Editorial:
ON BEHALF OF EXECUTIVE COMMITTEE

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During a recent meeting of the Executive Committee of the Academy the question of the purposes of the Academy surfaced again, right on schedule, and the usual lengthy discussion ensued. As I sat and listened, I realized that I had sat through seven years of similar discussion. Further, I began to think back to the motivations that led several individuals to propose the formation of the Academy. In thinking over those motivations I realized that the passage of time had brightened rather than diminished the importance of those motivations.

In his introductory remarks at the first formal meeting of the Academy in Washington, Herbert Oyer as the first President of the Academy indicated that the intent of the Academy was to provide a forum that would allow for an exchange of information in the following areas, to name a few: ongoing research in rural rehabilitation, current clinical and educational procedures, and ongoing service programs for the additionally handicapped. Another element which he discussed has taken on increased importance as a result of the "climate of the times." That element is political awareness and activity - if something is to be done in the area of audiology rehabilitation, key contacts will have to be initiated and nurtured and aggressive "pushing" will need to be undertaken.

In essence, from its beginning, the activities of the Academy center around two general areas - advocacy and action. The advocacy activities can be pursued without the encumbrances of the many strictures and political implications associated with large, well-established organizations. Emphasis can be placed upon the needs of a profession rather than upon the political implications of actions. The action activities can be pursued at local levels with the results obtained at that level working upward rather than the pattern of suggestions flowing from the national level down to the local level.

The emphasis of the membership policies of the Academy has been upon the establishment of a cadre of individuals who are willing to give time and effort to the advocacy and action activities. Each time a recommendation for an increase in the size of the membership is made, the Executive Committee must wrestle with the problem of whether an increase in the size of membership will lead to an increase in the number of members who will be active or if the increase will merely result in the addition of interested but non-involved members. The aim has been to have membership be a sign of willingness to contribute and not a desire to add another listing to a vita.

Several events of the past three years confirm the worries of the Executive Committee. For the past three summers significant, well
planned meetings have been held in "interesting" settings. The attendance at these meetings has consisted of a small "hard core" of members with the bulk of the membership not on hand. Similarly, the meetings at the annual ASHA convention reflect the same pattern of attendance by the same small group of dedicated members.

Finally, the most dramatic evidence of the lack of interest on the part of some members was associated with the activities of the Task Force. Less than 75% of the membership volunteered for committee activities associated with their area of professional interest. In the instance of several members who volunteered for committees they did not even have the courtesy to reply to letters from the chairman of the group they had volunteered to serve with!

One other area that reflects the lack of involvement by the membership is the Journal of the Academy of Rehabilitative Audiology. We now have an "Aston to Goal" journal with a library of Congress number. This coming of age should take care of the reservation of some members who claim they did not submit articles because it was not a "real" journal. Ed Hardick is still waiting for the trickle of articles that were supposed to be forthcoming once the journal achieved professional status.

There is still much to be done as evidenced by the fourteen "crucial" areas under consideration by the Task Force committees. Members of the Academy can have a voice in the future of rehabilitative audiology. The time is ripe with the increasing interest in the plight of the hard-of-hearing (children as well as adults). To move the cause of rehabilitative audiology forward it will be necessary to progress from generalized, theoretical goals to organized action. I would see the following as practical goals — goals that can be reached if we have a working membership. Working members in the sense that the activities of the Academy become a priority item, in terms of members setting aside time to spend on implementing these activities.

1. The journal should become the recognized source for information on the latest research and the latest clinical approaches in rehabilitative audiology. This is not too far fetched a goal if members will take the time to make the effort to promote the editor with descriptions of their research, their clinical programs and their theorizing. A new journal, Scandinavian Audiology, which directs itself to rehabilitative material has "come on strong."

2. There is no reason that our journal should not be receiving material of the same quality and in the same amount.

Every member should become involved at the local and state level in planning for the hearing impaired. Members should not wait to be asked if there is enough to be done that they should seek out key persons and volunteer their assistance in such areas as services for the aged, preschool, the hearing impaired school aged child, noise legislation, hearing conservation programs, Head Start programs, and on and on. Members should become identified
as an advocate and a key source of information in the area of rehabilitative audiology.

3. Implement at least one of the recommendations from each of the Task Force committees.

4. Actively develop workable programs for the aged and the development of certification of a school or educational audiologist in order that school aged hard of hearing children will receive needed services.

5. Transmit recommendations in such areas as standard for auditory training units, organized programs of management to professional groups representing medicine, hearing aid manufacturers, state officials and state associations.

6. Influence training programs to include courses that deal with rehabilitative audiology and to develop in audiology students a recognition and respect for rehabilitative audiology.

1. Develop a defined, available pool of hard of hearing adults and children in the member's area of the country. With a cadre of competent individuals with similar interests who are distributed around the country, it would seem possible to undertake some large scale, badly needed research.

If we want the professional world to know that "we are here" we can do it if each member is willing to spend the necessary hours, make the necessary contacts, attend the necessary meetings, and to view membership as bring synonymous with active participation.

I feel the purposes of the Academy are still quite obvious. However, a nagging questions must always be raised, "Do we have the type of membership that is interested in working to accomplish such purposes?" or, put another way, "Is the Academy made up of individuals who want something to happen but they want George to do the work?"