>> PAUL WINCHESTER: We're supposed to start at 2:i:15. Yes, ma'am. Thank you. It doesn't matter how fast I talk, right? I'm from Louisiana, so you won't have any problem with that. [Laughter]

 >> PAUL WINCHESTER: So when everyone is ready, we're going to try to get back on track with time. My name is Paul Winchester. I'm a representative of Enliven Ministries. And we are here today, my wife and I, Chelsea Winchester. We are here to present, including all and healthy, all healthiness with deaf and blind, and hard-of-hearing, and we're just so proud to be here today. It's a blessing. We were here at the EHDI conference about 2 years ago right before the pandemic. And I prophesied and told my wife we're going to do a session at EHDI and here we are. I like to have my wife come up and introduce herself.

 >> CHELSEA WINCHESTER: I'm a little bit short. Thank you again for coming. It's so important that we're all gathered here today to learn from each other. Like my husband said, our organization started 3 years, about two and a half, 3 years ago and when we started, we started under the auspices of trying to help families who had children with special needs to access faith-based programming, kind of like a liaison between the faith-based community and families who had family member with special needs. And with that, we also grew to learn that there was a larger demographic of people that wanted to access resources that they previously didn't have access to. And away found that our personal story wasn't unique to our situation. We have 3 children. 2 of the children have hearing loss. We learned a lot with our first child. And so which is Isaiah. He's sitting right in front in a wheelchair. He taught us a lot. Unfortunately, even though we did learn a lot with him, with our second child, we still hadn't learned quite as much as we thought we had. So with Isaiah, from the day he was born passed a hearing test. Based on his diagnosis, as well as his health condition when he was young, we were told that he really wasn't going to be capable of learning ASL so they really pushed AAC devices and get him to vocalize. Neither of those worked for him. He identified more with the deaf and hard-of-hearing community and ASL was his preferred way of communication.

 As parents, we grew frustrated with early intervention system, because they came in and said, oh, well, because he can't -- he's not learning at the pace that we want him to learn at, or because of his fine motor, the signing isn't working, because the people who don't know him won't understand his sign, because a lot of them are modified. That became a big frustration for not only for us, but for Isaiah as well. Because he wasn't able to communicate what he wanted. So now, we learned about the Deaf mentor program as well as other programs. We've been able to access communication for him.

 Taking a step to Joseph who is 11 years old, we thought, oh, we've been through this before. We know the early intervention system and we know how to access resources. With Joseph, he passed his hearing test, newborn hearing test. And we thought awesome. He can hear. We're good. We didn't ever realize, until he was retested at 3 years old that he heard something. He didn't hear at a level at that time that would have access communication as well as academic skills. And so we had to learn how to access those resources and do the follow-up care. So it's not just about that initial diagnosis, but also about following up to see how we can access those resources down the line as well.

 We also experienced, what I believe, was bias. When it comes to Isaiah, I was a single mom. I was low-income. And I didn't have a college education. And I believed those resources were not always given to us because in many circumstances, resources are based on whether they feel like you will follow-through with the resources that's available, with the requirements of the program. And that is hard when you have -- when you even don't get a chance to participate in the program. You're prejudged based on what someone else thinks. And if you don't know the family, if you don't know what they're capable of, then how do you know? It's just based on people's opinion rather than on the actual family's needs. So we were denied access to language and communication to families based on our opinion of the families, which is really biased, right? And so it's our hope that with our story, the people that will be able to learn and say, regardless of our personal opinions, regardless of the differences that we have, that we'll be able to cut through the gatekeeping of resources and to be able to offer everyone the same resources, regardless of their culture and community they come from.

 >> PAUL WINCHESTER: So as you hear, we're common people with common goals. I believe in being practical. I do have a master's degree in multicultural studies. I have a communication degree in BS in Comm and BA in Comm. I'm currently studying to receive another Master's Degree. But that's not what I'm all about, you know? Common. Commonality. This is vitally important and I just wanted to express that for reason being, there are some words that you typically hear in diversity, equity, and inclusion sessions that you're not going to hear here today. They're not going to be spoken. Because to me, it is my opinion after research and studying, they are words of division. When they are heard, they divide. They make the divide even wider.

 And what we are trying to do, what EHDI has been so successful in doing is closing this gap. Because we know that kids are going to be born with significant hearing losses. This is just common ground. This is going to happen. We're going to have kids born this way. But we're here today to say, hey, let's get on the Board with EHDI. Let's treat every kid the same, regardless of how they look where they're from, or who are their parents. This is the vital thing. This is what EHDI is trying to lead us into. And is it important? It is vital. It is essential that not only clinicians, but parents grab hold of this. You see, when my wife and I would first enter certain doctor offices, the implicit bias was waiting for us right at the front desk. We got treated differently when I stood back in line and watched how the people in front of me got welcomed. And then I accessed how I got welcomed. It's two totally different things that happened. And that's just an insert. And these are the things that we must be mindful of. So when my wife and I got to the room and we got checked in, and when the doctor came in, guess what I did? I told the doctor. I said my welcome at your front desk was receivable. It was not respectful. It was based on how I look. It was on the doctor to address that. I didn't address that at the front desk, because it was going to widen the divide. So let's get on board with EHDI and ensure that every newborn child receives the medical attention they need when it comes to hearing loss.

 What is the correct language? Please, I just need two people to tell me. Because I love my audience to get involved. What would be the correct language? Just one word, tell me something. What do you all think is the correct language? Somebody, come on, help me out. Yes.

 >> Deaf instead of using the word hearing loss. Like deaf and hard-of-hearing, using that terminology versus using the word "hearing loss."

 >> PAUL WINCHESTER: Yes. Anyone else? Anyone else? One more. Go ahead.

 >> Hold on one second.

 >> Using deaf and hard-of-hearing instead of hearing impairment. That's similar to what the previous comment was.

 >> And can you say your comment again?

 >> And repeating what she said, the person's name.

 >> PAUL WINCHESTER: Yes. Yes. Person-centered. These are the things. And I wanted you all to hear from the audience so you can hear it from people who are actual common people. We have to learn how to be common. To be common, stand on commonality and operate in a common sense state of mind. So healthy people define health disparity as a particular type of health difference that's closely related with social, environmental, sex, gender, age, mental health. We know the drill, right? I'm not undermining any of this. Please, please, please, don't think for one minute that I'm trying to like suppress or undermine any particular category. This is what I'm saying. I chose this slide for one reason, and the same reason because we've been hearing this. We've been hearing this. Inclusion. Diversity. Let's do something about it. We go to the sessions, we go to the online sessions, and we have all these things transpiring. What's getting done? What's getting done? I walked in a hotel last night. The Marriott and got looked at like what are you doing here? Do you understand what I'm saying? What's getting done? These little incidents continue to happen, and it's blowing up in the healthcare system leaving a lot of kids behind because they don't look a certain way. And that is not fair. My son get left behind, my other son Joseph got left behind and we, the parents, are left to deal with it. Healthy people also define health equity as the attainment of the highest level of health for all people. And notes that is a value requiring everyone. In other words, in all health circumstances, we need to learn how to value everyone, and we need to learn how to want to be valued. Because I said earlier, it's not a one-size-fits-all thing. It's a two-side get it right thing. As a parent, we have to learn to assert ourselves at the right time in the right places to get that mountain of implicit bias and that's removed. See, we had to help the clinicians move that out of our way. So that Isaiah and Joseph can get proper healthcare. And today, they are getting proper healthcare. So don't be nonchalant about implicit bias. Address it. Because if you are silent about implicit biasness, it's going to turn into something bigger and worser. And who's going to read those non-beneficial actions? Your child. So here are the health disparities. And we know that if you're in a certain socioeconomic bracket, how you're treated, how your kiddo is helped. Joseph got put out of, and this is not pertaining to hearing loss. I just have to share this story with you all. Joseph got put out of physical therapy because his physical therapist decided that he didn't belong there anymore.

 And this happened at children's Medical Center in downtown Minneapolis. We showed up, the full-time, she came out and she said, that we can't serve Joseph anymore. Now, this was due to a miss diagnosis. He got miss diagnosed saying he had ADHD. And they gave him that diagnosis because he was a kid of color. They didn't look into the autistic spectrum like they would have did on a white kid. Because my child was of color, he automatically got ADHD diagnosis.

 So when the lady looked in the chart and saw that, she blamed his behavior on that diagnosis. Now, this was in ink. This was written. And at the same time, this is during the time where we didn't know Joseph was not hearing everything. So the young lady was calling his name, he didn't even hear her. Now, when she said that, all I could do was cry. Because my child was being kicked out of physical therapy. So we went back and addressed it and it got addressed properly and found out that Joseph was on the spectrum with autism. Now, we were able to address the things we needed to address, not only as parents, but pushed the clinicians to get things done properly. Is and then eventually his hearing started to come back around and he's a different child. There he is. You all can see him normally, he runs around the building. But this chart we're looking at, I chose this chart for reasons. But guess what? I had 1,500 charts I could have choose from. You all got that? It was the numbers and the wording was just a little off. It had maybe one high here and one low here. But all the numbers, same thing with this chart.

 This chart is showing the underrepresented. Okay? I looked in 2,000, same chart. 2001, same chart. Just a little different than the numbers, all the way up to 2022. Guess what? Same chart. So I want to ask you something. Because here's my thing like I said, this is a common session. If the charts in the numbers didn't change, common sense tells us what? That the processes are not changing either. We, as a people, we must become culturally competent. And stop thinking and hoping that our physicians, our clinicians are culturally competent. I'm standing right here today, a black southerner down from Louisiana. I hold a a lot of implicit biasness when it comes to culture. Until I became aware of them, they were eating me alive. And I don't have to go into the that because everyone knows what I'm talking about here. But we have to become culturally competent. Because through our culture competency, we are forcing that person in front of us that's treating our child to become that way too. And I experience it. It happens. And today, I don't have to deal with that doctor down that Gillette St. Paul anymore. He knows when we come to the office, we're going get this right and we're going to keep it moving. Because I'm here for your services, for my child. So Walt Disney said to way to get started is to quit talking and begin doing.

 Let's start asserting ourselves into the norms so these norms can be abnormal. We need to start changing the conversation and start doing. We need to start addressing. I asked the lady at the counter why she treated that Latino family different than she treated the White American family? She asked me who am I to ask her that? That's what she asked me. So saying that when we see those things, we have to find a way to confront it in a peaceable manner. After she asked me that, I stepped back. I have asked and said what I wanted to say. I'm not going to put myself in the position for this to blow up and create a bigger divide. I put it on your mind, and now I'm getting out of your way. And some people may not agree with my theory. Guess what? That's okay too. This is from what I have gathered if this is from my experiences. And I know that I'm presenting it in a way that is respectable. Yield to the power of common sense. When it comes down to implicit biasness, yield to common sense. Let common sense be your guide. I don't care where each one was born. We all came out of a woman and we were born with common sense. This is something we all have. This is something we just acquired as a human being.

 Yield to it. Understand it. Embrace it. And use it. Don't resort to what -- go back to your common sense and what is the foundation of common sense? Treat everyone the way you want to be treated. Treat everyone the way you want to be treated. So in closing, let's be aware of our bases. Let's be aware of our cultural biases. Understand that my biases are different than her biases. Why? Because we were raised in a different culture. I was raised in south of Louisiana and she was raised in the north of Minnesota. And 12 years later, we still have about 50 biases we haven't conquered yet. But we're together. Because we learned to respect everyone. We learn to respect ourselves. And I've learned that I've been in Minnesota for 12 years, so I do as Minnesotans do. I go with. I don't go with her anymore. I just go with. [Laughter]

 That's a Minnesota thing. And when we go in the South, she say, oh, we're going to eat them. We're going to eat good today. And I say, yes we will. Because that's a southern thing. Our belief systems sometimes, they get us in trouble. I can't put my beliefs on this young lady here, her belief system. I can't put my beliefs in her belief system. What am I to do? I am to respect her belief system and get to know her belief system, because once I get to know her belief system, now I can embrace her belief system and say ain't nothing wrong with her belief system. That is okay to be that way. That is okay to be that way. And it's okay to be my way. My socioeconomic status has nothing to do, should have nothing to do with my health. When I go to a hospital, I should receive the same services that Joe Blow got. And Joe Blow should have received the same services that I'm seeking. Hold your clinicians accountable.

 Economic. If there's any clinicians in the room, stop undermining parents. Because you have a doctor degree, and you know this. Please don't let your academics get in the way of understanding who that child really is. And we find that out through the parent. Stop undermining us. Get with us and find out what's going on in that house. Find out what this kid is saying. Find out what this kiddo is doing and not doing. Employment, the same thing. Just because you're a doctor, or you're a nurse, and I'm a common laborer, it shouldn't make any difference when I come into your hospital. You should embrace me just as you embrace that lawyer, just as you embrace that other doctor, or that other family. Sexual orientation. Let it be, and let love rise. Because everything is made from love. And that's how it should be at the hospital. We should not be jungling people based on their sexual orientation. We should go back to the '70s. And say peace and love. We should do a Richard Nixon. And just let it be. Because these are the things that are getting in the way of little kids. EHDI, and I want to close with this here, if I can go back. Here we go.

 I want to close with this here. We need to continue to support and help EHDI drive this thing home. We need to continue to get on EHDI band wagon and ensure that every kiddo, regardless of how they look, where they're from, or who they're with, receive adequate hearing detection healthcare. And that is why we came today. We came for no other reason, to tell you all that this matters. That away need to get in, and everything we learned at this conference, we need to go back to our cities, our towns, and apply them. So let's get rid of the implicit biasness. Let's understand everyone else's implicit biasness through competency. And let's hold our clinicians and professionals accountable. I thank you, all, for coming. My wife and I really appreciate you all being here. And we hope to see you all next year, wherever EHDI go, and Enliven Ministries go. Thank you, all.

 (Applauds)

 Right quick. I'm sorry, this is my first time doing this. Any questions about anything? Any questions?

 >> Sorry about that. Okay, just to state again. I am a second year audiology student. And I am taking a class called auditory processing disease. And with that, we're recently learning that a lot of children are misdiagnosed with ADHD when in reality they might have auditory processing disease. And also, too, we're not exactly sure where along the way of hearing they might be missing, but also, too, it's important to recognize that it's more than just hearing, because it's a developmental thing that associates with other things like language and understanding where they're at and needing to know the family's needs and what they're missing and how we can help them.

 >> PAUL WINCHESTER: Yeah, right here. This is how. Right here. It's about, before one month of age, it's about the EHDI process, getting that hearing streaming. And I want to say this is the important part. If we do that 1, 2, 3. I assure you, we'll catch it. And it's about getting those, getting all parents to understand and don't feel threatened by the system. Okay? Get that 1, 2, 3 done. This has been working for EHDI and when we back tracked, and got the 1, 2, 3 done, we began to get things done. And I'm not saying to, because I'm only a diversity and inclusion specialist. And I can't answer that question medically. Do you understand what I'm saying? But I can say this. In common, in practicalness, if we 1, 2, 3, like EHDI has shown us, we get that kid where they need to be at, to get the right services they need. And if that kid -- I'm not going to say that. I'm going say 1, 2, 3, the EHDI way. Get it done. Get all the kids in there. 1, 2, 3. That's how we found out about that early hearing thing, what's going on. That's my understanding of it. So once again, thank you, all. I really appreciate your time. Thank you so much. I appreciate all of your time.

 (Applauds)

 >> We'll be outside if you have any more questions.