

2016

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Recommended Citation

Gutierrez, Christina, "The Lack of Diversity Among Sign Language Interpreters Presents Major Challenges for the Health Care Industry Serving the Chicana/o Community" (2016). *2016 Symposium*. 10.
http://dc.ewu.edu/srcw_2016/10

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The Lack of Diversity Among Sign Language Interpreters
Presents Major Challenges for the Health Care Industry Serving the Chicana/o Community

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Author's Note

Christina Gutierrez is a transfer student at Eastern Washington University. This paper was presented at the 19th Annual EWU Research and Creative Works Symposium on May 18, 2016 in Cheney, WA and was submitted as an assignment for Introduction to Chicana/o Culture (CHST 101) in the Winter of 2016)

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Abstract

This paper focuses on Chicana/os who are hearing impaired and the struggles they face. This research project will address the different styles of sign language and different kinds and levels of hearing loss. Using peer review sources I provide statistics on the number of Chicana/os in the United States with hearing disabilities and narrow it down to the number of Deaf Chicana/os in Washington state. In this paper I will address the additional challenges faced by deaf Chicana/os as they attempt to communicate with their families who only speak Spanish; most of the time a sibling is compelled to learn sign language and become their personal interpreters, which brings it own sets of challenges. This paper also addresses the high demand that exist for trilingual interpreters. Finally, this paper address the challenges Chicana/os Latina/os face in acquiring an insurance the properly covers the needs of the hearing impaired in their community.

Key Words: Deafness, Chicana/o Latina/o, Trilingualism

Recently, I have become very interested in the deaf community. I began learning more about the deaf as I began working towards becoming an interpreter. I learned so many fascinating things and I believe people should become more informed about the deaf as well. I took a class about Chicano culture and learned I would have to write a paper that ties Chicanos with the field we are majoring in. I had no doubt that I wanted to learn more about deaf Chicanos.

Before I begin, I want to clarify that there is not only one type of sign. During my time in the Interpreter Training Program at Spokane Falls Community College, I came to learn that there is American Sign Language (ASL), Pidgin Signed English (PSE), Signed Exact English (SEE) and many more. Deafness or hearing loss can happen in many different ways, and there are different types of hearing loss. According to the Hearing Loss Association of America, you can have conductive hearing loss, sensorineural hearing loss or mixed hearing loss. Conductive hearing loss can be caused by many different things; malformation of any part of the ear, ear infections, tumors and trauma to the head. Sensorineural hearing loss can be caused by exposure to loud noise, head trauma, virus or disease, Meniere's disease and aging. Whereas if someone has mixed hearing loss, one would have to conduct tests for both conductive and sensorineural and the doctor will go from there. There is also different levels of hearing loss from being able to hear somethings to not hearing anything at all; mild, moderate, severe and profound. Along with deaf or hearing loss, there are many ways to treat deaf patients such as surgeries or devices to help hear.

According to the 2010 Census, there were about 308.7 million people living in the United States. Of those, there were about 50.5 million people, or 16%, who were of Hispanic or Latino origin. 6,724,540 people lived in Washington State and of those, 755,790 were of Hispanic or

Latino origin, meaning 11.2% of the population in Washington is Hispanic or Latino. I am sharing this information because from the people that lived in Washington in 2010, Gallaudet Research Institute reported 210 students whom were deaf. From those 210 deaf students, 48 of them reported were Hispanic/Latino only, which may not seem like a big number, however, the Nationwide number of deaf students of Hispanic/Latino origin is 11,349 or 30.4%. That alone is students only, not adults, which becomes a large amount of students whom are deaf. This causes barriers not only for the students, but for their families as well.

Fun fact: English and Spanish are the two common languages used widely in the United States. Those of Spanish speaking decent already face a barrier with language and being able to communicate with those who do not speak Spanish. Now, imagine adding a deaf Hispanic student to the mix. The student is exposed to Spanish and their families' Hispanic culture at home, as well as learning English and sign at school. Teachers have adapted ways to help a child who is bilingual, Spanish and English, but that is very different when you add a child who is also deaf. Luetke-Stahlman and Weiner (1982) state, "depending upon the degree of hearing loss and the assimilation of the family into the English-speaking society, Spanish may not function as the first language for Hispanic deaf children...rather a combination of Spanish, English and sign may serve as the primary language". Hispanic deaf students have limited exposure to a language such as Spanish, Spanish sign, English and English sign language and it is said that each student should be given the opportunity to demonstrate which language is most appropriate and fitting to them (Luetke-Stahlman & Weiner, 1982). With this being said, the student can face problems at home and school. The student may not be aware that there are indeed three different languages. At home, there may be problems where the parents are unable to understand or communicate with their child because they do not know how to sign. Some of these students, perhaps, have

siblings, in which they would become the bridge to communicate with their family. Their siblings begin to learn sign as well since it is easier for children to pick up a new language than adults. I did come across a similar situation like this, where the family had a deaf child and the sibling was being taught sign. The sibling then became the ‘interpreter’ for the family until the parents began to slowly pick up some sign. The deaf students’ sibling would then become trilingual; Spanish, English and Sign. Steinberg, along with others, did a survey with eight different Hispanic families on how they made decisions. Their decision-making was definitely difficult; they were influenced by emotion, beliefs, and values. Those parents whose child had recently been diagnosed deaf or hard of hearing, sought help from professionals whom shared the same culture and language as them (Steinberg). Overall each family is different and will choose the preferred language that they think is more fitting. Even if they choose to have all three or just two, it’s for their child’s future. Most of the families had only one option for their child; combination of sign language and speech.

“Most parents wanted their children to learn English or American Sign Language first and often expressed their certainty that their child could eventually learn Spanish, yet few spontaneously reported having discussed this with professionals. Some expressed negative feelings about the insensitivity of professionals to their native language and the right of the child to be supported in his or her “native” language (Steinberg).

Which leads me to talk about trilingual interpreting. In 1999, Mano a Mano was created in Boston Massachusetts. It was created because the founders realized the need for trilingual interpreters. The Mano a Mano website states their mission,

“As an organization of trilingual (Spanish-English-ASL) interpreters that believes in high quality services for our Deaf and hearing stakeholders, it is the mission of Mano a

Mano to provide an infrastructure for access to trilingual interpreting resources, support professional development for trilingual interpreters, educate the public about trilingual interpreting, and advocate for appropriate policies concerning the provision of trilingual interpretation” (Mano a Mano).

There is a high demand for trilingual interpreters mostly in the areas where there is a large amount of ethnic populations. I found that if anyone is interested in becoming certified as a trilingual interpreter, they should definitely check San Antonio Community College. That is the one school I found that offers the Trilingual Enhanced Certificate. The requirement for that school is that the person of interest should have graduated from an interpreting program or Registry of Interpreters for the Deaf (RID) Certification. With the high demand of trilingual interpreters, it makes it difficult for a child to have that interpreter to help communicate with especially during school conferences.

Now let’s talk about health insurance and how that affects Hispanic deaf families. Jessica Smith and Carla Medalia state that Hispanics had the lowest rate, 80.1%, of health insurance in the year 2014 compared to other ethnicities. As well as having the lowest rate of private health insurance at 48.7%, and then government coverage at 39.5%. Uninsured children had about 9.6% of Hispanic children, non-citizen children was 20.8% and native born citizen children was 5.8% (Smith, Figure 6). In order for families to get insurance they look at different things; the size of the family and income that family makes. Having insurance is a big deal for deaf families to have, whether it helps with coverages for hearing aids and/or cochlear implants.

A recent survey by the Hearing Review shows that hearing aids cost around \$4,000 a pair and most insurances won’t cover the cost. I found that Medicare actually doesn’t cover hearing aids and Medicaid depends on the state you reside in. A hearing aid is a piece of device that

helps deaf or hard of hearing people hear better depending on the level of hearing loss they have. There is many different styles of hearing aids; for mild to moderate hearing loss there is Completely-In-Canal (CIC), moderate to severe has Behind-The-Ear (BTE), mild to severe has In-The-Ear (ITE) and a few more (Comparing...). The reason why hearing aids cost so much is because there is a lot behind getting a hearing aid. You have to consult a doctor to see if hearing aids are the best solution for you and which one would be best. Then they have to go through fitting the hearing aid to the patient's ear, have follow up appointments, cleanings and sometimes includes warranty from 1-3 years. According to Healthy Hearing 20 states are trying to add a policy that health insurances have part or full coverage for children's hearing aids. Whereas only three states are trying to do so for adults. "Arkansas and Rhode Island require that health insurance companies provide a benefit that can be used every three years; New Hampshire requires that the benefit be available every five years" (Dybala). It is also suggest that if you are wanting to purchase hearing aids you should first call your insurance and ask because plans are always changing.

Along with hearing aids there is also cochlear implants, which you need a medical surgery for. The doctors will go in and implant a device that stimulates directly to the auditory nerve. The transmitter and speech processor are left for the outside, the transmitter will attach magnetically to where the implant it and processor goes behind and around the ear. Cochlear implants are not eligible for everyone, "Children as young as 12 months of age who have severe to profound hearing loss in both ears and who demonstrate little progress in the development of auditory skills may also be considered candidates for some implant devices" (Cochlear...). Steinberg survey shows how family 1 was not able to get cochlear implants because their child had some amount of hearing and speaks clearly. Whereas family 2 the doctor said that their

child, 3 ½ years old, was able to get some, but the family dismissed that option because it costed too much and their insurance wouldn't cover it. Again the doctors brought the option up a year or so later, their medical plan approved of the surgery and they decided to go through. Family 2 also talked with parents who their children had also received the implant, which I think is really good for families to talk to one another. Some families in this survey got informed about cochlear implants from doctors, families or outside resources. American Speech-Language-Hearing Association (ASHA) stated that cochlear implants normally exceed \$40,000 and they are covered by Medicare Part B under "prosthetic devices". ASHA also stated that although the person has received the implant they are not finished with the process; they are required to maintain and care for the implant, as well as returning for follow up services, necessary adjustments reprogramming and annual check-ups. I had the opportunity to also work with a child with cochlear implants and it helped me improve and learn as an interpreter.

After my three years in the Interpreter Training Program I learned a lot about the deaf culture. It has made me change my views about deafness and created my passion for interpreting. As well as researching deeper into deaf Chicanos and the struggles they also face. People face many barriers whether it is coming to a new country and having the Spanish-English language barrier to being a deaf Chicano and adding that to the mix. I hope people start to become more aware about deafness no matter the ethnicity.

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