



1 **IN ATTENDANCE:**

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

3 **CHARLES ESTES**, MCI.

4 **ALEXANDER FLEISCHMAN**, Florida Association of  
5 the Deaf, Inc.

6 **TESSA LITTLE**, Advocacy Center for Persons with  
7 Disabilities, Inc.

8 **JERRY CONNER**, Deaf Service Center Association

9 **RITA SLATER**, Florida Association of the Deaf

10 **JOSEPH C. SCHAD**, Florida Language Speech and  
11 Hearing Association.

12 **KIM WOBSCALL**, TRS General Manager MCI

13 **SHIRLEY JONES**, Self Help for Hard of Hearing People

14 **FOR THE FPSC:**

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

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

17

18

19 **INTERPRETERS:**

20 **SHARN STARLING**

21 **STEVIE FENTON**

22

23

24

25

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

2                   (Meeting convened at 1:00 p.m.)

3           **MR. TUDOR:** Is everyone ready to begin?

4           I want to welcome everyone here. My name is  
5 Richard Tudor, for those who may not know me, with the  
6 Staff of the Public Service Commission.

7           I thought maybe what we ought to do first is  
8 go around and introduce everyone. Why don't we do  
9 that. We'll just start with the Staff up here to my  
10 right.

11           **MS. KING:** Hi. I'm Laura King.

12           **MR. TAYLOR:** Alan Taylor.

13           **MR. McDONALD:** Don McDonald.

14           **MR. TUDOR:** Start down here with you  
15 Mr. Schad.

16           **MR. SCHAD:** Joe Schad. I represent FLSHA,  
17 Florida Language Speech and Hearing Association. I'm  
18 from Boca Raton, Florida.

19           **MR. CONNER:** I'm Jerry Conner. I represent  
20 the Deaf Center Association. I'm from St. Petersburg,  
21 Florida.

22           **MS. JONES:** Shirley Jones from Tallahassee  
23 representing the Self Help for Hard of Hearing, SHHH.  
24 Thank you.

25           **MS. LITTLE:** I'm Tessa Little representing

1 the Advocacy Center for Persons with Disabilities here  
2 in Tallahassee.

3 **MS. SLATER:** My name is Rita Slater. I  
4 represent FAD, Florida Association of the Deaf.

5 **MR. TUDOR:** Okay. And we've got a speaker  
6 or two that will be talking later, and we'll introduce  
7 them as they come up.

8 Let's see. On the committee, one of the  
9 things I handed out there was what I hope is a pretty  
10 current list of the Advisory Committee members. If  
11 you should see any errors on that, phone numbers or  
12 anything like that, there are some extra copies on the  
13 table over here -- if you see any errors in that,  
14 please just mark those and give those to me later.

15 Let's see, of the members that are on the  
16 committee currently, Ms. Little is here, Jerry Conner  
17 is here. Mr. Fleishman has arrived but he stepped out  
18 for just a moment. And Ms. Slater. Mr. Schad. Susan  
19 Langston is with the Florida Telephone Association,  
20 and she had a death in her family, called earlier and  
21 will not be able to be here today. Mr. Spooner, my  
22 understanding was they are probably going to be  
23 recommending a replacement for Mr. Spooner, and so  
24 we'll be hearing about that later from them. And then  
25 Ms. Jones. So we have most of us here so we'll go

1 ahead and get started.

2 I think of our committee members the only  
3 one that has not been voted on by the Commissioners is  
4 Mr. Schad, or has he been already?

5 MS. KING: I believe he's been voted on.

6 MR. TUDOR: Okay. So everybody is official.

7 Okay. Great. We have basically four items  
8 I know of right now on our agenda. We'll be  
9 discussing the FTRI budget. Then we'll talk about the  
10 new subcontractor that MCI will be using. Then we  
11 have two items that were raised by Mr. Schad, and in  
12 the information I just handed out to you is a letter  
13 from Mr. Schad, so each of you should have a copy of  
14 that.

15 It deals with two issues. One deals with  
16 the distribution of the electrolarynx by FTRI as a  
17 specialized telecommunications device, and the other  
18 issue deals with the makeup of the Advisory Committee,  
19 and dealing with the issue of the two organizations  
20 that have been dissolved but -- are listed in the  
21 statute but no longer are active: The League of  
22 Seniors, and another one -- I can't think of what its  
23 name is -- League of Seniors and Coalition for Persons  
24 with Dual Sensory Disabilities.

25 Those two organizations are not currently

1 active, but I have, a couple times in the past, spoken  
2 with Harry Anderson. And there may be some activity  
3 with the Coalition for Persons with Dual Sensory  
4 Disabilities. Maybe not exactly as that same body,  
5 but a body that may have similar goals and objectives  
6 and that sort of thing. I've not heard from them  
7 recently. So currently we have two organizations that  
8 are not actively functioning at this time.

9           So with that, what I'd like to do is see if  
10 there are any opening comments anyone would like to  
11 make before we go into the FTRI budget. (No response)

12           If not, James, I guess that puts you on the  
13 spotlight there. This is James Forstall with FTRI.

14           James, how long have you been with us now?

15           **MR. FORSTALL:** Two and a half years.

16           **MR. TUDOR:** Two and a half years. Great.

17 We appreciate your work over there at FTRI and all you  
18 are accomplishing.

19           **MR. FORSTALL:** Thank you.

20           **MR. TUDOR:** The FTRI budget has to be  
21 approved each year by the Public Service Commission.  
22 And this is for the fiscal year beginning July 1, of  
23 '98 through June 30th, 1999. And so we asked James if  
24 he would come and give us some of the highlights of  
25 that budget. It's included in the package with your

1 agenda today.

2           So, James, with that, I'll turn it over to  
3 you.

4           **MR. FORSTALL:** Thank you, Mr. Tudor, the PSC  
5 and the Advisory Committee members for inviting me to  
6 give this presentation.

7           I'm glad to be here to discuss the fiscal  
8 year 98-99 budget. You've all received a copy of the  
9 budget, so I'll just summarize what we've done and  
10 answer any questions you may have.

11           The surcharge revenue for fiscal year '98-99  
12 is based on a 4.5% growth factor and the total number  
13 of access lines reported in fiscal year '97-98. This  
14 growth rate has remained stable in the 4% to 5% range  
15 for the past several years. The proposed revenues are  
16 \$13,313,216. Total expenses for fiscal year '98-99  
17 are \$14,328,239, which is \$1,015,023 over the  
18 revenues. The difference will be transferred from the  
19 surplus account, which we expect to be approximately  
20 \$4.4 million.

21           Despite our efforts to maintain the surplus  
22 account at approximately 1.2 million, which is an  
23 equivalent of one month's worth of cash disbursements,  
24 the increase was due to unexpected credit and a  
25 variance in the expenses for the relay service, which

1 combined for over \$2.2 million.

2           Because of the increase in the surplus  
3 account, and based on the best information available  
4 to us, the Board has approved a recommendation to  
5 reduce the surcharge from 12 cents to 11 cents  
6 effective with the new fiscal year. We estimate that  
7 a surcharge of this level will enable FTRI to maintain  
8 our current level of service, plus growth, for the  
9 next two to three years, and at the same time reduce  
10 the surplus account. This approach provides stability  
11 in the surcharge level for a period of time, but also  
12 retains flexibility for us.

13           FTRI now has over 145,000 individuals in the  
14 active client database. It is evident that FTRI and  
15 13 regional distribution centers are reaching out to  
16 meet the telecommunications access needs of citizens  
17 who are deaf, hard of hearing, dual sensory disabled  
18 or speech impaired. FTRI looks forward to another  
19 successful year. And I'll be glad to answer any  
20 questions anyone may have regarding the budget at this  
21 point.

22           **MR. TUDOR:** Met let me see first if any  
23 members of the Advisory Committee had any questions  
24 about the budget. Ms. Slater.

25           **MS. SLATER:** The budget is going -- for the



1 equipment and for the services both, correct?

2           **MR. FORSTALL:** Would you repeat the  
3 question, please? Are you talking about the relay  
4 service? Dual-party relay service. Yes, it does. It  
5 includes both.

6           **MS. SLATER:** What I'm thinking about is the  
7 12 cents, lowering it to 11 cents. Why is it that  
8 we're using some of the surplus? Why don't we want to  
9 use that to improve the relay service? You know, pay  
10 the CAs better, you know, get their salaries up?

11           **MR. TUDOR:** Basically, the situation is that  
12 on the relay service itself, that service is provided  
13 based on a contract that has a three-year life on it.  
14 The salaries that MCI and its subcontractor actually  
15 pays to the relay operators is strictly a private  
16 contractual relationship between them.

17           What we agree to do as the state is to pay  
18 MCI so much per minute for providing the relay service  
19 and everything that's related to that: The telephone  
20 equipment as well as the human resources. And MCI  
21 makes a decision about how much to pay their  
22 subcontractors and how much to pay for computers and  
23 how much to spend on long distance telephone service.  
24 Those sorts of things. Those are all decisions they  
25 make at the same time that they charge the state a

1 flat amount that's in the contract that they reached  
2 with us about a year and a half ago. So it's not --

3 **MS. SLATER:** I think the quality of the CAS'  
4 service should be improved, if we can do that. I get  
5 a lot of complaints from other people, you know, and  
6 I, too, have had bad experiences using the relay.

7 **MR. FORSTALL:** I imagine that MCI would be  
8 able to answer those questions for you.

9 **MS. SLATER:** If MCI paid the CAS well, then  
10 we could get more qualified people, more quality work.

11 **MR. TUDOR:** Jerry.

12 **MR. CONNER:** I think all of us are sometimes  
13 a little confused about who is responsible to do what.  
14 I know that I've always been wondering who is  
15 responsible for advertising that the relay service  
16 exists. And I always get mixed messages. And I know  
17 often James and I have talked about that; who is doing  
18 this? Because, frankly, I don't think anybody is.

19 Well, I have the same concerns that Rita  
20 does about quality services. I'm even more concerned  
21 about the fact that deaf people are having businesses  
22 hang up on them when they call them through the relay  
23 service because they think it's some kind of marketing  
24 ploy or something else.

25 And I know that MCI has a big presence in

1 deafness-related conferences and they sponsor  
2 conferences, and they do a lot of advertising in the  
3 deaf community. But that's not where the advertising  
4 is needed. The deaf people know about the service.  
5 My concern is that the general business community, the  
6 employment community, the people in the general public  
7 are totally unaware of what the relay service is all  
8 about. And I guess I'm concerned that reducing the  
9 amount of money that we have to work with, it's always  
10 a lot easier to cut it than it is to get it back once  
11 it's been lost.

12 I would be more concerned that we've not put  
13 any effort toward promoting the relay service,  
14 advertising the relay service, training the general  
15 community on what the relay service is, even  
16 television advertising. None of that is happening.

17 And without that, I don't care how well we  
18 train the CAs, I don't care how well we train the deaf  
19 community or how many machines we put out there, we  
20 are going to have an ongoing, never-ending problem of  
21 the general community hanging up on deaf people or  
22 getting very frustrated with the relay service because  
23 it takes to long to get started.

24 So I would -- my concern would be I think we  
25 need to turn some direction toward that advertising

1 and there ought to be something built into the budget  
2 to cover that. Whether that's supposed to come from  
3 MCI or FTRI, I'm not sure. I'm as concerned about  
4 that as -- I don't see any money for that.

5 **MR. TUDOR:** Let me address the issue of  
6 whose role that is. Just clarify that.

7 The way -- every state seems to set up their  
8 programs a little differently in terms of who is  
9 responsible for what. But in Florida we have several  
10 organizations.

11 The Public Service Commission has general  
12 oversight over the relay and equipment distribution  
13 programs. The legislature asked us to establish a  
14 nonprofit corporation, which is FTRI, to perform  
15 certain functions, and then they asked the Public  
16 Service Commission to contract with a relay provider.

17 The nonprofit administrator, which is FTRI,  
18 they have several roles to play. One is that they  
19 distribute the equipment. Another is that basically  
20 they are the banker for this whole system. And that's  
21 why, in response to Ms. Slater's question, they have  
22 basically two bills to pay -- really more than that,  
23 but basically two. One is to pay for the relay  
24 service. So even though the contract is between MCI  
25 and the Public Service Commission, we don't pay the

1 bills. Mr. Forstall pays the bills, both for the  
2 equipment distribution program and for the relay  
3 service. And he does that because all of the money  
4 that's collected on everybody's telephone bill, that  
5 12 cents a month, goes to -- of course, first it goes  
6 to the local telephone company that you pay your bill  
7 to. And then they send the money to Mr. Forstall and  
8 he banks it, protects it, makes sure it's carefully  
9 accounted for, and then he uses that money for the two  
10 main purposes: The distribution program of equipment  
11 and the relay.

12           But another role that he has also is  
13 outreach. And the statute assigns that role to the  
14 administrator.

15           MCI, of course, their role is to provide the  
16 relay service. And because the outreach is provided  
17 by the administrator, in our contract with them we do  
18 not require them to provide outreach. Now, in other  
19 states it works differently where the relay provider  
20 is the outreach tool.

21           I would guess that the legislature felt that  
22 based upon the organization that they created, that  
23 since outreach needs to apply both to the distribution  
24 program and relay, that that is why they assigned that  
25 task to the administrator rather than to the relay

1 provider.

2           Now, MCI certainly does some outreach. They  
3 do a lot of community work and those sorts of things.  
4 Because it's to their benefit because if they price  
5 their service right, every minute that somebody's on  
6 the network using the relay service, they are making  
7 some amount of profit on every minute of that a call.  
8 So they want people to use the network, the relay  
9 service. That's their motivation for doing the  
10 outreach and advertising they do. But it's not  
11 mandated by the statute nor by their contract. Does  
12 that help?

13           **MR. CONNER:** Yeah. That does help me  
14 understand how the structure is.

15           I think that what's happened, though, in the  
16 translations as it's moved down from the Public  
17 Service Commission, is that outreach has been  
18 perceived, and is being approached -- and James,  
19 correct me if I'm wrong -- is that it's more geared  
20 toward the equipment distribution. And in that  
21 outreach part of that contract is, when you're  
22 Outreaching you want to talk to them about the Florida  
23 Relay Service too. And I'm familiar with that because  
24 our agency does have one of the outreach contracts.  
25 But it's also -- it still doesn't really get to the

1 heart of the community, because that community that  
2 we're trying to reach, that business community, is  
3 almost impossible to get into for normal outreach  
4 methods. Because our real goal in outreach is to make  
5 sure that deaf people, speech impaired persons,  
6 heard-of-hearing persons are aware that the equipment  
7 is out there and they have a service that they can  
8 utilize.

9           So that would just be my recommendation.  
10 I'd like, you know, to hear from the rest of the  
11 council. Maybe what we need to do is find a way to  
12 say there ought to be a second outreach effort, which  
13 is to the general public and to employers and the  
14 business community. Because that has to do only good  
15 things. It can't really do any harm. It will also  
16 increase MCI's business, so --

17           **MR. TUDOR:** On the budget itself, on the  
18 second page, the back of the budget, at the very top,  
19 Line 22 deals with the Outreach Program. And in the  
20 proposed budget for this year, there's a -- included  
21 in the budget, an increase from last year's budget  
22 from \$153,000 to \$187,000 for outreach.

23           James, would you like to address some of  
24 your outreach plans?

25           **MR. FORSTALL:** We have always in the past

1 budgeted a certain amount for travel reimbursement for  
2 FRS to perform outreach activities. In the past  
3 year-and-a-half we've not been invoiced for any of  
4 those services. The money is there available for  
5 that.

6 We have contact with the FRS office in Miami  
7 to encourage a cooperative effort in working together  
8 to perform this outreach. The volume is there in the  
9 budget amount.

10 **MR. TUDOR:** So you use MCI to do some of  
11 your outreach. Do you have a person currently  
12 assigned to the task of outreach at FTRI?

13 **MR. FORSTALL:** Correct.

14 **MR. TUDOR:** I've met her. What's her name?

15 **MR. FORSTALL:** Chris Call.

16 **MR. TUDOR:** Could you describe a little bit  
17 about what her role is and her duties?

18 **MR. FORSTALL:** Her role is to approve any  
19 outreach activity that is requested through the  
20 regional distribution centers and training agencies,  
21 as well as travelling throughout the state to perform  
22 outreach activities; contacting with FRS to coordinate  
23 activities; to publish the newsletter that we have  
24 going out annually and biannually. Et cetera.

25 That's basically what we have been providing



1 mostly lately is on-the-site presentation. We find  
2 that person-to-person contact has been more effective.

3           However, questions have been raised in how  
4 far FTRI is to go in performing outreach with the  
5 relay service. And right now we have a letter to our  
6 counsel to further clarify our role as outreach in  
7 relation to the FRS. And we should hear more details  
8 about that in the next week or two as to how far we're  
9 expected to take outreach for the relay. However,  
10 anytime we do outreach, we do promote the relay  
11 service. It just goes hand and hand.

12           But that's the step we're taking at this  
13 point. To further clarify exactly what FTRI can do to  
14 promote the relay service.

15           **MR. TUDOR:** Who is that letter to?

16           **MR. FORSTALL:** Doc Horton.

17           **MR. TUDOR:** To your board of directors.

18           **MR. FORSTALL:** Correct.

19           **MR. TUDOR:** I guess in terms -- I don't know  
20 if I can find it quickly, but there is some language  
21 in the statute that I think would make it clear, you  
22 know, that certainly both aspects, equipment and  
23 relay, can be part of your outreach program.

24           If you looked at the handout I gave you  
25 that's the TASA law, Page 8 of that --

1           **MR. FORSTALL:** Section 4.

2           **MR. TUDOR:** The section is 427.705. Within  
3 that section it's (1)(B), which says that the  
4 administrator shall administer advertising and  
5 outreach services as required by the Commission either  
6 directly or with contract with third parties or a  
7 combination thereof. And that doesn't limit the  
8 outreach to just equipment or to relay. It's any of  
9 the services.

10           To the extent you need any clarification  
11 from us at any time, of course we're always willing to  
12 help you with that.

13           **MR. FORSTALL:** Part of the clarification  
14 we're looking for is in the relay contract with the  
15 Public Service Commission and MCI. In several places  
16 they do mention outreach activities. That's where our  
17 questions are being directed, in those specific areas  
18 to get answers from. And we should know more by the  
19 end of next week.

20           **MR. TUDOR:** Regardless of how much outreach  
21 MCI would do for relay, that shouldn't limit at all  
22 what outreach you would do, except to the extent that  
23 you might consider that unnecessary expenditures. If  
24 they were doing all that could possibly be done, then  
25 you might want to direct your funds to something --

1 more to the equipment program or some other aspect.  
2 But other than that, the fact that they are  
3 advertising or not advertising shouldn't prevent you  
4 from advertising; using the money in a wise way.

5           **MR. FORSTALL:** Like I say, we do promote the  
6 relay within the capacity that I had described, or  
7 maybe taking the suggestion that you had mentioned,  
8 taking it a step further into the businesses and the  
9 hearing community, et cetera, and we'll be glad to  
10 look into that.

11           **MR. TUDOR:** Are any of your presentations  
12 ever made to, like, civic clubs; like Lions clubs?

13           **MR. FORSTALL:** Yes. Yes.

14           **MR. TUDOR:** So there you're touching and  
15 contacting the business community?

16           **MR. FORSTALL:** Every time we do an outreach  
17 presentation, we're giving at least one or two other  
18 contacts to continue these presentations. So we have  
19 been quite busy over the last few months in making  
20 these presentations. It's been proven very effective.  
21 But we know we need to expand the outreach services to  
22 cover more of the state.

23           **MS. LITTLE:** What you're doing sounds really  
24 good, doing a little bit at a time. I'm hearing  
25 similar things to what you're hearing, though, where I

1 work, and that is that the general public at large who  
2 are the recipients of lots of these calls don't  
3 understand what is happening when they get these  
4 calls, are hanging up and things like that.

5           And I think about like hurricane  
6 preparedness, when the Red Cross wanted us to know  
7 about that, they did lots on the television. Whether  
8 you lived that place where you were worried about that  
9 or not, you learned about it. And I think the way to  
10 get to the general business population is to do  
11 something bigger, where they are getting hit with it  
12 pretty regularly. I think you could do little things  
13 forever and not hit people at large. And when I see  
14 the kind of surplus that's here, I think, boy, there  
15 is enough money here to do something really good like  
16 that and get it out there. And maybe I was confused,  
17 but I did think that fell to your organization to do  
18 that part of it.

19           **MR. TUDOR:** Does anyone know of what kind of  
20 approaches other states might take? I know this is a  
21 national problem of people not knowing what a relay  
22 call is and hanging up and that sort of thing. Kim.

23           **MS. WOBSCHELL:** Thank you, Richard. I know  
24 another state that we're working with, we're actually  
25 developing public service announcements to be aired at

1 different times to -- running along a theme of you  
2 losing business. Don't hang up when you hear "XXX  
3 Relay Service CA."

4           We're using our Web site and our newsletter  
5 to try to get to the public. Also, what we're trying  
6 to do is extend our outreach. If we have a business  
7 that we're getting a lot of contacts, if the relay  
8 user will contact customer service, we will send that  
9 out to our outreach people and we will actually go out  
10 and do a training session with that business. Those  
11 are some of the techniques we have established for  
12 this year, because that's one of our goals in '98, is  
13 to reach the other side of the community for relay.

14           **MR. TUDOR:** Let me ask you a question. On  
15 the ads you've produced for public service  
16 announcements, do you run those strictly as public  
17 service announcements or do you pay for advertising  
18 time also using those?

19           **MS. WOBSCHELL:** Actually, it's a brainchild  
20 that is under development right now. At the present  
21 time we were scheduled just to run those as public  
22 service announcements.

23           **MR. TUDOR:** Okay. In some states where the  
24 relay provider has the responsibility for outreach,  
25 and that's the case in some of your states I suppose,

1 there do you use those kinds of ads to satisfy that  
2 outreach requirement?

3           **MS. WOBSCHALL:** We haven't been doing a lot  
4 of television advertisement. We have been trying to  
5 do one-on-one contact, attending functions like you  
6 stated. Trying to reach local groups to do  
7 one-on-one. We just feel the one-on-one presence --  
8 they tend to remember it better than if they see it  
9 just flashed across on an ad. Now, the state that  
10 we're working with for the public service  
11 announcements, they feel that it would benefit their  
12 state.

13           **MR. TUDOR:** Okay. Thanks. Mr. Conner.

14           **MR. CONNER:** I think that the problem may be  
15 that we're all hitting the same target. I mean, the  
16 deaf service centers, the service providers that are  
17 at the local level, as part of our United Way  
18 campaigns, and all of the efforts we undergo to make  
19 the community aware of what the deaf community needs,  
20 or hard-of-hearing community or speech impaired  
21 community needs, we are hitting those audiences with  
22 our presentations on a regular basis.

23           I know that we do -- during the United Way  
24 campaign we'll go to 200 to 300 businesses and make  
25 that presentation. But you still -- what we need is

1 something that's much more statewide; that's much more  
2 global in its approach.

3           Probably the biggest boom that happened for  
4 relay service was when "Ellen" ran that very funny  
5 thing on that weekly series, on her series. It was a  
6 humorous approach to the relay service. But it would  
7 cause tremendous awareness. And I had people  
8 approaching me about that for months afterwards. And  
9 I think that's the kind of thing I have in mind. Some  
10 much larger approach, where the general community is  
11 going to talk about what they see.

12           And public service announcements, if they  
13 don't have any pizzazz, they are lost. But if it's a  
14 good public service announcement, as many of -- you  
15 know, some of the campaigns you talked about have been  
16 superb, that's what people remember. And that's why  
17 I'm thinking that somebody bigger than the local area  
18 has got to address the big advertising arena. And the  
19 local providers can pretty well adjust -- can do the  
20 one-on-one stuff. I know all the regional  
21 distribution centers have contracts to do the  
22 one-on-one. So if that's what MCI is doing, then it's  
23 a duplication of an effort that might be better  
24 expense somewhere else. Mainly because I think MCI  
25 certainly has more resources and can come up with

1 something that is snazzier.

2           **MR. TUDOR:** A couple of things come to mind,  
3 and I don't know how realistic they are. Talking  
4 about the more global approach, our -- I guess more  
5 like FTRI's counterpart nationally is an organization  
6 called the National Exchange Carriers Association.  
7 And they receive funds from phone companies that they  
8 use to fund -- when you make an interstate call,  
9 that's not paid for out of the 12 cents a month.  
10 That's paid for out of the national fund.

11           I don't know that the -- it's called, NECA,  
12 N-E-C-A. I don't know that they have any role at all  
13 in outreach. And I believe they do not. But, you  
14 know, that's a possibility, approaching the FCC to see  
15 if some kind of global program -- you know, ads that  
16 could be run nationally, those sorts of things, are a  
17 possibility. You wouldn't be able to, you know, brand  
18 identify them and that sort of thing. You couldn't  
19 flash up, you know, the Florida Relay Number on a  
20 national ad, that sort of thing; that would be a  
21 little downside to that. Something like that is  
22 something to think about.

23           Another thing to think about would be  
24 whether to try to run some television spots or radio  
25 spots. And those are very expensive, especially the



1 television. That's a possibility. And possibly --  
2 you know, PSAs tend to run after midnight and times  
3 like that. But perhaps those same ads could be used  
4 as -- used for pay television spots during better  
5 times of the day, you know, and we'd have to approach  
6 with MCI whether they would be willing to let those be  
7 used for that kind of a purpose. But those are  
8 possibilities. Charles?

9           **MR. ESTES:** Thank you, Richard. A few  
10 things on the comments you made.

11           First, I'm not aware of any outreach type of  
12 activity NECA is pursuing at this time. But we do  
13 know that the FCC itself is requiring a national  
14 promotion of coin cent paid, a particular effort.  
15 That's the only national marketing that I'm aware of.

16           I also want to mention the fact that MCI has  
17 a working contract with a certain other state, cannot  
18 parlay (ph) to Florida as far as outreach goes.

19           The comment was made that MCI has more  
20 resources with which to draw from. That's true, we do  
21 have expertise within the corporation. And this  
22 particular state I'm talking about, MCI works with the  
23 state. We assist in developing the materials and  
24 promotions and the state outreach funding pays the  
25 bill. There's no reason MCI and FTRI can not work

1 together in Florida in a similar fashion.

2 I also wanted to comment on the PSA  
3 approach. I agree with what you just said. PSAs do  
4 tend to be broadcast at inopportune times. We are in  
5 some PSAs and hope to get them on at good times of the  
6 day, but so far we hear from other states PSA had  
7 limited time.

8 MR. TUDOR: It could be that outside -- just  
9 another thought I'm having here is that outside of  
10 what is in the annual budget, there could be a  
11 one-time -- as a trial, an one-time effort that could  
12 be funded as like a supplement to the budget or a  
13 special expense, where FTRI may be working with MCI as  
14 a subcontractor in this case; could develop some kind  
15 of a campaign and see what kind of results we get. It  
16 wouldn't necessarily be the way we'd approach it for  
17 all time, but could be an one-time campaign of some  
18 sort.

19 I wonder, James, if you could -- like I  
20 said, we could do that without having to worry about  
21 the budget right now, because we do have some surplus  
22 funds that could be available for that. And that  
23 could be approved later on by the Commission as an  
24 one-time approval, a single-shot effort, rather than  
25 being a part of the budget. And then if we decide

1 later it's a successful project, then we might need to  
2 increase the outreach budget in the future years.

3           Could I ask that perhaps you and the MCI  
4 could work together and discuss the possibilities and  
5 maybe some of the potential costs. Because this is a  
6 real problem; that the business community -- and it's  
7 particularly the business community -- it probably  
8 happens some when just a residential customer receives  
9 a relay call and doesn't know what it is. But  
10 generally people, when they are calling residential  
11 customers, you know, they know who the person is  
12 calling them quite often. But a business, it's more  
13 of an unexpected call and they don't know what it's  
14 all about.

15           The thing with television or radio  
16 advertising is you never know exactly who heard it and  
17 whether there was ever any impact.

18           But just raising the visibility of relay  
19 some may pay off, even though sometimes you just don't  
20 know, but we can maybe just see if we start hearing  
21 people say, "I've heard of this before," you know,  
22 that may have some meaning or impact.

23           **MR. CONNER:** At the risk of exposing how old  
24 we are, back in the early days, when we first started  
25 the distribution program and the relay was done by a

1 whole bunch of little centers scattered around the  
2 state, we had successfully done a billboard campaign  
3 negotiating with the Billboard Association -- I forget  
4 what they are called now. But every time they had  
5 down time, we had a sign that they would let us slap  
6 up all over the state. And I believe at one point  
7 there were as many as 400 of those up on any given  
8 occasion.

9           What we found was there was a tremendous  
10 upsurge in interest from the business community. Our  
11 agency was immediately contacted by Pizza Hut. Said  
12 "What are all these billboards we keep seeing?" And  
13 "Are we losing business?" Because it did say, "Are  
14 you losing business?" And we found in our area  
15 businesses immediately began putting in  
16 telecommunication divices because they didn't want to  
17 lose that business. Some of them actually began  
18 advertising the local relay services.

19           Certainly I don't want to tell the  
20 advertisers how to do their business. But I think  
21 there are a number of things that can be done. Since  
22 we're really talking about a public service here.  
23 Yeah, it is business but it's also a public service,  
24 that we may be able to get some advertising time that  
25 way too. Because billboards, you drive by them every

1 day, and people that run companies, that own companies  
2 have to drive by them just like the rest of us do.

3 **MR. TUDOR:** To me, billboards are very  
4 effective forms of advertising.

5 **MR. CONNER:** They were hot pink. I remember  
6 that.

7 **MR. TUDOR:** So that's a possibility too,  
8 that there may be some interest in the billboard  
9 community, sort of like public service announcements,  
10 providing the space free. I guess you paid for the  
11 materials and they they have you the free space.

12 **MS. CANZANO:** Florida Council, when it ran  
13 the program, paid for the materials. And we left  
14 copies of the billboards with companies. And whenever  
15 somebody didn't pay that month's rent, they would slap  
16 our sign up and then they would take it down; then it  
17 would go back up; come down. That went on for about a  
18 year and a half, two years, before finally all of the  
19 signs vanished. I still have two of them in my  
20 office.

21 **MR. TUDOR:** Okay. Do you know the name of  
22 that national or -- organization?

23 **MR. CONNER:** No. But I'm sure if you called  
24 any billboard company they can tell you.

25 **MR. TUDOR:** There are some very large

1 billboard companies, at any rate, that you can deal  
2 with an individually.

3           James, could I ask that you just spend some  
4 time, you know, on your own, as well as with MCI, and  
5 see if you could put together kind of -- some sort of  
6 a proposal that maybe we could look at sometime.

7           **MR. FORSTALL:** That would be fine.

8           **MR. TUDOR:** Like I say, we could look at  
9 that as not necessarily coming out of the annual  
10 budget, but just, you know, a one-time thing and we'll  
11 see how effective we feel it might be.

12           **MR. CONNER:** James, I'm sorry if I caused  
13 you more work.

14           **MR. FORSTALL:** That's what I'm here for.

15           **MR. TUDOR:** Charles.

16           **MR. ESTES:** Two suggestions have been made.  
17 Billboard and PSA. The Advisory Committee has other  
18 suggestions, other approaches.

19           **MR. TUDOR:** Tessa.

20           **MS. LITTLE:** My thought is that we probably  
21 all have some individual ideas about how it's done,  
22 but there are people whose business it is to know how  
23 to get the idea out there. I think you could spend,  
24 again, a lot time trying to come up with ideas where  
25 it may be worth spending a little money for the

1 consultation time, or some help from the people whose  
2 job it is to know how to get the biggest, you know,  
3 market out there.

4           **MR. TUDOR:** Yeah. Exactly. Maybe some  
5 public relations firms that could give you some  
6 advice. Okay. Great.

7           I'd appreciate it if you'd just do that. As  
8 you come along with that, keep me up-to-date, if you  
9 would.

10           **MR. FORSTALL:** I'll be glad to do that.

11           **MR. TUDOR:** That is a real need. It's a  
12 national problem. It's not just Florida. I don't  
13 know that anybody has really solved it anywhere in the  
14 country. So maybe we can be the cutting edge on this.

15           Were there any other comments on the budget  
16 itself?

17           **MS. LITTLE:** I just have a question. How  
18 many employees are covered by this budget in your  
19 organization right now?

20           **MR. FORSTALL:** Right now we have nine  
21 authorized staff positions, and we're requesting an  
22 addition of two more.

23           **MS. LITTLE:** This would cover 11 full-time  
24 people?

25           **MR. FORSTALL:** Ten full and one part-time.

1           **MS. LITTLE:** I commend you for being able to  
2 do it for the amount that you have in your budget for  
3 that many people.

4           **MR. TUDOR:** A lot of the work that they do  
5 is done through Deaf Service Centers and other  
6 organizations in terms of equipment distribution, so  
7 that's a subcontracted thing. So they are not really  
8 employees but they do a lot of the leg work. And, of  
9 course, the relay service is whole another set of  
10 employees but they are not FTRI employees.

11           **MS. LITTLE:** I was referring to 11 people  
12 for \$280,000 is -- doing a budget for an organization.  
13 We don't do it for that. That's great.

14           **MR. TUDOR:** Okay. Thank you very much,  
15 James. Appreciate it. Thanks for coming today.

16           **MR. FORSTALL:** There was just one other  
17 thing I wanted to follow up on.

18                   In the last meeting we talked about the 911  
19 VCO issue and I'd like to provide you with an update,  
20 if it's okay.

21           **MR. TUDOR:** Thank you.

22           **MR. FORSTALL:** As you may recall, during the  
23 last TASA meeting the issue with 911 VCO equipment was  
24 addressed. Since that time, FTRI took the following  
25 action: FTRI suspended distribution of the VCO and



1 the VCO/HCO telephones temporarily.

2 FTRI sent notification by certified mail to  
3 all of its clients with these equipment informing them  
4 of the situation.

5 A week prior to our mailout, we notified  
6 both the State 911 Coordinators and the NENA's Florida  
7 chapter president located in Jacksonville, and  
8 supplied them with the fliers so they could  
9 disseminate the same information to all of the 911  
10 coordinators throughout the state.

11 FTRI worked together with state ADA work  
12 team and with the National Emergency Number  
13 Association to coordinated an all day track designed  
14 specifically to finding resolution to this issue  
15 during their January 14th - 16th ADA workshop. Around  
16 50 different 911 coordinators from throughout the  
17 state attended.

18 FTRI contacted the manufacturers of the VCO,  
19 Ameriphone, and the VCO/HCO, Ultratec, requesting  
20 their participation from the workshop.

21 We also set a date to begin redistribution  
22 of the VCO and HCO telephones as of March 1, 1998.  
23 This date was discussed during the workshop and they  
24 all agreed that that would be sufficient enough time  
25 for them to prepare their 911 centers.

1           We sent letters following up to the client,  
2 notifying them, RDCs, training agencies and 911  
3 coordinators regarding the redistribution date.

4           As a result of that meeting, the consensus  
5 was that training was needed, along with some minor  
6 equipment modification. And the majority of the 911  
7 coordinators believed the equipment modification could  
8 be made promptly and at a nominal cost.

9           And on April 15th, I received a letter from  
10 Ameriphone, Vice President of Engineering, Peter Lee,  
11 who goes on to state "Ameriphone has developed a  
12 special interface box to process VCO and HCO calls.  
13 This interface box enables the telecommunicator, the  
14 911 call taker, to process all emergency calls, VCO,  
15 HCO, TTY and voice, using the existing PSAP equipment.  
16 As a result, all calls are are automatically archived  
17 on you existing long-term tape recorder as mandated by  
18 the ADA regulation.

19           Mr. Lee explained to me that this product  
20 should be available for the market soon. I have  
21 copies of the flier for everybody that I will leave on  
22 the table.

23           **MR. TUDOR:** Okay. Thank you very much. Does  
24 anybody have any questions on that?

25           **MR. CONNER:** I don't have a question, but I

1 do want, on behalf of the Deaf Center Association, to  
2 compliment James Forstall, and the reaction to this,  
3 what we consider to be an emergency, and how the  
4 awareness of the deaf community and the hard of  
5 hearing and speech impaired community that has been  
6 raised by this whole issue, all of the conversation,  
7 we have been beseeched to do more training, do more  
8 work. I want to compliment you, James. You did a  
9 good job on that. Thanks, James.

10 **MR. TUDOR:** Charles? Come up and tell us a  
11 little bit now about your plans for the new  
12 subcontractor.

13 **MR. ESTES:** To discuss the transition item  
14 on the agenda, I'd like to introduce my boss and  
15 general manager of TRS. Kim Wobschall.

16 **MS. WOBSCHELL:** Thank you very much. I'd  
17 like to thank the Commission for inviting us to speak.  
18 We're very excited about the relay service, and the  
19 Florida Relay Service. And I'd like to spend just a  
20 few minutes -- I have a pretty thick presentation, so  
21 I'm not sure how much you want me to share on  
22 GC Services.

23 They're very proud of their organization.  
24 And we're very proud to work with them, so I have a  
25 hefty presentation here. I apologize I don't have an

1 overhead, so it's not going to be as colorful. I  
2 mean, they went full bore here.

3 As you can see in your agenda, MCI was given  
4 notification from DEAF that they were electing not  
5 provide MCI Services subcontractor services. They did  
6 give us 60 days notice. Their contract expires with  
7 us June 4th, so they gave us our 60 days notice. And  
8 we have been working with GC Services to acquire the  
9 facility and begin operations on that date. So what  
10 I'd like to do is just tell you about GC Services.

11 GC Services was founded in 1957. Currently  
12 they employed more than 5,000 employees across the  
13 United States. They have 32 national service centers.  
14 And I'll explain what those 32 centers are doing in a  
15 couple more slides here. And they tout themselves as  
16 a provider of premier call center management services.

17 They gave me a map of their 32 sites. They  
18 are all the way from Modesto, California, to Boston,  
19 and as far north as Lansing, Michigan, and as far  
20 south as Houston, Texas. Houston is their corporate  
21 headquarters. And they do have a facility in  
22 Jacksonville, Florida. So they are in the state of  
23 Florida currently.

24 GC Services states that the provider of call  
25 center management solutions -- they do different types

1 of services when we talk about call center management.  
2 They do customer service programs. They do operator  
3 services. They do relay services. They do account  
4 receivable management. They do inbound and outbound  
5 applications, or telemarketing. They also do call  
6 center design and implementation. That's a different  
7 branch of the organization. And they also work with  
8 system integration. So they are a very vast  
9 organization.

10 Their personnel strategy is they hire  
11 quality personnel. They set high performance, quality  
12 and behavior standards. They do extensive training.  
13 Ongoing development. They motivate and reward their  
14 staff, and they blend internal resources with outside  
15 hires. Meaning that they hire from within and from  
16 outside, and they also hire experts in the field so  
17 that they can blend the organization.

18 For each employee coming into GC Services,  
19 they are hiring assessment consists of the  
20 following -- and this has been tweaked a little bit to  
21 meet the relay requirements.

22 They have an aptitude test. They do a  
23 personality profile test. They do a Wonderlic  
24 (Intelligence) Test. And they don't have a lot of  
25 detail on that. For the contracts specifically they

1 do the voice clarify testing and then the spelling,  
2 grammar and typing testing.

3           Their strategic solutions are there  
4 outsourcing, insourcing, co-sourcing and business  
5 alliances, so they are in the market.

6           GC Services adopts a consultative role with  
7 the potential business partners in order to develop  
8 the correct strategic sourcing.

9           Mutually agreed upon goals and expectations  
10 are set when GC Services comes in the door.

11           They exceed project goals and expectation at  
12 a direct and indirect cost savings, and they are  
13 always seeking new opportunities to grow.

14           Just a few of their partners. We were  
15 talking they were in 32 states. They currently have  
16 contracts with American Express, G.E. Capital, the  
17 Internal Revenue Service, the U.S. Department of  
18 Education, U.S. Department of the Treasury, MCI  
19 Telecommunications -- they are actually servicing four  
20 different contracts for MCI at this time -- Sears,  
21 K-Mart, Doubleday Publishing, United Parcel Service,  
22 and the Internal Revenue Service. Actually they have  
23 that on their twice.

24           The next section that GC Services has  
25 presented are some successful examples of GC Services'

1 current projects.

2           The first project with MCI was in St. Louis,  
3 and still is in St. Louis. There are customer service  
4 and accounts receivable management. They are  
5 operating a call center, that's 7 by 24 -- I'm sorry,  
6 7 by 12 by 365.

7           Number of people working at the facility are  
8 approximately 750. Type of operation is a 1.5 million  
9 inbound/outbound calls handled per month, both  
10 residential and business customers.

11           In the facility they use a PBX/ACD system  
12 which is a Northern Telecom, that will support up to  
13 800 lines. They would use a VRU, or a virtual  
14 recorded unit, or an automated answering service,  
15 which is a Syntellect. They also use predictive  
16 dialers for making their outbound calls.

17           There interaction with client business  
18 function is product marketing, network management and  
19 information services.

20           The relay services for MCI is they have  
21 relay operator services and customer service for the  
22 residences of California and North Carolina. Again,  
23 that is a 7 by 24 operation. Currently employing 600  
24 relay operators. Approximately handling 525 inbound  
25 and 6 -- sorry, 525,000 and 650,000 outbound calls.

1 The performance standards for that contract, of  
2 course, delivering ANI, 85% of the calls must be  
3 answered within ten seconds, less than 1% blockage  
4 rate and they are using a dynamic call routing system  
5 to distribute the calls.

6           Again, they are providing basically the same  
7 service. They are handling relay for voice, baudot,  
8 ASCII, enhanced protocol users, along with VCO, HCO,  
9 two-line VCO, VCO-to-VCO and the full gamut.

10           Also for MCI they are providing MCI Operator  
11 Services. They currently have facilities in El Paso,  
12 Texas and Cedar Rapids, Iowa. They are also providing  
13 directory assistance, multilingual operator services  
14 and customer services out of those facilities. Those  
15 facilities are open 7 by 24. Approximately 1700  
16 employees. They handle inbound calls, approximately  
17 21 million a month.

18           They have a workforce management structure  
19 of the call center manager, human resources, which is  
20 responsible for recruiting and training. Quality  
21 assurance, administrative support, including  
22 accounting and payroll, and operations personnel. For  
23 this project they participate in the call center  
24 start-up and development for MCI.

25           One of their outside facilities outside of



1 MCI is United Parcel Services. They provide customer  
2 service, accounts receivable management and systems  
3 integration. Currently they employ approximately 90  
4 people on this project. They do customer service  
5 representation work on -- I'm sorry -- says CSRS work  
6 on GC Services. Customer service representative support  
7 work on GC Services custom-designed system and five  
8 separate client systems. Manage 350,000 active  
9 accounts per week. Payment and adjustment files are  
10 transmitted daily. Administration of 13 various  
11 payment plans. They also use an EIS predictive  
12 dialer. And the key functions are inbound customer  
13 service, managed Day One receivables for UPS, account  
14 research and adjustment, payment plan changes and  
15 daily communications with the client field offices.

16 GC Services' commitment. They are committed  
17 to a consultative development of the most effective  
18 call center management solution for the given project.

19 A strategic outsourcing partnership  
20 dedicated to exceeding our goals, MCI's goals, and  
21 expectation.

22 Says GC Services will accomplish through  
23 this cost effective application of technology and  
24 manpower.

25 GC Services will maintain unparalleled

1 dedication to quality, integrity and ethics. And GC  
2 Services will foster open communications with our  
3 client and free exchange of ideas.

4 Their closing slide is this: GC Services,  
5 the Teleservices Company. Closing slide.

6 May I open up the floor for any questions  
7 that you may have?

8 **MS. SLATER:** I have a question. Are you  
9 currently using the same people now that we have been  
10 using for the relay all along?

11 **MS. WOBSCHELL:** That is correct. DEAF is  
12 still providing the service through June 4th.

13 **MS. SLATER:** After June 4th, then, you know,  
14 to all of those people that have been working what's  
15 going to happen?

16 **MS. WOBSCHELL:** GC Services has been in  
17 constant communication with the employees of DEAF.  
18 They are not in the center this week, but they have  
19 been in the center practically every week since the  
20 announcement working with the employees to, hopefully,  
21 bring them on board.

22 **MR. CONNER:** I'm finding that the service  
23 seems to be deteriorating. I'm having more and more  
24 of my staff and other deaf people coming in  
25 complaining to me about being treated badly and rudely

1 by the operators with the relay service.

2           And what they are saying to me is that they  
3 are feeling like the responses they are getting are  
4 disingenuous from MCI. And that they lead the  
5 customer to believe that MCI does not believe that the  
6 customers are being treated the way they are.

7           I'm concerned, you know, because when a deaf  
8 person does finally sit down and write a complaint, you  
9 have to have really slapped them around before they  
10 will do that. Traditionally that's always been our  
11 problem. The deaf people have been willing to sit  
12 back and take whatever they get.

13           And I'm finding that I have a whole stack of  
14 letters, and I know that other members of the  
15 committee have begun getting letters, Public Service  
16 Commission, legislators and everyone else -- and  
17 that's how outraged people are with what's happening  
18 with the relay service.

19           We're talking there's a whole other month of  
20 this that's going to have to be tolerated before  
21 somebody else is going to come in. But I don't think  
22 that's an assurance that anything's really going to  
23 change. Because the questions I'm getting is how come  
24 MCI never apologizes for a CA's behavior? Instead  
25 they get quotes like "The Florida relay doesn't do

1 that." Or "The operators are not rude. They are not  
2 trained to be rude." Or "That doesn't happen." And  
3 when those kind of comments come back in letter form  
4 to a complaint that's been filed, people are saying  
5 "Is there any disciplinary action being taken against  
6 those CAs?" When people are giving times, dates; they  
7 are even sending copies of the printed conversation.  
8 And it's real obvious when you look at it what's  
9 happening. People are not creating these complaints.  
10 They are happening.

11           And I guess I'm wondering what does it take  
12 before finally -- some of the letters I've gotten --  
13 one person who has been writing letters for eight  
14 months and still has yet to get a real apology that  
15 says "We're very sorry this happens and we acknowledge  
16 we're not lying to us. That you're telling us the  
17 truth. That this is really abominable and we're  
18 making changes so that doesn't happen."

19           I know that last month -- or the last  
20 meeting we were promised there would be 12 public  
21 hearing between the last meeting and June related to  
22 the relay service. They haven't happened yet -- or  
23 some may have. None have happened in our area. Are  
24 there not going to be public hearings? Do the  
25 consumers get a chance to sit down with MCI and say

1 "Here is what our problems are." We want to publicly  
2 go on record and say that. Is that appropriate at  
3 this time? Or are you only talking about the new  
4 company that's coming in?

5 **MS. WOBSCHELL:** I'll be happy to address  
6 your questions.

7 Starting with your second one first. There  
8 are 12 public forums that are scheduled throughout the  
9 year. It's not my understanding they were all going  
10 to be performed before the month of June or before the  
11 meeting that you were discussing. Robert Giuntoli has  
12 scheduled those meetings. Unfortunately, Robert is  
13 currently on short-term disability, but Charles Estes  
14 is stepping into his shoes. And where things are  
15 scheduled, if it company or the organization does not  
16 want to reschedule those, Charles will be presenting  
17 at that presentation or at that meeting.

18 As far as the complaint letters, I'm very  
19 concerned if we're not apologizing. If you have  
20 copies, I would like to take a copy of those. If  
21 there's factual information, I'm assured DEAF is  
22 handling that. If they are not handling it to my  
23 specification, then I need to know that so I can  
24 ensure that they do that because that is  
25 unacceptable. You're right. When we say that we do

1 not train operators to be rude, but unfortunately we  
2 know that once in a while you will have one slip  
3 through the cracks that's out there not doing what  
4 they are supposed to do and that's not tolerated. In  
5 other situations they have been released of their  
6 responsibilities.

7           **MR. CONNER:** I guess because at the last  
8 meeting when I specifically asked are there any  
9 outstanding complaints that they haven't been  
10 resolved, and I was just told no, there aren't any.  
11 And then I produced my sheath of letters and said,  
12 "There have been complaints and they haven't been  
13 resolved." They were immediately able to tell me at  
14 least one of the names.

15           That's why I'm feeling like their response  
16 is disingenuous, is that -- I don't think it's up to  
17 me to bring letters constantly, especially when people  
18 have been forwarding letter after letter, and all of  
19 you have received copies of the letters. I'm  
20 concerned. Because I was very meticulous in taking  
21 the notes, that we were told there would be 12 public  
22 hearings by June. I've heard nothing. I'm deeply  
23 involved in the deaf community. Maybe Rita or Alex  
24 has more updated information than I do.

25           I mean, when are these public hearings going

1 to happen? And when are they going to be advertised?  
2 And how are they going to be advertised? Where are  
3 they going to be? Because the community really has  
4 something to say and everybody was kind of  
5 satisfaction, okay, we get a chance to at least stand  
6 up and acknowledge our complaints.

7           Is there any kind of a schedule? I mean, if  
8 you're talking about this year, the last meeting was  
9 what in January or February, and so, you know, we're  
10 already three months into this year, five months into  
11 this calendar year, you still only have seven months  
12 left to schedule 10 or 11 or 12 hearings or public  
13 forums.

14           I guess I'm concerned because I don't, you  
15 know, -- I don't know what's going on. The community  
16 wants to know what is going on. We all have problems  
17 with employees who have to leave or have to go on  
18 disability, that doesn't keep the work from having to  
19 be done.

20           **MS. WOBSCHELL:** I don't have the list of 12  
21 that are scheduled for this year. We can get that.  
22 They have been scheduled. As far as communication,  
23 I'll have to check with Charles. I thought that was  
24 on an individual basis; depending on the organization  
25 that we were working with, how that was communicated.

1 But there is a schedule and we can get a copy of that.

2 **MR. TAYLOR:** Kim, could you share that  
3 with -- you have a list of the Advisory Committee,  
4 don't you? Could you share that schedule with all of  
5 us? Okay. Good.

6 **MS. JONES:** Could you please give us your  
7 card?

8 **MS. WOBSCHELL:** Sure.

9 **MR. TAYLOR:** Any other questions? Let me  
10 explain that Richard left not to take the afternoon  
11 off. He has another meeting in which his expertise  
12 was needed. So please forgive his absence. He may be  
13 back later in the afternoon if we go that long.

14 No more questions for Ms. Wobschall.

15 **MR. TAYLOR:** Okay. Thanks, Kim.

16 Joy, how are you doing?

17 **THE REPORTER:** I'm okay.

18 **MR. TAYLOR:** Everybody ready to go to what  
19 on my agenda is the last item. We're moving a little  
20 bit ahead of time.

21 Let's see. I guess there is the other  
22 business for Mr. Schad.

23 Did you want to make a presentation,  
24 Mr. Schad?

25 **MR. SCHAD:** As you probably know, I have



1 been working with the FTRI to get the electrolarynx  
2 supplied under the Americans with Disability Act to  
3 all of the people in Florida. Actually this is the  
4 only means of communication that we have on the  
5 telephone.

6           Most of our members are over 60 years of age  
7 and you're not going to teach them how to use a TDD;  
8 not at their age. Whereas, we can teach someone to  
9 use an electrolarynx in about two hours and have them  
10 speaking on a telephone so it's understandable.

11           Back in the late '50s and early '60s  
12 Southern Bell came out and they recognized that there  
13 must be some equipment available for the hard of  
14 hearing and the speech impaired. At which time they  
15 developed -- (takes out a piece of equipment from  
16 attache case) -- at which time they developed a TDD, a  
17 volume control handset, and visual ring signaler, a  
18 tone ringer and an artificial larynx that was made  
19 available at a very nominal cost in Florida, Georgia,  
20 North Carolina, and South Carolina. The unit that the  
21 telephone company came out with was that unit there.  
22 (indicating) It wasn't very good. But you could make  
23 yourself understood on the telephone with it.

24           That in 1986 the State of California  
25 recognized the same thing, and they also supplied the

1 electrolarynx to the speech impaired under the  
2 Americans with Disabilities Act. At that time they  
3 did not have the AB telephone. They came up with a  
4 model C which was very useless almost. So they went  
5 to the Cumeran (ph), which is an endureal (ph) unit  
6 that you place inside your mouth and you can have the  
7 vibrations formed in your mouth and brought out with  
8 your articulators.

9           This was a pretty good unit. Some people  
10 still use them, except they can not be used on the  
11 neck. Most of the units that are in use right now are  
12 neck-type units. Then they came out with a neck-type  
13 unit that has an oral adaptor that can be used inside  
14 the mouth or on the neck.

15           Now this is a unit that can be given to a  
16 person immediately after surgery, and he can use that  
17 telephone as well as anybody else after he has about  
18 one or two hours of instruction.

19           The Americans with Disability Act doesn't  
20 actually write-off electrolarynx, but the federal  
21 register on 64.606 mentions the electrolarynx as  
22 something that can be supplied under the Americans  
23 with Disability Act.

24           What we're asking are -- and then after that  
25 they came out with The New Voice unit. Now that unit

1 is now the one that's being used in California, and it  
2 is also being distributed in Arkansas.

3 I have written 70 letters to different clubs  
4 around the country and have only received 17 replies.  
5 But the two that are using New Voice, there is some  
6 talk about it giving the recipients the right to  
7 choose whichever instrument they want to use.

8 Of course, the one I'm using is put out by  
9 Siemens, is about the best instrument on the market.  
10 It's about half again as expensive as the New Voice.  
11 But these are all retail prices. And if they are  
12 bought in quantity, I don't know what price they could  
13 be bought for.

14 But I believe that we should give these to  
15 every laryngectomee in the state of Florida. And as I  
16 talked to Mr. Tudor and he asked me how many do I  
17 think there are? Boy, that's a hard question. I know  
18 our club has consists of 102 members, and we get on  
19 the average of about 36 new laryngectomees a year.

20 I would only go off the top of my head to  
21 say there are about 200 new laryngectomees a year in  
22 the state of Florida, and a total of maybe 2- to 2,500  
23 laryngectomees already speech impaired.

24 So I would like the committee to consider  
25 giving these instruments to the new laryngectomees,

1 and to the laryngectomees that are already here. What  
2 we did in my club, I had them all put in for a TDD.  
3 Most of them don't even use them. So if we could give  
4 out the electrolarynx, they could turn in their TDDs.

5 And then these units are covered by  
6 Medicare. Now, almost every one over the age of 65  
7 would get these if they are connected with Medicare.  
8 The trouble is Medicare sometimes takes three and four  
9 months to get these units to the patient. They need  
10 them immediately.

11 I'm on the hospital visitation committee and  
12 we are constantly going to the hospital to see new  
13 laryngectomees, or to visit ones that have a relapse.

14 So I would like you to consider that these  
15 units be considered to be a part of this specialized  
16 equipment available to the citizens of Florida.

17 Thank you very much.

18 **MR. TAYLOR:** Okay. Before I pass on to  
19 others for questions, maybe I missed it. Did you say  
20 how much those units are?

21 **MR. SCHAD:** That unit there, the one that  
22 most states are giving is called The New Voice. It's  
23 about \$485. The one I'm using is a Siemens  
24 S-I-E-M-E-N-S; that's about \$495. It's listed at 675.  
25 But one of the distributors is actually offering it at

1 495. So I would think with some kind of quantity we  
2 could get them at approximately \$400.

3 **MR. TAYLOR:** Are there any questions,  
4 comments?

5 **MS. SLATER:** How many people use them? You  
6 know, it's possible -- how many people in the future  
7 possibly could use them? Can you predict?

8 **MR. SCHAD:** Every laryngectomee would use  
9 it, even if they have another method of communication.  
10 There are three types of communication. One is  
11 esophageal speech, which could take anywhere from  
12 three months to a year to learn. Or they can have  
13 what they call a TEB, which is a valve, put in their  
14 throat, which is not recommended for older people  
15 because it can not be maintained. But every  
16 laryngectomee, irregardless of what method of speech  
17 he uses, should have an electrolarynx as a backup.

18 **MR. TAYLOR:** Yes, James.

19 **MR. FORSTALL:** In regard to your request to  
20 include the electrolarynx as part of the distribution  
21 program, Chapter 427 Florida Statute does not include  
22 the electrolarynx within the definition of specialized  
23 telecommunications devices, which FTRI is authorized  
24 to distribute. And that's the reason why it's not  
25 made available to the program right now. I wanted to

1 bring that up.

2           **MR. TAYLOR:** James, where is that in the  
3 law? Everyone has a copy of the law, don't they? I  
4 see it, James. It's under "Definition" on 427.703  
5 Paragraph 11.

6           **MR. SCHAD:** Page 3.

7           **MR. TAYLOR:** The handwritten Page 3 on the  
8 handout of the law, Paragraph 11. The law speaks to  
9 the provision of specialized telecommunications  
10 devices, and it defines here what those devices are.  
11 And the laryngectomee is not included.

12           I guess, James, we did consider this once  
13 before some years ago. Maybe before you were even  
14 here.

15           Would it be FTRI's position then that the  
16 law would need to be changed?

17           **MR. FORSTALL:** Yes.

18           **MR. TAYLOR:** Yes, Tessa.

19           **MS. LITTLE:** Why wouldn't it fall under the  
20 "or any other section". Am I reading the wrong place?  
21 All it names is it TDD, the volume control handset and  
22 ring signaling device. Then it goes on, "or any  
23 other." Because it would be used to provide basic  
24 access to telecommunications services.

25           **MR. TAYLOR:** Perhaps if that's the will of

1 the committee to pursue that, we could certainly look  
2 into it. I guess everyone could write their positions  
3 on it and we could inquire into it. Are there any  
4 concerns, other concerns, Jerry?

5           **MR. CONNER:** I'd like to say my concern --  
6 or I don't think our concern should necessarily deal  
7 with money or how many people are we talking about. I  
8 think we're dealing with the basic philosophy of the  
9 legislation as it was written and passed years ago;  
10 and that was it was access to basic telephone  
11 communication. And while I'm certainly not opposed, I  
12 think that a germane discussion would be is that basic  
13 access to telephone communication or is it not?

14           I guess I compare it to the discussions we  
15 have had in the past when they talked about not  
16 getting TDDs for deaf people but rather getting  
17 computer terminals for them. And those of us who are  
18 in the field of deafness argued that computer  
19 terminals are not basic access to telephone service.  
20 It's more. It's much more than that. And we really  
21 wanted to keep it limited to basic access.

22           I understand what you're saying about TDDs  
23 and the population you're talking about being an older  
24 population. I'm not sure that necessarily is true.  
25 If a person really wants to communicate on the

1 telephone, they will learn to type on a TDD. They  
2 will learn to access if they have to. I'm having  
3 mixed feelings about whether or not this is basic  
4 access to telephone service.

5           **MR. SCHAD:** Basically, the TDD, you have to  
6 go through a third party. With an electrolarynx you  
7 don't go through a third party. You can talk directly  
8 with the person you want to communicate with on the  
9 telephone in accordance with the law and the way it's  
10 written.

11           On Page 1, under 3-C, I would imagine that  
12 that paragraph should also apply to both the speech  
13 impaired and the hearing impaired. That the  
14 telecommunication access system includes the  
15 distribution of telecommunication devices for the deaf  
16 that are compatible with the telecommunication relay  
17 service system, and has the capability of  
18 incorporating new technologies as they develop. I  
19 would imagine that should apply to speech impaired as  
20 well as the hearing impaired.

21           **MR. TAYLOR:** Mr. Schad, with this device you  
22 wouldn't use the relay service; is that right?

23           **MR. SCHAD:** We have no reason to use any  
24 relay service whatsoever. My only trouble is when you  
25 first talk to someone on the telephone, as with this



1 device here, they think I'm a robot and many times  
2 they will hang up on me. My wife would have to call  
3 them back and say, "He speaks with a machine. Can you  
4 pay attention to him for a moment?" And once they  
5 find out I'm speaking with a machine, I have no  
6 trouble communicating with them whatsoever. But they  
7 are not used to this kind of voice on the telephone  
8 until they get used to it.

9 **MR. TAYLOR:** Yes. Rita.

10 **MS. SLATER:** On Page 3, Paragraph 11, it  
11 includes the volume control devices for  
12 hard-of-hearing people so that they don't have to use  
13 relay service, they use the volume control phone, so  
14 they can talk directly with the people so they don't  
15 need to use the relay.

16 **MR. TAYLOR:** Well, is this something that  
17 the committee would like to vote on as to whether we  
18 should study this issue further? Perhaps the Staff of  
19 the Commission will analyze this and make some  
20 recommendation to the Commission as to whether or not  
21 to pursue this issue.

22 Each of you are welcome to send us your  
23 comments for or against the proposal, but is this  
24 something that the committee might like to vote on to  
25 do?

1           **MR. CONNER:** Do you need a motion, is that  
2 what you're saying?

3           **MR. TAYLOR:** I suppose so, yes.

4           **MR. CONNER:** I would like to move that the  
5 committee recommend to the Staff of the Public Service  
6 Commission to study the appropriateness of  
7 distribution of -- help me with the name of the  
8 machine.

9           **MR. SCHAD:** Electrolarynx.

10          **MR. CONNER:** An electrolarynx as part of the  
11 distribution program.

12          **MR. TAYLOR:** Okay.

13          **MS. SLATER:** Second.

14          **MR. TAYLOR:** Rita, second. All in favor?  
15 Show it unanimous.

16                 Let's see, for any of you that would be  
17 submitting comments on this issue for Staff to  
18 consider as its analyzing this -- let's see, this is  
19 May the 5th. Can we say within 30 days, by June the  
20 5th, that we would have those comments for Staff to  
21 consider? Okay.

22                 What's the question?

23          **MR. FLEISCHMAN:** It's about time that  
24 Florida got involved with the video relay so that deaf  
25 can communicate with each other directly through --

1 North Carolina has this and it's been very successful.  
2 I think it would be time for it to start spreading  
3 down into Florida. It's definitely time.

4 **MR. TAYLOR:** I, guess Mr. Fleishman, that's  
5 another issue that is not really using basic  
6 telecommunications service; is that right? What would  
7 you like -- did you want to make a motion or  
8 suggestion that we do something?

9 **MR. FLEISCHMAN:** Yes. I move that we plan  
10 to see about the video communication here in Florida.

11 **MR. TAYLOR:** Let's see. Charles, what does  
12 the contract say about that? Refresh my memory. Do  
13 you remember?

14 **MR. ESTES:** What Dr. Fleischman is talking  
15 about is VRI; video relay interpreting. It is a -- in  
16 the present contract. The Commission can consider to  
17 purchase that option. And the Commission and MCI  
18 would enter into negotiation as to the cost, the  
19 locations, of what approach the state will have to  
20 take, if the state chooses to exercise that option.

21 I would like to state that MCI is not only  
22 providing VRI in the state -- as was mentioned, but  
23 there are several other states that have approach to  
24 relay and in consideration, the reason being there are  
25 many people who are ready to use that for language

1 reasons. Many people who are end up with American  
2 Sign Language as their first language have great  
3 difficulty expressing themselves in that way. But  
4 using video and talking with an interpreter in their  
5 natural language, they use the telephone system much  
6 more effectively.

7 **MS. KING:** Charles, do you know what is the  
8 rate for video relay in North Carolina based on a  
9 per-minute rate? If so, do you know what that rate  
10 is?

11 **MR. ESTES:** The fee for North Carolina is  
12 very complex. VRI has a certain rate of its own, but  
13 it is subsidized by the basic relay minute. We could  
14 discuss that with the Commission if you're interested  
15 and show what the cost is, or we can offer a proposal  
16 to the Commission for consideration.

17 **MR. TAYLOR:** Charles, one of the reasons  
18 that you suggested, or one of the uses, would be for  
19 those people who, for whatever reason had difficulty  
20 communicating, makes it sound like this is almost a  
21 translation service.

22 How would you -- where would you draw the  
23 boundary for where you would not offer translation  
24 services?

25 **MR. ESTES:** A relay call, it is a -- a

1 telephone user calling in by whatever means available,  
2 and resulting in an outgoing call to a person or a  
3 business that they need to communicate with. That is  
4 a relay call by definition. Whether the call comes in  
5 on a TDD or a computer or a VCO or HCO or VRI, it's  
6 still a relay. If the proposed is to use relay  
7 service for an outgoing call.

8           **MR. TAYLOR:** Charles, how would that be  
9 different from a video conference that I might choose  
10 to have with someone in Miami?

11           **MR. ESTES:** There's not really -- if someone  
12 is in Pinellas Park and Tamarac had video  
13 conferencing, they would talk to each other direct  
14 just as two people would talk to each other through a  
15 TDD. That's not relay. That is direct calling.

16           VRI is using a third party to go between.  
17 There's a limited number of people who have the kind  
18 of circuits and the equipment for a video  
19 conferencing. In North Carolina the approach is to  
20 install the equipment in large population areas where  
21 the deaf and hard-of-hearing people are known to live  
22 and work and make use of the equipment. They go to a  
23 central location and use that to call relay. They  
24 also use that for port to port -- but that is a  
25 completely separate usage. The state does not pay for

1 that kind of usage.

2 MR. TAYLOR: Okay. Yes, Jerry.

3 MR. CONNER: Maybe I can do an example that  
4 makes me nervous. Okay.

5 Let's say for example my mother goes to the  
6 doctor. And the doctor won't provide an interpreter.  
7 And so she goes in. The doctor does his examination  
8 and everything and then tells her, "You go to the  
9 relay center and then I'll call them and explain to  
10 them what I should have had an interpreter here to  
11 explain to you. And then you can ask me questions and  
12 we can discuss it on the relay."

13 That would mean that the doctor could avoid  
14 the cost of an interpreter and still comply with the  
15 ADA regulations. That would be my concern. Is there  
16 a way to avoid that kind of thing? Is that getting  
17 closer to what you were thinning of.

18 MR. TAYLOR: Well, yeah. I'm thinking  
19 that -- well, I'm not sure how this will lay down with  
20 the authority we have, but -- to provide relay  
21 service. I'm not sure it was contemplated initially  
22 but -- someone has pointed out that -- I guess Tessa  
23 pointed out, or someone pointed out -- that we can use  
24 or consider new developments, new to technological  
25 breakthroughs. But I guess, again, this is something

1 else that we would have to consider.

2 James, do you have thoughts on this?

3 **MR. FORSTALL:** Not at the moment.

4 **MR. TAYLOR:** Okay.

5 **MR. FORSTALL:** All I know is that I think  
6 that MCI would provide the equipment to the centers,  
7 if I'm understanding that. That's basically all I  
8 have.

9 **MR. TAYLOR:** Charles, or does anyone have an  
10 idea of the population involved that would use this  
11 service?

12 **MR. ESTES:** Rita, Alex and Jerry are more  
13 capable of answering the kind of population, the news,  
14 than I am.

15 **MR. CONNER:** I'll try, Charles.

16 A few years ago we did a similar project,  
17 only not using video but using qualified interpreters  
18 with what we identified as a special needs population.  
19 And we found that roughly 1400 to two thousand calls  
20 per month were made through that special needs relay  
21 in 12 centers. A total of that out of the 12 centers.  
22 So each center did 1- or 200 calls a month. I think  
23 that gives you a picture -- those are the major  
24 metropolitan areas that had the special needs relay.  
25 Where a deaf person came to a certain and there was

1 someone there who could sign fluently. That person  
2 then made the call out for them through the Florida  
3 Relay Service. We gauged that there was definitely a  
4 strong enough need for that kind of service. It just  
5 never got funded.

6 So I would estimate that you're talking  
7 probably 3- to 5,000 people in the state that would  
8 use a service like that. And it certainly would be  
9 far superior to using the relay service as it  
10 currently exists.

11 **MR. TAYLOR:** Jerry, why don't you walk me  
12 through a basic use of this service. Just what  
13 transpires, what's involved and make sure I understand  
14 what it is that we're talking about here.

15 **MR. CONNER:** I'm not sure I can walk you  
16 through the video relay part, because when we were  
17 doing it, it didn't involve video.

18 But essentially the equipment would have to  
19 be in a location that was convenient to a large  
20 population, and I'll use Pinellas Park as an example,  
21 where we have a nursing home and a housing project for  
22 multi-handicapped deaf people, and a housing project  
23 for elderly deaf people who are not native English  
24 users.

25 And they would then come to that location.



1 And there would be video equipment set up where they  
2 could then call the relay service and there would be  
3 an interpreter who would serve as an intermediary to  
4 see what the deaf person was saying, and speak that to  
5 whatever hearing person that deaf person is calling.  
6 And then be able to sign the message back to the deaf  
7 person. That's my understanding of how that system  
8 works. Is that correct, Charles?

9 **MR. ESTES:** Yes.

10 **MR. TAYLOR:** Would the translation be from  
11 one language to another?

12 **MS. CANZANO:** American Sign Language to  
13 English and English to American Sign Language.

14 **MR. TAYLOR:** Okay. Yes.

15 **MS. SLATER:** It would be similar to a  
16 Spanish deaf person who lives in South Florida, that  
17 they may not have good English. They are Spanish  
18 speakers.

19 **MR. CONNER:** I'm not sure they speak Spanish  
20 as much as they speak sign language that's more  
21 typical of Cuban sign language.

22 **MS. JONES:** Spanish.

23 **MR. CONNER:** Cuban sign language isn't the  
24 same as Spanish sign language.

25 **MR. TAYLOR:** We would certainly have to

1 think about the extent to which translation is -- is  
2 being done and whether it's allowed by the TASA law.

3 I guess if we're already considering the  
4 laryngectomee, then I guess with the appropriate  
5 motion, there's no reason we can't also consider  
6 the -- have the Staff review for the committee's  
7 interest in VRI to see what is appropriate to do.

8 Is there a motion? Yes.

9 **MS. SLATER:** I move that the committee  
10 consider about that as well; about the VRI as well.

11 **MR. CONNER:** I second that.

12 **MR. TAYLOR:** All in favor? All in favor.  
13 It's unanimous.

14 **MR. CONNER:** In light of what we're talking  
15 about, I think that -- I would like the committee or  
16 the council to recommend that possibly FTRI might want  
17 to rethink dropping the surcharge from 12 to 11 cents  
18 until they can figure out what the physical impact  
19 would be of any new things we decide to do. Because  
20 I'm going back to if we drop it and then try to go  
21 back and get it increased again, I don't believe the  
22 legislature is going to be real thrilled about that.

23 **MR. TAYLOR:** I think we do have leeway with  
24 the fee. I believe it's capped at 25 cents. So I  
25 think that that shouldn't be a problem. But I think

1 we are not already to the point of suggesting that  
2 FTRI do anything at this point.

3           **MS. KING:** The new budget has to be in place  
4 July 1, and it has to go before our Commissioners  
5 prior to that, so the local exchange companies can  
6 make any changes in their billing, whether it is an  
7 increase or decrease. That's why we do need to move  
8 forward with the budget proposal and take all of the  
9 comments into consideration.

10           If something were to happen -- I know  
11 several years ago they went back to the Commission in  
12 the middle of the year and made a recommendation.

13           **MR. CONNER:** That's fine. I'll shut up.  
14 (Laughter)

15           **MR. TAYLOR:** Okay.

16           **MS. JONES:** I notice that -- problems which  
17 members of SHHH. A couple of them were individual  
18 problems. I'm not going to bring them up here. But I  
19 wondered if I could have the name of someone at the  
20 relay system that I might direct the questions to?

21           **MR. TAYLOR:** Kim, may I give your name?

22           **MS. WOBSCHELL:** I have my business cards.  
23 And Charles is at the center currently.

24           **MR. TAYLOR:** Okay. On your list of other  
25 people, Ms. Wobschall's name and address is here on

1 your list. Ms. Wobschall. There's also Robert  
2 Giuntoli. I understand he's on leave; is that right?

3 **MS. WOBSCHELL:** That's right.

4 **MR. TAYLOR:** All right. Mr. Schad, I  
5 believe your -- let's see, you had another issue and  
6 that is whether the Laryngectomee Association could be  
7 appointed to replace either the Coalition for Persons  
8 with Dual Sensory Disabilities or the Florida League  
9 of Seniors.

10 **MR. SCHAD:** Both of which have been  
11 disbanded. So, therefore, instead of ten members on  
12 this committee we only have allocations for eight.  
13 Whereas, the Florida Laryngectomee Association is 100%  
14 with the speech impaired. I think that would be a  
15 perfect balance for this organization to have somebody  
16 from that organization represented on the advisory  
17 board.

18 **MR. TAYLOR:** Okay. Are there any comments  
19 from the Advisory Committee on this proposal?

20 **MS. SLATER:** What is the name of that  
21 organization again?

22 **MR. TAYLOR:** You should have a letter from  
23 Mr. Schad that has the Item 2 on it.

24 **MS. SLATER:** Okay.

25 **MR. TAYLOR:** Hearing no comments, I don't

1 know that it would be appropriate to replace any  
2 organization that may subsequently begin to be active  
3 again.

4           However, I think that the legislature was  
5 very specific in that the Advisory Committee may  
6 consist of ten members. And I don't see any reason  
7 not to substitute members of your organization in lieu  
8 of the ones who are not actively participating. We  
9 might run into a conflict if they decided to  
10 participate again, but we could address that at that  
11 time. Yes.

12           **MR. SCHAD:** What I was thinking, why can't  
13 we get a definite commitment from those two  
14 organizations? They might not even be around anymore.  
15 I mean, somebody's said Mr. Anderson was approached.  
16 Well, I've known Mr. Anderson for quite a few years.  
17 I know he's a very dedicated person. But whether he  
18 still wants to be active in this I don't know. So if  
19 you have two organizations, both of which do not have  
20 any representatives, it seems to me -- to have them on  
21 the board yet.

22           **MR. TAYLOR:** Well, one problem we may have  
23 with this is the specific organizations are mentioned  
24 in the law. And I guess one could argue whether the  
25 law would need to be changed to do it.

1 I think if it's the will of the committee to  
2 move forward on the basis that this organization could  
3 substitute for nonattending members on an interim  
4 basis, that we could probably go ahead and put  
5 those -- put that in motion. And perhaps we would  
6 need to consider whether the other two organizations  
7 should be replaced if they are not participating.

8 I guess -- yes, Dr. Fleischman.

9 **MR. FLEISCHMAN:** Are the two organizations  
10 not now still in existence or did they dismantle?

11 **MR. TAYLOR:** It's my understanding that the  
12 Coalitions for Persons with Dual Sensory Disabilities,  
13 the organization has dissolved; as well as the Florida  
14 League of Seniors, the organization has dissolved.  
15 Any comments, questions?

16 **MS. SLATER:** So in other words, they no  
17 longer have that organization anymore?

18 **MR. TAYLOR:** Those organizations do not  
19 exist and they don't have a representative on the  
20 Advisory Committee.

21 **MS. SLATER:** Why weren't we informed and let  
22 us become a part of that organization?

23 **MR. TAYLOR:** We have sent out the TASA  
24 Advisory Committee list, and it has those  
25 organizations listed on it, with a notation that they

1 are dissolved. So you would have been notified  
2 through that means. We didn't immediately get the  
3 word that they dissolved necessarily. But we did let  
4 you know as soon as we knew.

5           **MR. SCHAD:** Well, every year I ask for a  
6 copy of the report. And a copy of that report is that  
7 at least one of those organizations has disband for  
8 the last two years. So all you have to do is write a  
9 letter to the Public Service Commission and you can  
10 get a copy of their Annual Report. It's generally  
11 available in November.

12           **MR. TAYLOR:** Okay.

13           **MS. SLATER:** Are you making a proposal? A  
14 motion?

15           **MR. SCHAD:** I'd like to make a motion that  
16 the Florida Laryngectomee Association replaces one of  
17 the two organizations that have been disbanded in  
18 order to appoint a person to the Advisory Committee.

19           **MR. TAYLOR:** Can I ask you to amend the  
20 motion to substitute someone from that organization,  
21 and then we can look further into it.

22           **MR. SCHAD:** That would be perfectly all  
23 right. I think it should be looked into if these  
24 organizations have definitely disbanded, or if  
25 somebody just read that word out of the air.

1 "Disbanded" is a very funny word. If you have two  
2 people together, they are not disbanded.

3 **MR. TAYLOR:** Okay. Is there a second?

4 **MR. CONNER:** I'll second that.

5 **MR. TAYLOR:** All right. It's moved and  
6 seconded. All in favor? I believe we have three  
7 unanimous votes.

8 **MR. CONNER:** Don't get in the habit of that.

9 **MR. TAYLOR:** Okay. All right.

10 **MS. KING:** Mr. Schad, if there's someone  
11 from that organization that you have in mind  
12 currently --

13 **MR. SCHAD:** Well, the president of the FLA,  
14 I have given his name to Richard Tudor. His name is  
15 Earl Mogk, M-O-G-K. M-O-G-K.

16 **MS. KING:** What we need for our records is  
17 just a letter saying he'd like to sit on the advisory  
18 committee.

19 **MR. SCHAD:** He doesn't want to sit on it.  
20 He wants to be somebody -- that he can nominate to sit  
21 on it. I don't know whether he wants to sit on it  
22 himself.

23 **MS. KING:** Okay. Okay.

24 **MR. SCHAD:** But he is president currently of  
25 the Florida Laryngectomee Association.



1           **MS. KING:** And Richard has his name and  
2 number?

3           **MR. SCHAD:** Yes. If not, I'll be glad to  
4 send a copy. I have it here if you want it, in some  
5 of these papers around here someplace.

6           **MS. KING:** Okay.

7           **MR. TAYLOR:** Okay. Any other business,  
8 comments, questions?

9           **MR. FLEISCHMAN:** I have a question. Why  
10 does Florida -- FLSHA have two members -- excuse me,  
11 two addresses on there?

12           **MR. SCHAD:** One is my home address and the  
13 other address is the address of the association  
14 itself.

15           **MR. FLEISCHMAN:** One address is in Boca,  
16 Boca Raton. The other is in -- you know, people can't  
17 live in two places. So which address are we using?

18           **MR. SCHAD:** We'll use my address.

19           **MR. TAYLOR:** I guess I need to ask what  
20 addresses are we talking about?

21           **MR. FLEISCHMAN:** Which address?

22           **MR. SCHAD:** Boca Raton address.

23           **MR. FLEISCHMAN:** Okay. Thanks. That's what  
24 I needed to know.

25           **MR. TAYLOR:** Okay. I think I understand.

1 I'm a little slow today to keep up with you folks.

2 All right. Are there any other questions,  
3 comments, or business items?

4 Okay. Those of you who travelled, I think  
5 we need to get you squared away with your travel  
6 reimbursement forms. But if there are no further  
7 business, then I'll call the meeting adjourned. Thank  
8 you.

9 (Thereupon, the meeting concluded at  
10 3:00 p.m.)

11

12

- - - - -

13

14

15

16

17

18

19

20

21

22

23

24

25

1 STATE OF FLORIDA)  
2 COUNTY OF LEON )

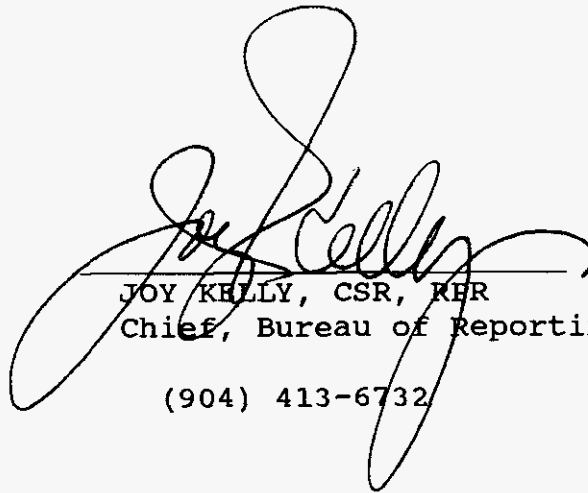
CERTIFICATE OF REPORTER

3 I, JOY KELLY, CSR, RPR, Chief, Bureau of  
4 Reporting, Official Commission Reporter,

5 DO HEREBY CERTIFY that the Advisory Council  
6 Meeting in Docket No. 960598-TP was heard by the  
7 Florida Public Service Commission at the time and  
8 place herein stated; it is further

9 CERTIFIED that I stenographically reported  
10 the said proceedings; that the same has been  
11 transcribed under my direct supervision; and that this  
12 transcript, consisting of 75 pages, constitutes a true  
13 transcription of my notes of said proceedings.

14 DATED this 14th day of May, 1998.

15   
16 JOY KELLY, CSR, RPR  
17 Chief, Bureau of Reporting  
18 (904) 413-6732

11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25