



DEAF AND HARD OF HEARING 101: THINGS TO KNOW WHEN WORKING WITH THE DEAF AND HARD OF HEARING COMMUNITY

In this whitepaper, you will find:

- An Introduction: The Deaf and Hard of Hearing Culture.
- Part 1: How the Deaf and Hard of Hearing Community Communicates.
- Part 2: Important Tips for Communicating With the Deaf.

An Introduction: The Deaf and Hard of Hearing Culture

Who is in the Deaf Community?

Approximately one million people in the US are functionally deaf, and nearly 10 million people are hard of hearing¹.

Most people hear “Deaf and Hard of Hearing (HOH)” and think of profoundly deaf individuals - those born deaf or who became deaf due to a childhood illness. However, the Deaf and HOH community is diverse, with variations in the causes and degrees of hearing loss. An individual’s hearing loss may be mild, profound, or anywhere in between; and caused by anything from repeated exposure to loud noises and disease, to aging and heredity.²

Well-meaning people often say “hearing-impaired” or “having a hearing loss,” attempting to be polite; but many Deaf people find these offensive.



Unacceptable Labels for the Deaf and Hard of Hearing Community

Most Deaf and Hard of Hearing individuals do not see themselves as impaired. Well-meaning people often say “hearing-impaired” or “having a hearing loss,” attempting to be polite; but many Deaf people find these offensive because they establish the standard as “hearing” and anything different as “impaired” or substandard. Additionally, many who are born deaf or HOH do not think of themselves as having “lost” their hearing.



Unacceptable terms:

- deaf-mute
- hearing-impaired

In addition to “hearing-impaired,” a number of other terms should be avoided. These terms, such as “**deaf-mute**,” have been deemed unacceptable and offensive by the Deaf and HOH community.

“**Deaf-mute**,” which originated in the 18th century, is technically inaccurate and means “silent” or “without voice.” Deaf and HOH individuals use various methods of communication other than or in addition to using their voices, so they are not truly mute.³

Acceptable Labels for the Deaf and Hard of Hearing Community



Acceptable terms:

- deaf (condition)
- Deaf (culture)
- Hard of Hearing (HOH)

Most in the Deaf and Hard of Hearing Community prefer the terms: **deaf**, **Deaf**, and **Hard of Hearing**. Within the community, Deaf is not considered a bad word.

Lowercased “**deaf**” refers to the condition, and uppercase “**Deaf**” refers to the culture or the people as a whole - similar to referencing the speakers of a shared language (French), a people with a shared history or belief system

(Jewish), or a people of shared culture or geographical location (American).⁴

Use “**Hard of Hearing (HOH)**” if the person has mild-to-moderate - but not total - hearing loss. Culturally, some HOH people struggle to find a place in either the hearing or the Deaf world, while others comfortably see themselves as members of both.



PART 1: HOW THE DEAF AND HARD OF HEARING COMMUNITY COMMUNICATES



How does one communicate with the Deaf and HOH? ASL is the language of the Deaf in the United States, even though the history of American Sign Language is rife with controversy. It was even banned from most schools in the US for more than 100 years due to the mistaken belief that it did more harm than good.

Why don't the Deaf and Hard of Hearing all know American Sign Language? A Brief History of Deaf Communication in America.

In the 1800s, deaf educators fiercely debated the superior method for teaching the deaf. The two main methods were:

1. Oralism or articulation - the teaching of deaf individuals through speech. Inventor Alexander Graham Bell, a prominent deaf educator at the time, advocated for this method.
2. Sign language - similar to what the Deaf use today. Edward Miner Gallaudet was a leading proponent of this method.

In 1880, Deaf educators from all over the world gathered in Milan, Italy to come to a decision about the best way to educate Deaf individuals. However, the event was put on by the Pereire Society, a French association whose purpose was to bring about the general adoption of the oral method.

Edward Miner Gallaudet, a strong proponent of sign language at the time and the founder of the first college of the deaf, wrote of the Milan Convention, "In arranging for the Convention the promoters of articulation secured every possible advantage to themselves, imparting a partisan character to the whole affair from the very outset... Its formal utterances are no more to be taken as representing the sentiments of teachers of the deaf and dumb throughout the world than are the resolutions of a party nominating convention to be regarded as a fair expression of the opinions of the whole community."⁵

Those who supported oralism were allocated almost

three days to present; the supporters of sign language, in contrast, received three hours. At the end of the conference, attendees voted to ban sign language as a primary means of educating deaf individuals, deciding that oralism was the superior method. This began a period when deaf children were forbidden from using sign language to learn or communicate. From then on, the Deaf only used and taught American Sign Language in secret.

This misguided view of sign language persisted for 100 years. Change began in 1960, when the linguist William Stokoe published *Sign Language Structure: An Outline of the Visual Communication Systems of the American Deaf*.⁶ Stokoe's research offered compelling evidence that sign language shares the essential characteristics of a spoken language, and he argued that it should be considered equivalent and afforded the same respect as other languages.

The 15th International Congress on the Education of the Deaf (ICED) completed the move back to ASL in 1980, when delegates modified the findings of the Milan Conference, and declared that "all deaf children have the right to flexible communication in the mode or combination of modes which best meet their individual needs."⁷

Finally, in 2010, the 21st ICED held a formal vote to do what the 15th had not: they rejected all of the 1880 Milan resolutions, leaving the Deaf community free to be educated in their method(s) of choice.⁸

1880 - Milan, Italy:
Oralism deemed superior method

1980 - Right to flexible communication to meet individual needs

1960 - Stokoe published *Sign Language Structure: An Outline of the Visual Communication Systems of the American Deaf*

2010 - Freedom to be educated in method(s) of choice

Different Ways of Communicating for the Deaf

Not all Deaf people communicate in ASL; estimates of ASL users vary from 100,000 to 2 million in the United States,⁹ and many adults who become deaf late in life never learn ASL.¹⁰ As a result, when ASL interpreters first meet a patient, they pay close attention to assess which methods the Deaf or HOH person uses to communicate. These include:



American Sign Language

American Sign Language (ASL) is the official language of the Deaf and Hard of Hearing Community in the United States, and all interpreters for the community are trained in it. ASL has its own grammar and syntax, like any verbal language.



English Sign Language/ Signed English

English Sign Language is not an actual language; rather, it places ASL signs in the same order as English grammar and syntax¹¹ to help the Deaf and HOH learn English.



Rochester Method

The Rochester Method resulted from a 1878 experiment by Zenas Westervelt, a deaf educator from the New York School for the Deaf in Rochester, NY. Westervelt intended to replace sign language and encourage English-only communication through manual spelling.¹² For a time, teachers and students were restricted to using the Rochester Method to communicate. But by the 1960s, most schools had abandoned it; teachers and students alike refused to use it due to its tedious and time-consuming nature.¹³



Home Signs

More than 90% of Deaf children are born to hearing parents¹⁴, and as many as 88% of hearing parents with one Deaf child may not learn ASL.¹⁵ To communicate with the Deaf individual in the hearing household, families often invent home signs, which naturally differ from family to family. As a result, these signs are often incomprehensible to those who understand ASL. The use and spread of sign language may be limited if Deaf children do not receive language acquisition in early development.

PART 2: IMPORTANT TIPS FOR COMMUNICATING WITH THE DEAF



Misconceptions When Meeting a Deaf Person

MYTH 1:

The Deaf can understand speech reading (lip reading).

A study of 112 individuals with early-onset hearing loss found that participants could lip read an average of 43% of words correctly;¹⁶ out of a sentence of ten words, a deaf individual may only pick up about four by lip reading. For example, with the sentence, “**He** plays the **bass** in a jazz band **every Monday**,” if lip readers only understood the four words bolded, they would miss a lot of the speaker’s meaning.

“...out of a sentence of ten words, a deaf individual may only pick up about four by lip reading.”

MYTH 2:

Speaking slowly or loudly will help.

Speaking slowly or loudly is considered offensive to a Deaf person, as it seems condescending. Refrain from speaking slowly or loudly unless a Deaf or HOH person asks you to.

MYTH 3:

Writing back and forth in English is fine.

For many Deaf people, English is their second language. ASL grammar is very different from English grammar, so writing back and forth may cause misunderstandings.

For example, a Deaf person may write, “I sick know nothing happen last week hit,” which translates to “Doctor, I’m sick, I’m not sure what’s going on. It started last week.” Someone unfamiliar with ASL may instead interpret it to mean, “I’m sick. I know nothing happened. Last week I was hit,” or something equally inaccurate.

MYTH 4:

Family and friends are qualified to interpret.

Relying on family and friends to interpret for their Deaf loved ones may lead to interpretation errors and liability for mistakes. Also, a patient’s family and friends should not be put in the position of acting as interpreter while coping with a loved one being sick and in pain.

“...a patient’s family and friends should not be put in the position of acting as interpreter while coping with a loved one being sick and in pain.”

What Should I Do Now?

So far, we've focused on what not to do. Now, let's consider what your providers should do when interacting with Deaf and Hard of Hearing individuals:

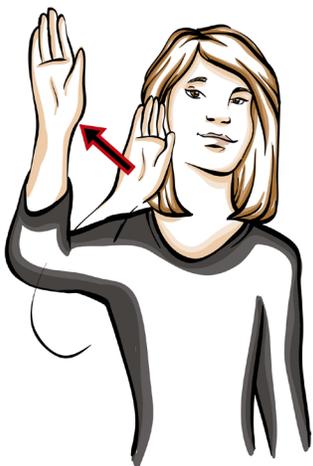
Use a Certified ASL Interpreter to Communicate.

What is at Stake – the Importance of Using Qualified ASL Interpreters

The Americans with Disability Act and Rehabilitation Act of 1973 requires healthcare organizations to provide a qualified ASL interpreter for patients who are Deaf or Hard of Hearing. Failing to use a qualified interpreter in a medical scenario puts both the patient the hospital at risk: Miscommunication may cause mistakes in patient health and safety, resulting in serious harm to patients and lawsuits.

How to use an Interpreter

1. Keep eye contact. Hearing people often converse without consistent eye contact, but it plays an important part in communicating with the Deaf and Hard of Hearing.
2. Speak directly to the Deaf individual and not the interpreter. Avoid speaking as if they are not there or focusing on the interpreter.
3. Be aware of your facial expression. In ASL, facial expression acts as part of the language, and Deaf and HOH patients will be reading what your face is telling them.
4. Use universal signs. "Thumbs up" is a gesture everyone knows. So is smiling.
5. Be considerate - learn basic ASL. Making the effort to communicate, however small, makes a big difference in building a positive interaction.



HELLO



THANK YOU



DOCTOR



NURSE

IS YOUR ASL INTERPRETER QUALIFIED?

Make sure they have:

- A RID (Registry of Interpreters for the Deaf) national certification like NIC (National Interpreter Certification).
- A state license (If required). For example, the Arizona Commission for the Deaf and Hard of Hearing license is required to interpret in Arizona.
- 5 years of medical interpreting experience.



About the author: Victor Collazo is a nationally-certified, professional American Sign Language (ASL) interpreter. He holds a Master-level National Interpreter Certification and has more than ten years' experience interpreting for the Deaf and Hard of Hearing. Victor has held the position of ASL Operations Manager for CyraCom, an international interpreter company specializing in phone and video interpretation, for the past three years. His primary responsibilities include overall management of the ASL interpreters and overseeing CyraCom's ASL-interpretation line of business. Victor holds a bachelor's degree from Rutgers University in Science and earned a degree from Camden County College in ASL Interpretation. He is fluent in three languages: English, Spanish and ASL and is currently studying German. Victor hosts annual community forums for the Deaf and Hard of Hearing community, where he discusses relevant issues pertaining to video interpretation.

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