

Joint Informational Forum on “Access to Healthcare for Persons with Disabilities”

Sponsored by the Joint Legislative Committees on Public Health and Human Services

Legislative Office Building, Hartford, CT 06106

Wednesday, September 13, 2023

I am Dr. Harvey Corson, Chair of the Education and Legislative Committee of the Connecticut Association of the Deaf. I want to thank you for the opportunity to speak before you on this topic, focusing on persons who are deaf, deafblind and hard of hearing. This matter is important and timely, especially after our recent experience with the COVID-19 pandemic. Experience is life’s great teacher if we are willing to learn from this journey, or else we are doomed to repeat the same needless experiences the next time.

Much we can learn by sharing our experiences together. We have seen many heroes doing valiant work throughout the pandemic, learning as they struggled through the days, weeks, and months of fighting against the unknown and learning on the spot what’s what. Evidently, we, the modern and intelligent human sapiens, do not need to go through this way again should this pandemic or its equivalent visit us again.

During the Fiscal Year 2021-2022, Governor Lamont recognized the difficulties experienced by thousands of people in this state. He went on and remarked that:

“The Deaf Community was hit particularly hard during the pandemic. The Governor was recommending \$2 million in the American Rescue Plan Act (ARPA) funding over two years to address deficiencies in support services for individuals in the general (deaf) community and at the American School for the Deaf. These investments will include operational supports for COVID19 expenses like clear masks, vaccine informational videos, vaccine clinic supports, communication cards, and interpreter supports and will address more specific issues individuals had and are having navigating state systems like the Vaccine Administration Management System (VAMS)”.

While many pandemic resources were developed and made available to the people of Connecticut, including community education and tool kits, especially for Black, Indigenous and People of Color, and Faith communities, the large majority of these resources did not plan for communication accessibility for Deaf, DeafBlind and Hard of Hearing communities. Furthermore, gaps in COVID-19 related resources, information and services were noted, especially in healthcare delivery, existing data and information, and adequate resources and knowledge on unique language and culture of Deaf, DeafBlind and Hard of Hearing communities.

This ARPA grant addressed this lack of access and community supports experienced by deaf, deafblind and hard of hearing citizens during the pandemic through remediation measures by creating Deaf Community Supports, including self-advocacy workshops for this low incidence population by the Deaf Community leadership.

The Connecticut Statewide Needs Assessment Report of February 16, 2023 by Innivee Strategies, made possible by this ARPA funding, identified the most pressing needs of the Connecticut Deaf, DeafBlind and Hard of Hearing community based on the feedback from the 101 participants from eight focus groups. Among the seven key observations and recommendations in this study, I would like to mention two findings:

- Communication barriers significantly limit deaf signers’ access to healthcare services and exacerbate disparate healthcare outcomes.
- The deaf community has expressed a significant need for a government-level office or department that specializes in deaf services.

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Examples of healthcare experiences faced by many members of the Deaf community are many and I give the following five examples:

- 1) Hospitals asking deafblind individuals to use video remote interpreting and deafblind person cannot see the video, thus asking for the impossible task to be done.
- 2) Many doctors and nurses were using masks which were necessary but many hard of hearing and some deaf people could not lipread in their conversations with these doctors and nurses as their vision for lip reading were blocked by the mask covers. Possible solution would be clear masks which were and are now commercially available.
- 3) Many announcements on TV about COVID-19 were made which were good and essential but not accessible for many deaf, deafblind and hard of hearing individuals as there were no captioning or were not provided with sign language interpreting.
- 4) Many very elderly persons were placed in nursing homes without sign language support and were isolated as a result. They were not able to use or benefit from the magic of Facetime or video phone. Some deaf friends tried to help by communicating with them using sign language from outside through windows to relieve them of being isolated. It happened during winter which created some weather issues for those who were standing outside trying to help. Solution arrived when the healthcare system finally announced that a second person (a relative, friend or a sign language interpreter) might accompany the elderly person going to a hospital, emergency care or nursing home.
- 5) Placement of audio-visual equipment with appropriate high speed technology in appropriately designed spaces within designated healthcare facilities would help to avoid lack of connectivity or weak reception when used with deaf or hard of hearing patients.

Healthcare professionals learned from these experiences. As for deaf, deafblind and hard of hearing individuals, they had to go through these similar incidents again and again during their lives, making these encounters worse because they happened during the pandemic. However, we can incorporate these life lessons systematically into appropriate orientation and/or training programs to train new healthcare workers who come in to replace those who are retired, transferred out to other jobs or locations or are out sick.

For deaf, deafblind and hard of hearing persons, communication access is a serious business as it may be a life or death matter in some healthcare situations. I believe in a team approach of working together to develop workable solutions to address these communication access issues or concerns in a meaningful and positive way. It is recognized that we have a shrinking pool of available interpreters and we may need to join forces on a state level approach to address it in terms of making more training of interpreters for deaf, deafblind or hard of hearing persons available through innovative programming and incentives to attract new people in an important area of healthcare services.

Thank you.