

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
THE CIVIC ASSOCIATION OF THE DEAF OF :
NEW YORK CITY, INC. (also known as :
the New York City Civic Association :
of the Deaf) and STEVEN G. YOUNGER II, :
on behalf of themselves and all :
others similarly situated, :

Plaintiffs, :

95 Civ. 8591 (RWS)

V. :

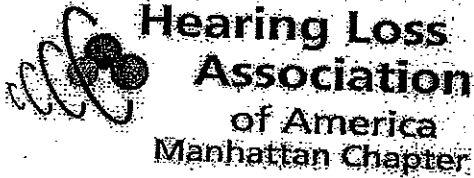
RUDOLPH GIULIANI, as Mayor of the :
City of New York, HOWARD SAFIR, as :

Commissioner of the Fire Department :
of the City of New York, CARLOS :
CUEVAS, as City Clerk and Clerk of :
The New York City Council, PETER :
VALLONE, as Speaker and Majority :
Leader of the New York City Council, :
THOMAS OGNIBENE, as minority Leader :
of the New York City Council, and :
the CITY OF NEW YORK, :

Defendants. :

**CORRECTED
DECLARATION OF
ROBERT B. STULBERG
IN SUPPORT OF
PLAINTIFFS'
OPPOSITION TO
DEFENDANTS' MOTION
TO VACATE OR
MODIFY INJUNCTION**

-----X
EXHIBIT 27



News & Views

Hearing Loss Association of America exists to open the world of communication to people with hearing loss through information, education, advocacy, and support. For more information, see www.hearingloss.org

NEXT MEETING:

**Tuesday, March 15, 2011
5:30—7:30 PM**
New York Public Library - Muhlenberg Branch
209 W. 23rd St (just west of 7th Ave.)
3rd Fl. Community Room (Elevator available)
Assistive listening help is provided at our meetings through live CART captioning and a room loop for those whose hearing aids have a T-coil. A few headphones are also available.

MOVIE NIGHT AT THE MANHATTAN CHAPTER **

Join us for a preview of the brand new video entitled "HLAA-Teamwork for Hearing Loss Association of America." Find out how the Hearing Loss Association of America and you are changing the face of hearing loss. The funding for this video was made possible by Walk4Hearing proceeds from HLAA's Manhattan Chapter. You will have an opportunity following the preview to offer ideas and suggestions about future planning for our Chapter. Elizabeth LeBarron,, National Chapter Coordinator, will be facilitating the meeting.

**** Note: Programs subject to change without notice.**

For more information contact:
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or Mary Fredericks: (212) 674-9128 (V)
Manhattan Chapter: www.hearingloss-nyc.org

What You Missed in February *By Mary Fredericks*

This meeting was a wonderful opportunity to learn about fire prevention and safety directly from representatives of the FDNY. Laura Squassoni is the Administrative Chief Inspector for Fire Safety Education, and she was accompanied by Lieutenants Anthony Mancuso and Frank Manetta of the fire safety education unit. They had brought along a number of items to illustrate some rights and wrongs, e.g., multiple outlet adapters (not very safe); power strips (a better choice); surge suppressors; electrical wires of different sizes; melted extension cords; candles that had totally burned down and could have caused a fire if not extinguished.

In addition, thanks to the FDNY Foundation (funded by donations), all of our attendees received a new smoke detector and LifeTone system, which includes a bed-shaker as well as very loud alarm.

FDNY, as a result of emphasis on fire safety education, has brought down the number of fire fatalities in NYC from 125 in 2004 to 56 in 2010. There are two components to this program: prevention and survival.

Prevention involves avoiding unsafe human behavior; survival begins with a working smoke alarm (NYC law requires smoke detectors within 15 feet of bedrooms). While smoke

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alarms are considered among the top inventions of the 20th century, they are often of little use to deaf/hard of hearing people, children, or college students suffering from too much partying (these latter two classes sleep very soundly). To help HOH people, there are low-frequency (520Hz) alarms, strobe lights, and bed shakers – this last is probably the most effective. Consider that the time to escape a fire is less than three minutes because of modern materials that burn easily and give off toxins; be sure you and your family have an escape plan.

Most fires occur between midnight and 8 a.m., and start in the kitchen or bedroom. Major sources are smoking materials and ashes not fully extinguished, faulty wiring, and space heaters. Unsafe behaviors include not having an operable smoke alarm; blocked or inaccessible exits; not having an escape plan; inappropriate evacuation response; re-entering a fire building (get out immediately and stay out).

We heard about cooking fires, mainly due to leaving cooking foods unattended (we were given oven mitts with the motto "Stand by your pan!") If you have an oil fire, never put water on it; sprinkle baking soda. Even if you are not using a pan cover in cooking, keep it handy – if the food catches fire, slide the cover on top to extinguish the flame. Don't leave the pot handle extending out over the edge of the stove – someone could brush against it and cause an accident. Keep children, loose-fitting clothing, paper towels and pot holders away from open flames.

Space heaters and candles can be dangerous. Keep them away from drapes, clothing, etc. Don't leave

them unattended (extinguish/turn off when sleeping or leaving the area). Heaters need to be well-maintained. Candles should not be placed at table edges – and should not be used when children or pets are in the area (flameless candles are safer).

Extension cords should be only for temporary use, not as a permanent part of your wiring system. Only buy appliances and wires that have the UL (Underwriters Laboratories) label on them (if you buy them from street vendors they are probably counterfeit). Plug major appliances directly into a wall outlet; don't use extension cords. Anything that heats or cools draws more current. And it's a good idea to unplug appliances such as toasters, coffee makers, hair dryers and irons when not in use.

Websites: www.nyc.gov/fdny and www.fdneyfoundation.org

I-Caption

By Anne Pope
Chair, HLAA Manhattan, PC

In January, we printed an evaluation of four market-ready or near ready personal captioning devices. HLAA-Manhattan chapter member Wendy Samuelson has written to remind us that there is another hand-held device available for New York theatergoers: the Sound Associates I-Caption™ device. You can reserve a device for any performance of some half dozen productions on Broadway and off-Broadway, including *Wicked*.

How it works: I-Caption is a state-of-the-art, wireless, visual aid about the size of a smart phone that provides verbatim closed captions and sub-titling on an Individual hand-held

receiver. I-Captions are stored in the device and cued by the performance. **Pros:** I-Caption offers welcome flexibility. Theatergoers are not restricted to a single performance date or a specific seating area for productions providing I-Caption. In addition, some people who have difficulty seeing captions at a distance may find that this closes the gap in an acceptable fashion.

Cons: The different depth of fields between the I-Caption and the performance itself may require looking back and forth from screen to performance and may cause some people problems.

For further information on productions at which I-Caption is available and information on how to reserve the device, go to

http://www.soundassociates.com/assets/file/product/icaption_flier.pdf

And, in continuing the theme of people with hearing loss doing everything they want simply because they can, Anne Pope, Chair of the Manhattan Chapter HLAA, adapted the article below for N&V. It was originally published by the Better Hearing Institute, January 26, 2011.

Regaining Control of Your Life through Self-help Groups

By Brenda Battat,
HLAA Executive Director

"I wish someone had told me about the value of self-help groups such as the Hearing Loss Association of America (HLAA) years ago. It would have saved me so much stress in coping with my hearing loss." This is a refrain we hear from people with hearing loss over and over again.

When purchasing hearing aids, most people are not aware they may need counseling, aural education, supplemental technology, help in everyday issues such as choosing an appropriate cell phone, and peer support to optimize success with their hearing aids.

Most hearing loss is for life and likely to get progressively worse. It can't be cured; it has to be diagnosed and managed by professionals and coped with by the individual who has the hearing loss. In that sense hearing loss is like other medical conditions: without a cure, the coping falls to the individual. When we walk out of the audiologist's office with our hearing aid, the door closes and we are faced with the reality of a big, insensitive world. We've been tested, evaluated and fitted with a state-of-the-art electronic device that certainly makes it easier to communicate; but we still have a hearing loss. We've learned how to care for the hearing aid and given it a good test run during the trial period, but the bottom line is there are still going to be situations where we cannot hear well. That means dealing on a daily basis with the stigma, embarrassment and frustration that goes with a hidden disability.

Hearing loss, even with the best-fitting hearing aid, impacts every interaction of our lives—relationships, work, education, intimacy. It also impacts our interaction with ourselves, undermining self-confidence, self-esteem, and mental and physical well-being.

So how does participating in a self-help group help us cope? People who are hard of hearing are mainstream. We do not have a separate culture and

language like people who are deaf and use sign language to communicate. We may not know another single person with hearing loss. We can feel alone and may retreat from social interactions due to embarrassment about having difficulty communicating.

HAAA local chapters were formed thirty years ago on the basis of self-help. By giving people information about hearing loss, chapters help us to cope with it and regain control of our lives.

Learning and Sharing

At a chapter of HAAA, individuals with diagnosed hearing loss will meet other people with hearing loss at different stages of personal adjustment. These become role models, confidantes, motivators and, sometimes, literally saviors. Individuals coming to a chapter meeting experience--most likely for the first time--an environment that is hearing-loss friendly. Chapters set up assistive listening devices (ALDs), usually hearing loops because they are easy to install, portable and not too costly. New members will learn, often for the first time, the value of a telecoil that turns their hearing aid into a wireless receiver. They are amazed at how much easier it is to listen through the hearing loop system. Some chapters have captioning to ensure everyone can participate fully, including those who cannot use ALDs.

Monthly educational programs arranged by the chapter provide information on the latest assistive technology, coping strategies, communication skills, research and other topics. These are interspersed with social events where people can put into practice in real life situations the communication strategies that they learn.

Gradually, new members see they have legal rights to access. They learn about legislation that can impact their lives and resources in their state and community, such as the state relay service, vocational rehabilitation, speech reading classes, state agencies serving people with disabilities, and equipment distribution programs. In addition, they learn many of these agencies must have consumers on their advisory boards, so they begin to get involved in formulating public policy.

They also learn the most important strategy of all—telling people they have a hearing loss and asking for help communicating. It's very common to deny hearing loss. Often a family member or friend encourages an individual to seek help. Many valuable years of using a hearing aid and learning vital coping skills are wasted as people continue to reject the notion that they are losing their hearing. In a group of people where everyone has hearing loss, it is OK to say it and to do something about it publicly.

In ending, let me inspire you with 12 reasons why you should attend a self-help or peer-support group for people with hearing loss:

Twelve Reasons Why Self-help Groups are Good for You

Self-help groups

- Provide a community of people with hearing loss who understand and are empathic to your unique problems.
- Help you deal with the issues of hearing loss stigma.
- Help you understand your legal rights as a person with a hearing disability.

- Teach you coping and communication strategies.
- Help you to adjust and communicate your needs in a "hearing" workplace.
- Share technologies beyond your hearing aids that will enhance your ability to function in the world.
- Educate you on technologies and strategies for ensuring your safety.
- Show you how to stay tuned into family conversations.
- Suggest strategies for communicating in noisy situations.
- Show you how to accommodate your hearing loss while traveling.
- Empower you through exchange of knowledge, encouragement and the sharing of experiences. And
- *Alleviate the despair and isolation of hearing loss through their support. (Editors' emphasis)*

*Hearing with Your Nose?
Nasal Stem Cells May Treat
Hearing Loss*

By Deborah Huso-AOL Health

Stem cell scientists in Australia may have discovered a new way to treat hearing loss suffered in early childhood. And it's not with a hearing aid or special surgery. In fact, the answer to hearing loss may be right under our nose, quite literally.

The findings, published in the journal STEM CELLS, found that transplanting mucosa-derived stem cells, a form of rapidly renewing tissues in the nose, can help prevent sensorineural hearing loss during its early stages.



Scientists transplanted adult human nasal stem cells into the ears of mice that exhibited signs of hearing loss. The mice were 4 weeks old, the typical age when hearing loss in mice first becomes apparent. Dr. Sharon Oleskevich, lead study author from the Hearing Research Group at The University of New South Wales, said her research team found improvements in hearing function one month later when compared against age-matched mice that received placebo injections.

"It has been demonstrated in a number of studies that stem cells, such as olfactory stem cells, dental pulp stem cells and hair follicle stem cells have the ability to transform into functional cells of the nervous system," Dr. Christian Drapeau, chief science officer of Stemtech International, told AOL Health. "For example, in animal studies, injection of hair follicle stem cells in the spinal cord was able to restore mobility."

He says the olfactory stem cells injected in the cochlear cavity could help reverse or protect sensorineural hearing loss in the same kind of way.

"Examination of hearing levels one month post-surgery demonstrated that hearing thresholds in stem cell-transplanted mice were significantly lower than those of mice that received

a placebo injection, indicating that transplanted mice were better able to hear less-intense sounds," Oleskevich told AOL Health in an e-mail.

"As the cochlea is a very sensitive organ, the major challenge to this type of approach is getting a sufficiently large number of cells into the cochlea in a way that does not do further damage," study author Dr. Jeremy M. Sullivan, of Johns Hopkins University, explained to AOL Health. "Another important challenge will also be to determine the mechanisms by which the transplanted cells influence hearing levels."

Sullivan says tracking studies suggest that chemical signaling may be involved and that the transplanted cells may release chemical factors that influence the native cells of the cochlea.

Sensorineural hearing loss occurs when there is a loss of sensory cells in the cochlea, a sensory organ located in the inner ear that enables hearing. This condition can arise during infancy or childhood and is most commonly due to genetic causes.

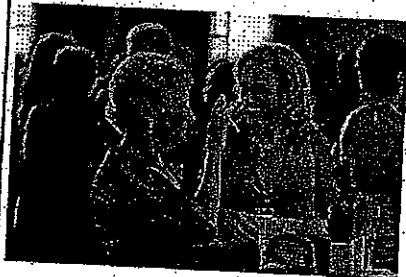
"Hearing impairments that arise during infancy and childhood can lead to marked deficits in speech and language acquisition, as well as hinder cognitive and psychosocial development," said Oleskevich. She believes the results of this latest study may eventually lead to development of a new treatment for early-onset sensorineural hearing loss. Drapeau agrees but indicates further study is necessary, particularly with regard to potential complications with the treatment.

NOTED IN (AND ADAPTED FROM) THE NAD eNEWSLETTER

The National Association of the Deaf (NAD) commends CBS and the TV series Crime Scene Investigation for featuring deaf/HOH community members as empowered human beings and portraying our language ASL, in a positive light. The episode, "The Two Mrs. Grissoms," which aired on February 3, 2011, featured Marlee Matlin, Phyllis Frelich, Anthony Natale, Ty Giordano and a number of deaf/HOH extras.

"We deeply appreciate the efforts of the producers to include, accurately portray, and celebrate our community in their production," said NAD President Bobbie Beth Scoggins.

"Historically, the deaf/HOH community suffer from disproportionately low representation on TV. The positive promotion of the deaf/HOH community and ASL in TV, film, and mass media is one of the goals of the NAD. We hope that CBS brings back Gil Grissom's mother, and creates more episodes where he can communicate in his on-screen 'first language', ASL."



The NAD urges others to follow suit and show the deaf/HOH and ASL in a positive light in other TV shows. The NAD also urges companies and studios to include aspiring deaf/HOH in the fields of acting, writing, directing, and production.

IMPROVE YOUR QUALITY OF LIFE WITH ASSISTIVE DEVICES **

Speaker: Mindy Haberman, ILA/Soundbytes Hearing and Low Vision Specialist

April 26, 2011

ILA (Independent Living Aids) Soundbytes has been assisting people with disabilities for over 33 years. They are the oldest, privately-held, direct marketing and distribution company in the U.S. of products for individuals who have hearing loss, have low vision, or are blind. Mindy Haberman is a graduate of New York University with a dual B.S. in statistics and marketing. She has a hearing loss and will demonstrate amplified phones, wireless TV amplifiers, personal amplifiers, alarm clocks, vibrating watches, cell phones and alerting systems.

Room Looping New York City - Note

By Ellen Semel
Chair, Looping Committee
Senior Centers that have been looped through the HLAA Manhattan Chapter's efforts but each center's own funding:

- JASA Brookdale Village, Far Rockaway (Queens)
- JASA Senior Alliance, Manhattan Beach (Brooklyn)

(both run by JASA - Jewish Assn for Senior Adults)

- Penn South, Chelsea (Manhattan)

(Funded thru forming a team in NYC Walk4Hearing)

In Memoriam

Sincere condolences to Advocacy Committee Chair, Toni Iacolucci, and her family on the recent passing of her Mother. We also extend our sympathy to the family of chapter member Sylvia Schwartz, who died in December at the age of 95.

It is with deepest gratitude that we recognize those who choose to share their bounty with us.

OUR LATEST DONOR:

Barbara Dagen,

In Memory of

Toni Iacolucci's Mother

Deafness Research Foundation (DRF)

would like to invite you to attend:

Skate for Sound

April 9, 2011 3pm to 6pm at

City Ice Pavilion

47-32 32nd Place,


Long Island City, NY 11101

For more information visit:

<http://www.drff.org/skateforsound>



Mention of suppliers or devices in this newsletter does not mean HLAA Manhattan endorsement, nor does exclusion suggest disapproval.

 **Hearing Loss Association of America**
Manhattan Chapter
c/o Mary Fredericks,
520 E. 20th St., #8E
New York, NY 10009

FIRST CLASS MAIL

(DATED MATERIAL)

Please check your address label for the date of your last dues payment and, if you are a National member, there will be an "NM" after the date. Report any discrepancies to Mary Fredericks. Thanks!

Manhattan Chapter Annual Membership Application

Please complete and return this form, with your chapter dues of \$15 (payable to HLA Manhattan) for the period September 1, 2010, to August 31, 2011. Send to:

Elizabeth O'Leary, Treasurer
21-71 34th Ave., Apt 6A
Astoria, New York 11106

NAME (please print) _____
ADDRESS/APT _____
CITY/STATE/ZIP _____
PHONE (Home or Work?) _____
E-MAIL ADDRESS _____
SEND A NEWSLETTER BY E-MAIL YES NO
MEMBER OF HLA NATIONAL? YES NO
HOW DID YOU HEAR ABOUT US? _____

TOTAL ENCLOSED \$ _____

HLAA Membership Application

Please complete and return this form, with your dues payment of \$35 for a one-year membership (including subscription to *Hearing Loss Magazine*) OR go online www.hearingloss.org

To: HLA Membership,
7910 Woodmont Ave. Suite 1200
Bethesda, MD 20814.

NAME (please print) _____
ADDRESS/APT _____
CITY/STATE/ZIP _____
PHONE (Home or Work) _____
E-MAIL ADDRESS _____
CURRENT MEMBER OF HLA NATL? YES NO (Receiving *Hearing Loss Magazine*)? YES NO
IF YES, I.D. No. _____
ADDITIONAL DONATION \$ _____

TOTAL ENCLOSED \$ _____

HLAA is a volunteer association of hard of hearing people, their relatives and friends. It is a nonprofit, non-sectarian educational organization devoted to the welfare and interests of those who cannot hear well. Your contribution is tax deductible to the extent allowable by law. We are a 501(c) (3) organization.

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95-CV-8591 (RWS)

10 RUDOLPH GIULIANI, as Mayor of the
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13 VALLONE, as Speaker and Majority
13 Leader of the New York City Council,
14 THOMAS OGNIBENE, as Minority Leader
14 of the New York City Council, and
15 THE CITY OF NEW YORK,
15

16 Defendants.
16

17 -----x
17

18 February 23, 2011
18 11:25 a.m.
19

20 Deposition of MATTHEW SAPOLIN,
21 pursuant to notice, at the United States
22 Courthouse, 500 Pearl Street, New York, New
23 York, before Samuel Mauro, Jr., a Registered
24 Merit Reporter and Notary Public of the State of
25 New York.

2 emergencies from the street?
3 A. So you said deaf and hard of hearing
4 people?
5 Q. Yes.
6 A. From the street?
7 Q. Correct. As opposed to inside a
8 facility.
9 A. OK. Through a tapping protocol at
10 either pay phones and/or emergency callboxes.
11 The specifics are one tapping pattern for
12 notifying of a police emergency and another
13 tapping pattern for signifying a fire or
14 emergency, EMS request.
15 Q. Are you aware of whether any city
16 agency has ever advised the deaf and hearing
17 impaired community that they can request
18 emergency assistance by activating either an
19 alarm box or pay phone and remaining silent?
20 MR. PINES: Objection to the form, but
21 you can answer.
22 A. I wouldn't know. Not that I know of.
23 Q. Are you aware of whether deaf and
24 hearing impaired persons can report an emergency
25 from the street by activating an alarm box and

2 city agency on alarm boxes?

3 A. I don't know.

4 Q. You mentioned outreach before as one
5 of the functions or things that MOPD does as
6 part of its information -- was it information
7 referral --

8 A. Yes --

9 Q. -- or functions.

10 What, if anything, has MOPD done in
11 terms of outreach regarding the tapping
12 protocol? By outreach, I mean outreach to the
13 deaf and hearing impaired community?

14 A. Periodically, when meeting with
15 representatives of the disabled, of the hearing
16 impaired, pardon me, of the deaf and hard of
17 hearing community, we would review services and
18 programs, highlights, updates in the particular
19 constituency community, in that case deaf and
20 hard of hearing. So from time to time in that
21 conversation we would talk about emergency
22 services and tapping protocols and those kinds
23 of things.

24 Q. How often have you had meetings with
25 members of the deaf and hard of hearing

2 community in which the tapping protocol was
3 discussed?

4 A. Periodically. That's the best I
5 recall. I don't have, you know, a calendar of
6 events.

7 Q. Is it once a year?

8 A. At least.

9 Q. Are there any documents regarding
10 those meetings, whether the scheduling of the
11 meeting or concerning what or showing what was
12 discussed at the meeting?

13 A. Not generally.

14 Maybe if there were an agenda prepared
15 or something, but off the top of my head I can't
16 specifically -- nothing standard.

17 Q. Do you personally attend those
18 meetings or do you have someone on your staff
19 attend?

20 A. I generally attend.

21 Q. When was the last time you attended
22 such a meeting with members of the deaf and hard
23 of hearing community?

24 A. I would say, I am not that good with
25 dates, late last year.

2 Q. Does that mean late 2010?

3 A. Yes, calendar 2010.

4 Q. Calendar 2010, OK. Do you remember
5 who you met with from the deaf and hard of
6 hearing community?

7 A. It was a mixed representation, but it
8 was through a diabetes education program.

9 Q. So it wasn't a meeting dedicated
10 solely to deaf and hard of hearing issues?

11 A. No, it was a diabetes education
12 program for the deaf and hard of hearing.

13 Q. Was the tapping protocol discussed at
14 that meeting?

15 A. It was.

16 Q. Do you remember who discussed it?

17 A. I did.

18 Q. Do you remember any of the, were there
19 deaf advocacy groups in attendance?

20 A. There were.

21 Q. Do you remember the names of any?

22 A. The standards. The League, this other
23 group -- I can't remember their name -- for hard
24 of hearing. I could get it if I had to, but the
25 League of Hard of Hearing I would say for sure

2 was there.

3 Q. How were the attendees notified about
4 the meeting?

5 A. I can't recall. I think maybe the
6 diabetes clinic might have done the outreach. I
7 am not a hundred percent sure.

8 Q. I mean, in the normal course are there
9 e-mails or other paper documents sent from your
10 office to --

11 A. Sometimes.

12 MR. PINES: Let the question be
13 completed. OK.

14 Q. -- to the potential attendees
15 notifying them about the meeting?

16 MR. PINES: Objection to the form.
17 You can answer.

18 A. Sometimes that's how we invite people
19 to meetings.

20 Q. Prior to the late 2010 meeting, when
21 was the last time you attended such a meeting
22 with the deaf and hard of hearing community
23 representatives or members of the deaf and hard
24 of hearing community?

25 A. I can't recall the time before that

2 meetings that we have been discussing?

3 A. In the normal course.

4 Q. At any of the meetings prior to 2009,
5 do you have specific knowledge of discussing the
6 tapping protocol at any of the meetings that you
7 attended with members of the deaf and hard of
8 hearing community?

9 MR. PINES: Objection to the form.
10 You can answer.

11 A. Again, I can assume it's generally
12 part of my agenda. In other words, emergency
13 activities are usually part of the conversation
14 I have with that constituency when I have
15 isolated meetings with them.

16 Q. So are you surmising that that
17 happened before 2009, or do you have specific
18 recollection of that?

19 A. I'm surmising.

20 Q. Do you have a specific recollection of
21 discussing the tapping protocol during meetings
22 with members of the deaf and hard of hearing
23 community at any time before, just to make sure
24 the record is clear, before 2009?

25 A. Specifically?

2 Q. Yes.
3 A. No.
4 Q. To your knowledge, are instructions
5 for using the tapping protocol posted on city
6 alarm boxes, on the city ERS boxes?
7 A. I don't know.
8 Q. You don't know one way or another?
9 A. Yes. I don't know one way or the
10 other.
11 Q. In your opinion, should the
12 instructions be posted on the city alarm boxes?
13 MR. PINES: Objection to the form.
14 You can answer.
15 MS. SCHULMAN: Instructions for the
16 tapping protocol.
17 A. It could help.
18 Q. Why would it help or might it help?
19 A. I think directional assistance is
20 useful when operating just about anything for
21 clarification to the person operating it.
22 Q. Thank you.
23 Other than the meetings, putting aside
24 the meetings that you've mentioned already, what
25 else, if anything, has the city done to

2 Q. If you know, is there anything in --
3 is this a guide that your office MOPD prepared?

4 A. In partnership with another city
5 agency, yes.

6 Q. Is there anything, if you know, in
7 this guide, and I don't want either Jason or
8 anyone to have to read through the whole thing,
9 if you know, is there anything in this guide
10 regarding the tapping protocol?

11 A. I do not believe there is.

12 Q. What is this guide?

13 A. This is a guide focused on
14 entertainment and tourist-like activities and
15 venues and events that we compiled trying to
16 centralize things that were accessible for
17 visitors and people looking to consume the
18 city's sort of tourism things. So it's really a
19 compilation of tourism kind of activities.

20 Q. Does it also include, to your
21 knowledge, information about transportation in
22 New York City, transportation services in New
23 York City?

24 A. Basic transportation services, yes.

25 Q. Did MOPD participate, to your

2 knowledge, in any communications about including
3 information about the tapping protocol in the
4 Official Accessibility Guide that's been marked
5 as an exhibit?

6 A. No, I don't recall.

7 Q. Putting aside the items you mentioned
8 concerning the meetings and the publication of
9 print materials and the video regarding the
10 tapping protocol on the MOPD website, what else,
11 if anything, has MOPD done to disseminate
12 information about the tapping protocol to the
13 deaf and hard of hearing community?

14 A. Other than meetings and directing
15 people to our website, nothing else
16 systemically.

17 Q. What did you mean when you just
18 referred to directing people to your website?

19 A. Directing constituents to our website
20 or information about deaf and hard of hearing
21 services and programs.

22 Q. In what circumstances has MOPD
23 directed people to the deaf and hearing impaired
24 resources on the website?

25 A. Again, when conducting outreach

2 through meetings and other contact with the
3 public and when responding to correspondence and
4 phone calls dealing with information and
5 referral.

6 Q. Has MOPD, to your knowledge, received
7 any inquiries regarding how deaf and hearing
8 impaired persons can report emergencies from the
9 street, whether specifically or generally?

10 A. No.

11 Q. To your knowledge, putting aside
12 everything that you have mentioned so far, has
13 MOPD disseminated specific information about the
14 tapping protocol as opposed to a general
15 referral to the MOPD website?

16 MR. PINES: Objection to the form, but
17 you can answer.

18 A. No.

19 THE WITNESS: Can I ask Jon a
20 question?

21 MR. PINES: Sure.

22 MS. SCHULMAN: Do you want me to step
23 out?

24 MR. PINES: Yes.

25 THE WITNESS: It is not that secret.

- 2 accessibility services from constituents? Would
3 there be a record of those calls?
- 4 A. Not usually.
- 5 Q. Who usually handles those calls?
- 6 A. The front-line staff.
- 7 Q. How many staff are employed in MOPD?
- 8 A. I think there's ten of us. We're
9 small.
- 10 Q. Is it your understanding that the city
11 has filed a motion in this case asking the court
12 for permission to remove the alarm boxes?
- 13 A. Is that my understanding did you say?
- 14 Q. Yes.
- 15 A. Yes.
- 16 Q. If you know, what is the alternative
17 to alarm boxes that the city is proposing deaf
18 and hearing impaired persons use to report
19 emergencies from the street?
- 20 MR. PINES: Objection to the form.
21 You can answer.
- 22 A. I know pay phones is one component.
- 23 Q. Are there any other components?
- 24 A. I can't recall.
- 25 Q. Do you know whether the city is

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
THE CIVIC ASSOCIATION OF THE DEAF OF :
NEW YORK CITY, INC. (also known as :
the New York City Civic Association :
of the Deaf) and STEVEN G. YOUNGER II, :
on behalf of themselves and all :
others similarly situated, :

Plaintiffs, :

V. :

RUDOLPH GIULIANI, as Mayor of the :
City of New York, HOWARD SAFIR, as :

Commissioner of the Fire Department :
of the City of New York, CARLOS :
CUEVAS, as City Clerk and Clerk of :
The New York City Council, PETER :
VALLONE, as Speaker and Majority :
Leader of the New York City Council, :
THOMAS OGNIBENE, as minority Leader :
of the New York City Council, and :
the CITY OF NEW YORK, :

Defendants. :
-----X

95 Civ. 8591 (RWS)

**CORRECTED
DECLARATION OF
ROBERT B. STULBERG
IN SUPPORT OF
PLAINTIFFS'
OPPOSITION TO
DEFENDANTS' MOTION
TO VACATE OR
MODIFY INJUNCTION**

EXHIBIT 29

Incident history

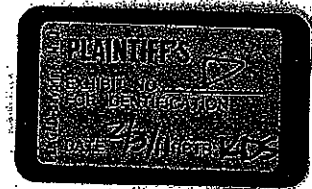
INCIDENT HISTORY REPORT

PAGE: 1

DATE: 08/25/10 10:37

Date/Time:	16-MAR-00 14:21:48	Alarm Box:	0433-2
Borough:	BROOKLYN	Alarm Level:	Initial Alarm
Alarm Source:	ERS No Contact		
Incident Classification:	ERS Fallback		
Ten code:			
Location of Alarm Box:	JOHNSON ST & LAWRENCE ST		
Close Reason:	Fallback Close		

14:21:49	0:00:01	Time Next For ERS
14:22:01	0:00:13	Dispatcher CRT BCT4
14:22:01	0:00:13	Location of Alarm Box JOHNSON ST & LAWRENCE ST
14:22:01	0:00:13	Incident Sequence Number 345
14:22:01	0:00:13	Administrative Unit E207
14:22:01	0:00:13	Police Precinct 084
14:22:01	0:00:13	Chief From AA Card BC31
14:22:01	0:00:13	Close Incident



IncidentHistory

INCIDENT HISTORY REPORT

PAGE: 2

DATE: 08/25/10 10:37

Date/Time:	16-MAR-00 14:23:15	Alarm Box:	0433-3
Borough:	BROOKLYN	Alarm Level:	Initial Alarm
Alarm Source:	ERS		
Incident Classification:	Not Sent Out (NSO)		
Ten code:			
Location of Alarm Box:	JOHNSON ST & LAWRENCE ST		
Close Reason:	Not Sent Out Close		

14:23:18	0:00:03	Time Next For ERS
14:24:18	0:01:03	Dispatcher CRT BCT4
14:24:18	0:01:03	Location of Alarm Box JOHNSON ST & LAWRENCE ST
14:24:18	0:01:03	Caller Description UNKOWN TYPE OF CONDITION
14:24:18	0:01:03	Incident Sequence Number 352
14:24:18	0:01:03	Administrative Unit E207
14:24:18	0:01:03	Police Precinct 084
14:24:18	0:01:03	Chief From AA Card BC31
14:24:42	0:01:27	Dispatch Reason 1ST ALARM - ERS (STRUCT)
14:24:48	0:01:33	Close Incident
14:24:48	0:01:33	Closed For NSO Incident Number UNKNOWN

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
THE CIVIC ASSOCIATION OF THE DEAF OF :
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Plaintiffs, :

95 Civ. 8591 (RWS)

V. :

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City of New York, HOWARD SAFIR, as :

Commissioner of the Fire Department :
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CUEVAS, as City Clerk and Clerk of :
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Leader of the New York City Council, :
THOMAS OGNIBENE, as minority Leader :
of the New York City Council, and :
the CITY OF NEW YORK, :

Defendants. :

**CORRECTED
DECLARATION OF
ROBERT B. STULBERG
IN SUPPORT OF
PLAINTIFFS'
OPPOSITION TO
DEFENDANTS' MOTION
TO VACATE OR
MODIFY INJUNCTION**

-----X
EXHIBIT 30

Incident history

INCIDENT HISTORY REPORT

PAGE 3

DATE: 08/25/10 10:44

Date/Time:	16-MAR-00 14:37:45	Alarm Box:	2118-1
Borough:	QUEENS	Alarm Level:	Initial Alarm
Alarm Source:	ERS No Contact		
Incident Classification:	ERS Fallback		
Ten code:			
Location of Alarm Box:	102 RD & 88 ST		
Close Reason:	Fallback Close		

14:37:47	0:00:02	Time Next For ERS
14:37:59	0:00:14	Dispatcher CRT QCT3
14:37:59	0:00:14	Location of Alarm Box 102 RD & 88 ST
14:37:59	0:00:14	Incident Sequence Number 225
14:37:59	0:00:14	Administrative Unit E331
14:37:59	0:00:14	Police Precinct 102
14:37:59	0:00:14	Chief From AA Card BC39
14:37:59	0:00:14	Close Incident



IncidentHistory

INCIDENT HISTORY REPORT

PAGE: 2

DATE: 08/25/10 10:44

Date/Time:	16-MAR-00 14:39:32	Alarm Box:	2118-2
Borough:	QUEENS	Alarm Level:	Initial Alarm
Alarm Source:	ERS No Contact		
Incident Classification:	ERS Fallback		
Ten code:			
Location of Alarm Box:	102 RD & 88 ST		
Close Reason:	Fallback Close		

14:39:49	0:00:17	Dispatcher CRT OCT3
14:39:49	0:00:17	Location of Alarm Box 102 RD & 88 ST
14:39:49	0:00:17	Incident Sequence Number 228
14:39:49	0:00:17	Administrative Unit E331
14:39:49	0:00:17	Police Precinct 102
14:39:49	0:00:17	Chief From AA Card BC39
14:39:49	0:00:17	Close Incident