some of these enhanced
4 features and these services that may be offered in the
5 future from a cost perspective, is this something that
6 would be over and above the current contract with MCI,
7 additional cost associated with the introduction of
8 new features, and if so, is this something that would
9 be looked at being covered by the surcharge that's now
10 collected from the subscribers and funneled through
11 FTRI.

12 **MR. TUDOR:** Okay. The answer varies
13 depending on each of the features.

14 Three-way calling is something that is
15 already there. It's something that the customer
16 already has on his basic telephone service, but it can
17 be used through the relay. That's basically just a
18 normal relay call in most aspects. That's already
19 covered in the surcharge already available.

20 Last number redial and Call Trace, neither
21 one of those would -- I don't want to speak too
22 quickly, there might be some cost involved with either
23 of those and I haven't heard for sure on that.

24 The issue with those two is more one of
25 would the public really like to have those available.

1 There are some issues about privacy and those sorts of
2 things and there's issues about what if you're not the
3 last person that used the phone at your house, if
4 another person in your house used the phone you might
5 get a different number than you think you're going to
6 get. Some issues like that. Those are more
7 desirability kind of issues.

8 900, the issue there, the financial one is
9 that -- the state of Florida, it would add minutes to
10 the base that we pay for, but I don't think there
11 would be any problem with that. I mean, if there were
12 a lot of 900 calls, yes, that might mean that because
13 the minutes are higher, costs would go up, minutes
14 would go up, and in theory the surcharge could be
15 increased. But the big issue there with 900 is that
16 there's not been a way determined to figure out how to
17 get the FCC to pay for the interstate share of that,
18 because at this point in time they are not paying for
19 those calls.

20 The enhanced transmission speed and
21 interrupt capability, that's part of the current
22 contract and that's going into place the first quarter
23 of '98.

24 The video relay, it's got two issues. One
25 is the interstate issue. The FCC has not agreed to

1 pay for video relay at this point. So I think in
2 North Carolina, they are asking the state of North
3 Carolina not only for intrastate but interstate calls,
4 also. So we'd have to decide are we willing to do
5 that or, you know, is that a deal killer?

6 The other issue related to video relay,
7 though, is not just the jurisdictional payment, but
8 the fact the cost is much higher for a relay call. I
9 mean, considerably higher for a relay call over video
10 than it is for a normal call than a CA. I mean, it's
11 tremendously more expensive. And so far MCI has not
12 been willing to say they will just eat that
13 difference. (Laughter) And I doubt they will. And
14 then caller ID, that's really more of a desirability
15 kind of issue, too. So in terms of cost, video relay,
16 and to some extent 900 service could affect cost.

17 **MS. LANGSTON:** But that's part of what
18 you're looking at in your discussions with MCI.

19 **MR. TUDOR:** Right. Yes.

20 **MR. CARRELL:** And just as an example, I
21 think Charles had mentioned that we're open, as far as
22 financing -- specific to video relay. But what the
23 state of North Carolina elected to do was subsidize
24 the entire video project with a higher surcharge to
25 themselves.

1 **MR. TUDOR:** Yeah. You could deal with it
2 two ways. You could just raise the cost of all relay
3 calls, or there could be a separate rate for the video
4 relay calls. You could do it either way.

5 **MR. CONNER:** This video relay, is it in any
6 way, shape or form tied into -- and I just have vague
7 knowledge of the cable system and their ability to do
8 telecommunications for hospitals in rural areas. I
9 think that has to be implemented by 1999. Has there
10 been any attempt to link those two together? I guess
11 what I'm thinking is that certainly in the rural areas
12 of Florida, if a deaf person is arrested, the nearest
13 qualified interpreter is two or three hours away, and
14 if they have to go to an emergency room in a hospital,
15 it's not reasonable to expect to be able to get a
16 qualified interpreter there. I can see where
17 something that, along with a -- what essentially we'd
18 be talking about is every single hospital would have
19 that capability by state mandate already. I'm looking
20 at it from the accessibility viewpoint, and then would
21 video relay try to interface with that, or is that
22 something we ought to consider?

23 **MR. TUDOR:** I was trying to think how it
24 would actually work. What you're referring to is the
25 federal decision, the Federal Telecommunications Act

1 of '96 and what aspect of that under universal service
2 is providing discounted telephone service to rural
3 hospitals, medical centers and so forth. And to some
4 extent they might use that for video transmission of a
5 X-ray, that sort of thing.

6 Probably most anything that would be
7 transmitted under that -- I just now have said that
8 was video, but it really wouldn't be video, it would
9 be a digital transmission of an X-ray. They would
10 convert an X-ray to a -- zeros and ones into a binary
11 language, and then just transmit that over regular
12 lines.

13 I don't know that there would be any video
14 conferencing. It would depend on the individual
15 hospital. If they wanted to buy it and use it for
16 that, they might be able to under the universal
17 service. But it wouldn't necessarily be video. It
18 could be in some situations, but I don't know that
19 they would use it for that. I don't know what
20 percentage of the time, but some might.

21 **MR. CONNER:** Because I always envisioned how
22 are you going to implement a system where somebody has
23 to go to a location? Every single county has cable
24 television. Everybody has hospitals, not every county
25 has a MCI office or a Deaf Service Center or whatever.

1 It just seems like that would be a marriage made in
2 heaven, at least for the deaf community, to have that
3 video relay capability and studios all around the
4 state where a deaf person could go and have that done.

5 **MR. TUDOR:** I suppose what they've done in
6 North Carolina is to hit the major population centers
7 where drive time is fairly limited for a large number
8 of people. But dealing with the rural areas, it's a
9 whole different issue. It's --

10 **MR. CARRELL:** That's an ongoing war: How do
11 you deal with the small guy?

12 **MR. CONNER:** Yes, because most metropolitan
13 areas have the services. I mean, if you need an
14 interpreter or you need services for deaf people, they
15 are there. All you have to do is drive to them. The
16 rural areas don't have them in place at all. There is
17 no way to address the issue.

18 **MR. CARRELL:** Additionally, a lot of them
19 don't even have the infrastructure. I can tell you of
20 cities within 60 miles of Tallahassee that I can't
21 even get them a digital connection to be able to
22 provide video because the local telephone company just
23 doesn't have the type of facilities necessary to
24 facilitate that.

25 **MR. CONNER:** Those are issues that never

1 occur to me, so, you know (Laughter) -- but I can
2 believe it. I'm just saying I never think of those.

3 **MR. CARRELL:** The main point being with VRI
4 is the fact that we have initiated discussions with
5 the state of Florida. That they will continue until
6 we work to some type of resolution either way. And
7 really that's where we are at with video today.

8 Finally, I've saved the best for last,
9 probably the most complex, and that's caller ID.

10 Caller ID gets sticky in the TRS world in
11 the sense that callers are not contacting MCI's TRS
12 center in Miami via a direct dial number. And I don't
13 know how familiar you are with the technology, but
14 basically caller ID simply says when I call Jerry, as
15 an example, it's going to give him my phone number if
16 he has a special piece of equipment. Well, I, as
17 originator of that call, can subscribe to a service
18 where I can block that as an example. Well, you're
19 not contacting the center via a direct dial number
20 that has special information tagged with that phone
21 call that says, "Hey, this guy doesn't really want his
22 numbered shared with anybody else. You're contacting
23 us via a toll-free number." That information is not
24 necessarily passed along.

25 Now, MCI as the provider of the 800 service,

1 the owner of the 800 number, if you will, always
2 receives that originating telephone number. We bypass
3 any kind of Caller ID block that may be implemented at
4 the local originating areas.

5 Those are -- I think you can kind of
6 understand some of the issues that I'm driving at
7 here. It's not just a technical issue. Yes. I can
8 always capture the originating telephone number and,
9 if necessary, or told to, I can actually pass it
10 along. However, do we get into a situation where it's
11 an invasion of privacy potentially? Functionally how
12 is that call handled? Do I ask every called party,
13 "Would you like to know the originating number of the
14 person that has contacted you?" Not only that, I mean
15 we can obtain information that goes well beyond the
16 originating telephone number: Name, date of birth,
17 married, children, where you work, types of credit
18 cards you have. I mean, it's amazing how much
19 information we can pull up when you call me.

20 And what of that can be passed along, if
21 anything? Particularly when you're dealing with a --
22 it's not Caller ID in the truest sense. We are
23 capturing something for billing information, so we can
24 actually bill back and tell that person that owns the
25 800 number, "This person called you at this time and

1 from this number," and that's how -- why you paid a
2 quarter for that call or whatever.

3 Those are some issues that we're going to
4 have to delve in very thoroughly and make sure that
5 we're in compliance from a regulatory standpoint or a
6 legal standpoint before we can roll anything like that
7 out.

8 Technically, it's no problem. The
9 technology has been there for many, many years.
10 You're probably wondering how you get these VISA
11 applications and things like that. Simply by --
12 you've probably contacted an 800 number somehow, and
13 they've included you on their mailing list. You
14 become solicited as a target audience and all of a
15 sudden you get all kinds of information on something
16 you could care less about.

17 **MR. TUDOR:** We'll be continuing to work with
18 MCI on features like this in terms of possibilities
19 and the drawbacks and the pros and the cons, as well
20 as the cost associated with them. But we just wanted
21 you to hear about these today and know that we're
22 talking about them.

23 It's not always possible to make something
24 work in the relay world exactly the same as it does in
25 the regular telephone world. And to the extent you

1 have to change it, sometimes those changes make it not
2 as desirable.

3 So we'll continue looking at these and get
4 back with you as we know more and as more develops on
5 them.

6 **MR. CARRELL:** Can anyone share -- on the
7 committee -- any opinion that you might have on last
8 number redial, Call Trace capabilities? Because we
9 really would be looking to your group to determine the
10 level of desirability in the public.

11 **MR. TUDOR:** Let me just ask if you were able
12 to tell the CA, "I can't remember the number of the
13 guy I just called an hour ago. Would you redial that
14 number I just dialed a few minutes ago, the last
15 number from this telephone?" Would you see that as a
16 feature you would probably use very often or one the
17 you would consider desirable? Jerry.

18 **MR. CONNER:** You know me, I always have an
19 opinion.

20 I'll try to speak from two perspectives.

21 Our agency has 27 deaf professionals who
22 work in our Deaf Service Center out of our 50
23 employees. Those deaf professionals would love that
24 feature because they do call the same number over and
25 over often. Most of those features, they would like

1 all of them.

2 Speaking as a Deaf Service Center director,
3 and the preponderance of older deaf people that we
4 serve, they probably wouldn't use any of those
5 features because it's just too technical for them. I
6 mean, they struggle just to turn the TDD on and type
7 the message. So for them playing a message and
8 answering machine capability is almost beyond them.

9 So from the deaf professional viewpoint, I
10 would say all of those features would be very
11 desirable. But from the older deaf population, it's
12 well beyond them. Would you agree with that?

13 **MS. SLATER:** Yes.

14 **MR. CARRELL:** We can break it down into two
15 different -- excuse me.

16 **MS. SLATER:** Having that service available,
17 you know, you're probably always going to find
18 somebody who would be willing to use it.

19 **MR. CONNER:** We have the deaf students and
20 the ones that are young enough that computers don't
21 scare them anymore, and so all of this stuff is -- I
22 look at it from the viewpoint is this a service
23 hearing people have automatically? And if they do,
24 then deaf people are entitled to that. They have the
25 right to that. Now, how do we make it work?

1 **MR. TUDOR:** Yeah. And another piece to the
2 puzzle is the regular telephone network for some of
3 these features you pay either on a monthly
4 subscription rate, or each time you use it, one or the
5 other, it's your choice. And you'd have to figure out
6 a way to bill for it, too. That's another aspect of
7 this.

8 **MR. CARRELL:** Unfortunately, you can go in
9 many different tangents on virtually every feature
10 listed up there, and there's issues associated with
11 each or most. It's a matter of working through them.

12 Does anyone have any questions? Any
13 additional comments that they'd like to make regarding
14 some of the feature functionality that MCI is looking
15 to bring to the community?

16 **MR. TUDOR:** Maybe you could tell them what
17 is going on down at the center. I know you mentioned
18 the software change.

19 **MR. CARRELL:** Perfect. I've got my straight
20 man over here. Actually, Robert Giuntoli, my
21 colleague from Miami. Robert is actually the Miami
22 TRS center manager, for those of you who have not met
23 Robert previously. I don't know if you're aware or
24 not, but MCI is in the process of doing extensive
25 upgrade of our center located in Miami, both from a

1 functional aspect as well as capacity issue.

2 We're going to be adding a lot of new
3 technology as well as a lot of different head count,
4 live bodies to answer telephones over the next few
5 months. And I don't want to steal too much of
6 Robert's thunder, so if I may, Richard, I'd like to
7 turn the floor over to them.

8 MR. TUDOR: Sure.

9 MR. CARRELL: And I appreciate everyone's
10 time.

11 MS. LANGSTON: Richard, can I just ask you a
12 technical question, going back to some of our earlier
13 meeting times, which it's been a while since we've
14 met. But if we've had the meeting noticed from 1:00
15 to 3:00, and we've gone beyond the designated time, do
16 we have to move to continue the meeting beyond the
17 notice time of 1:00 to 3:00?

18 MR. TUDOR: I can just, you know, poll the
19 group. If you would like to -- if you desire to go
20 ahead and finish, because some of you may have
21 scheduling issues.

22 MS. LANGSTON: Yes, I have a scheduling
23 issue that I'd like to at least have a time certain to
24 end, and I don't know if it was an issue from any
25 public notice standpoint.

1 **MR. TUDOR:** I don't think it's a public
2 notice issue.

3 **MS. LANGSTON:** I know we've just done it in
4 the past.

5 **MR. TUDOR:** Shall we say we'll try to be
6 done by 3:30?

7 **MR. CARRELL:** Les than that.

8 **MR. TUDOR:** Okay. Robert.

9 **MR. GIUNTOLI:** Hi, everyone. It's a
10 pleasure to see you again here. It's been a real
11 exciting time for us at the MCI center. We're going
12 through some major renovations and changes. What I
13 mean is, we're not throwing out old computers and
14 putting in new ones; no, we're not doing that. We're
15 redoing everything. We're replacing all of the
16 hardware, even the wiring, the power packs,
17 everything, all of the equipment. We're redoing
18 everything because the technology has improved so
19 quickly over of the last five years. So we're
20 updating everything, the whole system right now.

21 FRS in Miami has been using two floors
22 without a place for all of the old projects and all of
23 the different things for other customers to use in the
24 past. Now we have been focusing on just FRS. We're
25 going to close off one floor. We're going to use just

1 one floor, the 6th floor. This is the new floor plan.

2 We're almost finished with the north end.

3 Hold on, let me turn it.

4 (Indicating slide)

5 That should be completed by next week. And
6 then this section, the second phase, should be
7 finished by the end of this year, December or January.

8 The big change is that we'll have more
9 screens, more controls for the CAs. So far up until
10 now we have had up to 90 CAs, 95 CAs at peak time.
11 But with this new system we can have up to 132
12 controllers. There's 60, and there's 60 in the center
13 there where the supervisor is looking over this.
14 There's also separate training classrooms here for any
15 training, and for, you know, doing overflow calls in a
16 emergency times that could take up some of the
17 traffic, it can get transferred here.

18 The supervisor's platform will have relay
19 capabilities, too. CAs can transfer a call to a
20 supervisor, and the supervisor can pick it up.

21 That's just what -- I wanted to give you a
22 broad view of what it's going to look like, because
23 the relay center is closing part of the building. But
24 we're real excited right now getting everything
25 brand-new.

1 Do you have any questions about the floor
2 plan?

3 Some day, if you'd like to have a tour,
4 we're always available for private tours. Must be
5 requested in advance, and we like to have, you know, a
6 controlled number of a group that goes through to do
7 an oversight of it. We can't bring people into the CA
8 room, obviously.

9 **MS. SLATER:** Do you have windows so you can
10 go and look out?

11 **MR. GIUNTOLI:** No windows, because it's not
12 open to the public so we don't have that.

13 **MS. SLATER:** What about a view?

14 **MR. GIUNTOLI:** When I go through the
15 hallways, you just can see what is going on as we go
16 around in the hallways. The newsletter? If everyone
17 is going to get a copy, we're going to send it out
18 several times a year. If you know of any organization
19 who may benefit from it, please let me know.

20 MCI is trying to get it out to everyone,
21 every organization that serves deaf and hard of
22 hearing, speech disabled, deaf-blind. Just let me
23 know.

24 We're planning to have 12 town meetings from
25 January through May. MCI and FRS will be traveling

1 around to 12 major cities in the state, and we're
2 going to be gathering feedback from our consumers.
3 And I'm going to bring and share that feedback with
4 you at the next meeting.

5 Okay. Do you have any other questions?

6 MR. CONNER: I have a question. When your
7 system goes down, is there a backup plan? Because two
8 or three times in the past month your system has gone
9 down, and there's been no way for deaf people to
10 access the system. When we dial the TTY relay number,
11 what we got was a voice intercept operator saying,
12 "These lines are not operational now." But there's no
13 way for a deaf person to know that the lines were not
14 operational now. And for a full day no one could make
15 any calls to the relay system. I thought there was a
16 already a backup plan that transferred it to another
17 area. What happened?

18 MR. GIUNTOLI: Two things: One, the relay
19 call, if the relay center goes down for any reason, by
20 contract, we let the PSC know -- if we have five
21 minutes service interruption we have let the PSC --
22 then we send all of our calls to another MCI center.

23 What we have now is called call manager.
24 And it's used during peak times. Unforeseen high
25 traffic times, the calls will overflow to another

1 center, and with all -- that way all the calls will
2 get processed. But if the center goes down, we need
3 to contact the other four centers to try to set up a
4 separate gate and call on their people -- call their
5 people in to manage our calls and that takes time
6 because they need to protect their state calls, too.

7 It works the same the other way around. If
8 one of their centers go down in another state, they
9 send the calls here to Florida, and we have a separate
10 gate set up. It just takes time to -- if we're down,
11 we need some time to organize and set up a separate
12 gate and the staff people -- it depends on the size of
13 the state, because Florida is one of the largest
14 states in the country. But for traffic, you know,
15 peak traffic times and unforeseen high volume, we have
16 to transfer it to another state center.

17 **MR. CONNER:** Is there a specific time frame
18 that you're talking about from the time your system
19 goes down until you have a backup plan in place? Does
20 it take hours?

21 **MR. GIUNTOLI:** ASAP.

22 **MR. CONNER:** ASAP means nothing to me.
23 You've got to give me time. We know a full day
24 occurred without the ability to access the system for
25 eight hours. That meant deaf professionals who needed

1 that system for their jobs could not work that day.
2 No one was notified. We called the PSC. They didn't
3 know that the system was down. Why does that happen?
4 And why did it happen more than once in the past month
5 is my question?

6 One time I was in Miami when it happened,
7 the Friday during the ALDA conference. The system
8 went down and no one could make calls. But there was
9 no backup plan in place. Several hours later you
10 still couldn't make a call to the relay system. I
11 thought that should not happen.

12 **MR. GIUNTOLI:** Can you address this, Bryan?

13 **MR. CARRELL:** Yes. Robert mentioned -- we
14 do have a backup plan and it's virtually
15 instantaneous. If we see a major failure occurring,
16 we reroute calls immediately.

17 However, Robert touched on the fact that all
18 other centers protect themselves in the event that
19 they start getting inundated. And we do that by
20 routing those calls over a separate gate and that's
21 how we monitor that situation.

22 Specifically, there were a series of
23 problems that -- it was almost like a chain reaction
24 that occurred over a period of time, not just one day,
25 but a period of five days. I think the most

1 significant day was the 16th. I don't know if that's
2 that Friday that you're speaking of.

3 But what happened, we had a bad card in our
4 ACD unit, the unit that distributes the calls to the
5 CA. And instead of rerouting calls as it should have,
6 the problem was holding the calls right there in the
7 CA and you were getting nothing but dead air.

8 Once we realized -- we had a problem
9 identifying the problem. But once we identified, we
10 then ordered some replacement parts. We got some
11 repair parts in. However, there were timing issues
12 and, again, it created a chain reaction.

13 I'm very aware of the incident you're
14 speaking of and we've received complaints. The
15 complaints will be answered directly by MCI. But the
16 technical issue there was our system, our intelligent
17 system, wasn't intelligent enough to realize that
18 calls were -- as far as our system was concerned,
19 yeah, we're delivering them. They are getting the
20 ACD, and that's where we drop them off. However, the
21 ACD was just locking up at that point and not doing
22 anything with the call beyond there.

23 **MR. CONNER:** I guess my concern was -- and
24 it went from concern to outrage -- when some of my
25 staff came in and said, "I'm sorry, I can't do my job

1 today." And I said, "Well, what's the problem?" And
2 they said, "The relay system, no calls are going in."
3 I picked up the phone and dialed a TTY number and got
4 a voice intercept operator. I found that outrageous.
5 That that was the TTY line, why was there not a TTY
6 intercept in there letting deaf people know what was
7 going on? So, essentially, you put deaf people in a
8 position that they had to rely on hearing people to
9 tell them what was going on, and that's the reason we
10 have a relay system is so that doesn't have to happen.

11 What I'm not hearing is an explanation.

12 **MR. CARRELL:** I can't give you a sufficient
13 explanation at this time. Other than the fact that
14 the calls were never getting to the point where they
15 should have been beyond that ACD unit. It's something
16 that -- it's kind of like Murphy's Law, anything that
17 could have gone wrong with that scenario did go wrong.
18 And, again, it created a series of chain reactions
19 that we couldn't stay up with. I mean, by the time we
20 repaired one another -- the next link in the chain
21 went down.

22 I apologize. I know that's not sufficient
23 for you right now. But that is what occurred.

24 In limited defense of MCI, it's the first
25 time we've ever had anything like that happen of that

1 nature. I'm not saying it's the first time our system
2 ever went down, but anything like that where it just
3 -- a chain reaction, one after the other.

4 You will get a detailed explanation -- in
5 fact, we might want to talk afterwards.

6 **MR. CONNER:** I just -- I was astounded
7 because it happened over a several day period. It
8 wasn't like it was just one incident. And I kept
9 assuring my staff, "Oh, the systems are in place.
10 They will immediately transfer to some other state and
11 you won't even know." And, quite frankly, we lost
12 three full days of work from at least 10 to 15 staff
13 members who spend their day on the phone and could
14 not. So I had to pull interpreters out of the field
15 and have them sit with deaf people interpreting for
16 them. That was a great cost to my agency. And the
17 fact that when we called and complained, we kept
18 getting song and dance from the complaint line. And
19 when we tried to call the customer assistance line,
20 that number had been changed and there was a voice
21 intercept operator, not a TTY intercept operator, and
22 that was a TTY line to call to complaint and we had a
23 voice intercept operator. That's incredible
24 insensitivity in my opinion. When you change the
25 phone number and there was no way for deaf people to

1 get that number unless they had a hearing person call
2 for them. I find that unacceptable. Just totally
3 unacceptable from a relay system, especially the kind
4 of money we're sinking into it.

5 **MR. GIUNTOLI:** Are you referring to the
6 customer service number? It's available now in both
7 TTY and voice.

8 **MR. CONNER:** But it was changed and you used
9 a voice intercept operator and there was no TTY
10 message, so deaf people had no way to know that the
11 number had changed. They called it and what they got
12 was voice intercept. When they got done, it was like
13 nothing happened so they hung up. How can that
14 happen?

15 **MR. GIUNTOLI:** I understand that, because I
16 do know the TTYs -- it was because of the old number,
17 but I'll follow up with that.

18 **MR. TUDOR:** Susan.

19 **MS. LANGSTON:** I guess the follow-up to
20 Jerry's comments would be to the best of MCI's
21 ability, have you put in -- if there are appropriate
22 safeguards or additional mechanisms that may alert MCI
23 to this type of a system failure, you know, have you
24 done something to help foresee this kind of a problem
25 in the future and remedy it before it becomes a chain

1 reaction?

2 **MR. GIUNTOLI:** Yes. What happened was the
3 recent failure was the result -- the equipment, the
4 new equipment that we're getting by the end of this
5 year could have avoided this problem from happening in
6 the future. It's more advanced technology.

7 Okay. Thank you.

8 **MR. TUDOR:** Thank you, Robert. Alex.

9 **MR. FLEISCHMAN:** Mr. Conner spoke about his
10 agency, and I'm going to talk about my thing, which is
11 deaf people.

12 We really have a lot of anger because of the
13 calls, because deaf people couldn't make their own
14 phone calls. So I tried to -- I'm trying to cooperate
15 with MCI. I understand they had a failure, but I
16 wasn't able to get through myself. And my last -- at
17 my last board meeting, several of our own members
18 brought up a petition to change and find another
19 vendor, but, you know, we have to discuss -- I said
20 we'd have to hear what their report is before, you
21 know, we can address that.

22 And then I feel like at the next time there
23 will be improvements made. I'm hoping in the future
24 there will be improvements made.

25 **MR. CONNER:** Can I ask another question?

1 **MR. TUDOR:** Sure.

2 **MR. CONNER:** Robert said something about 12
3 public meetings? I think that will be a step in the
4 right direction, because I know there will be lots of
5 people who want to come to those meetings and express
6 their frustrations.

7 How are those meetings going to be
8 structured? Where are they going to be held? Is
9 there going to be a schedule publicized far enough in
10 advance? I'm curious as to how that public forum is
11 going to work and whether or not we, as members of the
12 advisory group, should be at those meetings also.

13 **MR. TUDOR:** Robert, do you have a schedule
14 yet for the meetings?

15 **MR. GIUNTOLI:** Yes. I will send the
16 schedule to all of you in advance, and I will contact
17 every major service agency and Deaf Service Center and
18 any other organizations that deal with the hard of
19 hearing, ALDA, anyone who is providing services to
20 deaf and hard of hearing and disable people, as well
21 as deaf and blind. We'll contact everyone in those
22 communities, and then we'll send out the information.
23 It will be in the newsletter. And I'm working with
24 FTRI, keeping them aware of everything we're doing in
25 all of the town meetings. And I've invited them to

1 attend as well.

2 MR. TUDOR: Okay. Thank you.

3 MR. FLEISCHMAN: When are they starting?

4 MR. GIUNTOLI: When? By contract we're
5 required to provide 12 town hall meetings per contract
6 year; that's from June until May. So now we're
7 focusing on the construction of the computers and
8 everything. And when all of that is completed, then
9 -- when all of our advanced technology is done, we're
10 going to go meet with the people from January through
11 May. That's when we'll hold those 12 town hall
12 meetings. And the other 12 town hall meetings will
13 follow in the next year after that.

14 MR. TUDOR: James.

15 MR. FORSTALL: MCI will be happy to put that
16 schedule in our newsletter as soon as you can get it
17 to us.

18 MR. TUDOR: Okay. One other item I wanted
19 to mention briefly was I gave to each of you a list of
20 the Advisory Committee members, and since the
21 origination of this committee, some things have
22 changed.

23 A couple of the organizations that were
24 originally recommending members to the committee don't
25 exist any longer, and we also have a couple of

1 vacancies.

2 SHHH, that position is vacant, but they are
3 in the process -- I think they meet in December and
4 will be sending us a recommendation for a new member.

5 And I have contacted the Florida Language
6 Speech and Hearing Association a couple of times, but
7 they have not yet sent me a recommendation of a new
8 member.

9 But one thing I did want to discuss with you
10 is the fact that -- of course, Harry Anderson served
11 very well as Chairman of this group for -- well, since
12 its inception. He has resigned from the committee,
13 and we need to decide how we want to structure the
14 committee going forward. If we, you know, want to
15 fill that Chairman's position, if you all would like
16 to continue pretty much in the format we did today
17 with us just meeting together as a group and
18 Commission Staff facilitating the meeting. If you
19 would prefer to elect a chairman or a vice chairman,
20 when you would want to do that and how to take
21 nominations, and those sorts of things. I just wanted
22 to see if you all any thoughts on that or if you would
23 rather save that discussion for the next meeting.

24 Does anybody have any thoughts about how to
25 approach that into the future?

1 **MR. CONNER:** I'd like the Staff sort of
2 conducting and moderating the meeting. That leave us
3 available to concentrate on what we're supposed to do.
4 So, I'm not so sure how important it is to have a
5 chair. I don't see what their responsibilities would
6 be when we have staff who can do that probably far
7 more efficiently than we could.

8 So my recommendation would be to -- I like
9 the format we had today. I would like to talk a
10 little more about just what is the role of this
11 committee, and, you know, should we be involved in the
12 kinds of contract discussions, and all that other
13 stuff. Because I'm kind of vague in just exactly
14 where our advising should go and where should it stop,
15 and those kinds of issues are more critical to me.

16 **MR. TUDOR:** Okay. Susan.

17 **MS. LANGSTON:** I tend to agree with what
18 Mr. Conner said about the format where, you know,
19 we're advisory, as I understand it, to the Commission
20 and implementation is the role of implementing the
21 law. And it seems to me that staff is best prepared
22 to know when to call the Advisory Committee together
23 and what types of items should be placed on the
24 agenda.

25 The only suggestion I would have in addition

1 to that would be encouraging committee members who
2 might possibly suggest other agenda items which would
3 be circulated in advance to the committee hearings so
4 the members would know what is scheduled for the
5 agenda.

6 I know we have opportunity to bring up other
7 business, but if some of the other committee members
8 have items or asked to add items to the agenda it
9 would be helpful to know ahead of time what those
10 items were. But other than that I think that staff,
11 you and your Staff do an excellent job of facilitating
12 these meetings.

13 **MR. TUDOR:** What I could do is when we
14 anticipate a time upcoming for a committee meeting, to
15 send a notice out to each of you, first of all to let
16 you know about a tentative date, and then at the same
17 time ask for your input for agenda items and then we
18 could compose an agenda from that.

19 One of the things that is required, is that
20 we do publicly notice these meetings and they have to
21 be noticed -- it's almost a month in advance, so we
22 can't call a meeting on real short notice. So, you
23 know, you're really talking about a six or so week
24 lead time before a meeting. But we could approach it
25 that way to schedule a tentative date. And, of

1 course, if half the committee comes back and says, "We
2 can't be there that day," then we'll try for another
3 date. But at the same time you could give us input
4 for suggested agenda items, and we could try to
5 develop a time schedule from that.

6 Okay. Great. Well, does anybody have any
7 closing comments we need to make?

8 **MR. CONNER:** I did want to ask, is there --
9 I know that the Association of Late-Deafened Adults,
10 they had their international conference in Miami and
11 they have become very active in the last year or two.
12 Is it possible for them to have a representative on
13 this, because they do represent a perspective that we
14 don't have here.

15 **MR. TUDOR:** Jerry, one of the questions I'll
16 run by our legal folks, but one of the groups that no
17 longer exists is the Florida League of Seniors. And I
18 don't know to what extent we have the flexibility to
19 substitute organizations. I mean, that group, The
20 League of Seniors is specifically mentioned in the
21 law. But it sounds like this group, Association of
22 Late-Deafened Adults, sounds like it has the same
23 theme as what the legislature would have intended to
24 be represented by the League of Seniors, so that's a
25 possibility. And if it is, maybe I can get their

1 address from you and we could inquire of them. Is
2 that a long-standing group or is it fairly new?

3 **MR. CONNER:** I can give you a couple of
4 copies of their newsletters. They're producing
5 newsletters, I don't know if that means longevity.
6 They have been around about a year and half two years
7 now.

8 **MR. TUDOR:** Okay.

9 **MR. CONNER:** But they're expanding extremely
10 quickly.

11 **MR. TUDOR:** We had a similar problem with
12 the group that Harry Anderson represented, the
13 Coalition for Persons with Dual Sensory Disabilities.
14 That group does not really exist anymore. But he did
15 indicate that there may be some folks trying to
16 structure a new organization of some sort, so we'll be
17 watching for that, too.

18 **MS. LANGSTON:** Richard, except for -- people
19 might be unwilling to travel without being reimbursed
20 for their travel, there certainly is nothing that
21 would prevent you from inviting other organizations to
22 come in and sit in and allow their input to be given
23 to this group.

24 **MR. TUDOR:** That's true. That's another
25 option, and we could probably even pay their travel

