



TRI-VISION QUARTERLY NEWS

WINTER 2009

Updates from Healthcare Task Force by Tina Thompson

When I was asked to write about the RICDHH's Healthcare Task Force for RICDHH's Trivision's quarterly E-zine, I thought to myself, this is good timing. As you know, there has been considerable publicity on healthcare issues on Capitol Hill as Congress has been working furiously on a comprehensive overhaul of the health care system. It is a goal to have almost all people to have access to health care coverage. Of course there are currently bipartisan differences on the Hill as

to what the reforms should entail. But ultimately, there will be a plan for healthcare reform soon.

In any case, as a Deaf or Hard of Hearing person, we need something more than healthcare reforms. What we need is appropriate communication access when we utilize the hospital setting for emergency needs, or to be able to better understand our medical needs when we see the primary care physician, or medical specialist, or we also need accommodations if we are participating in group

therapy sessions at a local mental health clinic. The sad thing is that the law has been on our side since 1973 when the section 504 of the Rehabilitation Act was defined or since 1990 when Title III of the American Disabilities Act was signed. These laws have not been followed consistently by many institutions such as hospitals, professional offices of healthcare providers or social service organizations.

The Healthcare Committee was formed to conduct an in-depth assessment of this very

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From Executive Director's Corner

Welcome to our 1st issue of the RICDHH Tri-Vision Quarterly Newsletter through electronic channel. The purpose of the newsletter is to raise awareness about current challenges and barriers that Deaf and Hard of Hearing Rhode Islanders face. It offers the updates on RICDHH's latest activities, legislative news, and many others. On each issue of the newsletter in the coming months will be based on a specific theme such as mental health, education, accessibility, arts, technology, and many more. We will produce 4 newsletters a year (Fall, Winter, Spring, and Summer). Most importantly, I want to thank the contributors who volunteer their time to write the articles about their professional or personal experience on a certain issue for this newsletter. Please do share the RICDHH Tri-Vision Quarterly Newsletter with anyone who you think will benefit from it. If you have some ideas or suggestions to improve the RICDHH Tri-Vision Quarterly Newsletter, please do not hesitate to contact us. Once and all, enjoy reading!

Steven A. Florio, RICDHH Executive Director

Mission Statement: *To provide innovative leadership in public policy, advocacy, service delivery and accessibility throughout the Ocean State, RI CDHH ensures opportunities for each deaf and hard of hearing person to become an empowered, contributing citizen.*



By Sandra Mascola

“ACCESS TO HEALTHCARE TO TREAT MY HEARING IMPAIRMENT HAS EMPOWERED ME, AND FOR THAT I AM THANKFUL.”

I understand that I’m one of the lucky ones - lucky to have access to healthcare in Rhode Island with benefits that cover hearing impairment equipment. For me, access has meant the difference between working in a field with a career that I love, or accepting a less advantageous position in which I would not be able to utilize my education and skills to their full potential. Access to healthcare to treat my hearing impairment has empowered me, and for that I am thankful. Still, negotiating the healthcare system in order to learn of and obtain those benefits have not always been easy.

When I first used my benefits to pay for my hearing aids in the year 2000, not only was my audiologist unfamiliar with the benefit, but the Rhode Island office of my Health Maintenance Organization (“HMO”) was unfamiliar with the benefit as well. It was unheard of at the time that any hearing aids or related services were covered under a health care plan. Such coverage was not just uncommon, it was simply not done...at least not here in Rhode Island.

My employer’s corporate office was located out of state, and my health insurer was actually located in Arkansas.....with a large branch here in Providence. Because my audiologist was in-network with the Rhode

Island branch, he was required to submit all claims for payment through that office. The Rhode Island branch was at first unable to process the claim, and denied coverage.....because they didn’t have a “code” to process claims for hearing aids. Many weeks and letters later, I finally received my coverage.....but it took a lot of perseverance on my part. I’m happy to say that, today, coverage for hearing aids for those with healthcare benefits appears to be much more common. After the year 2000 incident, and even after I changed employers and health care plans, that large Rhode Island insurer covered many more hearing aids for me.

Over the past several years, my healthcare benefits have enabled me to cover most of the cost of hearing aids, and through my Flexible Spending Account with my employer; I have been able to cover the costs of batteries and co-pays, as well as the balance of the costs of hearing aids that were not covered under my healthcare plan. This has enabled me to maintain my aids and obtain newer ones as my hearing decreased or the aids wore down.

Last year, though, I was advised by my audiologist that I had reached the peak for benefit from hearing aids. It was time for me to consider the long dreaded decision to have a cochlear implant. I

dreaded making the decision because, first, I didn’t want to admit to myself that my hearing had deteriorated to the point that even the most powerful hearing aids would provide no benefit, and secondly because it was a risk that I had to weigh in my mind because, as I understand it once the surgery is done, there is no turning back; and finally, I was really concerned about the cost. I was not sure if my healthcare plan would cover the cost of the surgery and the external equipment.

When I asked my audiologist about the cost, I was advised that, because the costs of the implant and external equipment were so high, the hospital would require pre-approval before they would even set a surgery date. In my case, the pre-approval process requires completing basic paperwork and sending it to the Cochlear Implant manufacturer. Once the manufacturer receives the package, they in turn contact the HMO. I was told that this can take up to six to eight weeks. Not content with that information, I also contacted my insurer to find out exactly what was and what was not covered.

To my astonishment, my insurer would not provide me with the information. Because my husband is the employee insured, and I am “only” on the plan as his spouse, the HMO would not



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give me ANY information without his approval. Believe it or not, this took several days to get, because the organization did not want to give me any information or approve me at first because I was calling through a Relay Operator who (in their mind) is a third party, who should not have access to protected health care information. It took me several calls, and supervisors later, to get an individual to understand that I had to use a Relay Operator to complete the call and that relay operators are considered secure individuals who are bound to confidentiality.

Once I got that part out of the way, the HMO still had to call my husband (with me on the other line) to ask him if I had his permission to access the “protected healthcare information”. Lucky for him, he agreed and I was able to ask all of the questions that I wanted. I was frustrated, though, because I don’t believe the nature of my questions regarding what MY covered benefits are, should be treated as protected information. I can see if I was asking about what my husband, or anyone else, has been treated for, or something along those lines, but I could not for the life of me understand why they can’t (or won’t) tell me what my benefits are. I thought that, if they can’t tell me, how on earth would they tell the cochlear implant manufacturer? Eventually, I

did get the information that I wanted to ease my mind. My healthcare benefits covered the surgery at 100% and the external equipment at 80%. The manufacturer, however, was not so lucky. They were not able to get any information or pre-approval from my HMO, though they did receive an email from them stating that “although they do not provide pre-approval” they can advise that cochlear implants are covered under the insured’s benefits package.”

I went ahead with the implant, and it has made a significant difference in my life and career. Although I had been successfully wearing hearing aids for at least 25 years, I had no idea the extent of my hearing loss. I was missing more words than I had ever imagined. I was happy with my decision to have the implant, but there was still the nagging question of the costs.

Several months after the surgery, though, I had not received any type of bill or accounting from either the hospital or my insurer. I was nervous about that, because I was not sure what the total bill would be. I had tried to obtain that information, and was frustrated once again because not one person, not my audiologist, not the manufacturer, nor the hospital could tell me exactly what the cost of the surgery and equipment would be. Finally, I was able to contact the hospital billing department to see if there was a bill that

would be coming to me. I was extremely grateful to find that my balance for the surgery and equipment had been paid in full by my insurer. That was a relief, to be sure, but at the same time, I was flabbergasted that I had not even been provided with an accounting. I asked for a detailed accounting, and the hospital staff happily agreed. She mailed the accounting to my home, where I was bowled over to find that the cost of the surgery and implant was over \$69,000.00. I would never have been able to afford this on my own, and I am thankful for my HMO benefits.

Since the implant, my life and career have improved dramatically. Where I once depended on a relay operator to make phone calls, I can now make, and answer, my phone without assistance. Additionally, now that I am not relying on hearing aids, which essentially only increase volume, I am able to better discern speech in meetings and teleconferences. I am even able to overhear the all important “water cooler” conversations that I had no idea covered so many topics relative to the current events in the office and the industry.

Yes, I am one of the lucky ones. I have access to healthcare in Rhode Island, and that access has helped to empower me in my career and in life in general. Access, alone, however is not the only obstacle you may face. You must have the information

that you need in order to make informed decisions regarding your healthcare options. You may have to do your own digging and fact finding, just as I did over the years, in so doing, you must persevere and don’t be afraid to ask, ask, ask and keep asking until you get the answers. You may find that the benefits are out there, you just don’t know about it. It is not always easy, especially when you are deaf or hearing impaired, but the more we ask about our benefits, the more common they will become. Hopefully, someday, we will all be empowered through access to healthcare to treat our deafness and/or hearing impairments.





By James Litvack

“IT IS VERY IMPORTANT THAT DOCTORS UNDERSTAND WHY AN ACCOMMODATION IS BEING REQUESTED.”



Going to a medical doctor or test can be an anxiety filled emotional roller coaster. Add to the fact that you have to deal with the stress of wondering if you will be able to communicate with the medical professional. Even when an office provides accommodations we all experience the stress of wondering if the accommodation will be in place. The best technology can break. The most responsible sign language interpreter is still at the mercy of an accident on 95 causing bumper to bumper traffic.

A few years ago I experienced an unexpectant drop in my hearing. Nearly overnight all of the strategies that I had become used to, such as FM systems and powerful hearing aids, were rendered useless. Previous to that I would just explain to a doctor that I needed a quiet room, that I needed him or her to speak directly at me and that he or she should not be afraid of the microphone of my FM system. I found that by explaining my needs, the professionals were happy to accommodate me. In fact, I remember one doctor who suggested I schedule at certain times because the office was not as busy and therefore not as noisy. I remember another time when that little hole in the glass separating me from the receptionist was not enough to allow me to hear her. I politely explained. “I

have a hearing loss and I can not hear you through this glass.” She reached over and unlatched something that allowed her to completely slide open the glass allowing us to communicate.

Then I found myself in a situation where I would want to use ASL interpreters. I was concerned how would my doctors react? I had trained them all so well in the methods I had used and now that was all going to be thrown out the window. I was most concerned about my eye doctor. During my visits with the eye doctor, they put drops in my eyes and shined bright lights into my eyes. This makes reading of lips and facial expression impossible. I decided to write a letter to the doctor’s office explaining why I would be asking for an interpreter and why I would be using a different communication method for future appointments. When I called for an appointment and requested the interpreter I was prepared to give them the Rhode Island Interpreter Referral number. It turns out they already had it. Evidently another Deaf patient had done me the favor of educating this particular office. This brings up an important thing: when you advocate for yourself, you are not just advocating for yourself but also for future patients who will use an

accommodation for communicating.

Another experience I had was a year after my first Cochlear Implant. I experienced a medical emergency (of which I am fully recovered from, unrelated to the Cochlear Implant) and was taken to the emergency room. Every new person that came into the room got my standard “I have a hearing loss, I use a CI, speak clearly” greeting, but one issue was that people kept sitting on a chair that was on the left side of the bed. At that time I had only one CI and it was on the right. After asking a few times if the person could get up and come to my right side it finally dawned on me to have them move the chair to my right side and move the bed against the left wall- therefore anyone walking into room would automatically be on the “right” side.



I think it is important that patients and doctors be able to communicate in a manner in which the patient feels comfortable. It is very important that doctors understand why an accommodation is being requested. I have been very fortunate that I have had positive experiences but I know that is not always the case for others.

H1N1 Flu and You By RI Department of Health

H1N1, also called swine flu, is one type of flu virus that first appeared in April 2009 and has caused a pandemic throughout the world. A pandemic occurs when a new virus develops and people do not have immunity to the new virus. The new virus can spread quickly and infect many people at the same time.

The flu virus spreads when people come in contact with droplets from a sneeze or a cough or touch a surface where these droplets have landed. The virus can enter your body through your nose, eyes, or mouth. If you touch a surface that has virus on it and then touch your nose, the virus can get into your body. People who have the flu can spread it to other people one day before they show symptoms and up to seven days after they develop symptoms.

When you get the flu, you may experience a variety of symptoms. Most people who get the flu will have a fever plus a cough or a fever plus a sore throat. Other symptoms may include a runny or stuffy nose, body aches, headache, chills, fatigue, vomiting, and diarrhea.

If you have influenza-like illness (a fever plus a cough or a fever plus sore throat), stay home from school or work. Most people will recover from the flu with extra rest, fluids, and fever-reducing medications like Tylenol or ibuprofen. **Anyone 18 years of age or younger should not use aspirin to reduce a fever, because it can cause Reye's Syndrome.** You can return to work or school when you have been fever-free (temperature less than 100.4°F/38°C) for 24 hours without the assistance of fever-reducing medications.

Some people are more likely to experience serious symptoms or develop complications when they get the flu. These high-risk groups include young children, adults age 65 and older, pregnant women, and anyone with an underlying medical condition. Anyone who is in a high-risk group should call their healthcare provider immediately if they have flu-like symptoms.

Sometimes, people with the flu get very sick and require immediate medical attention. Seek emergency care immediately if you or someone you know has any of the following symptoms:

In adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

In children:

- Fast breathing or trouble breathing
- Bluish color on skin or around mouth and lips
- Dehydration (no tears, dried lips and mouth, not drinking enough fluids)
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and a worse cough
- Fever with a rash

There are things that everyone can do to prevent the spread of the flu and many other illnesses:

1. Wash your hands frequently with soap and warm water. If soap and water are not available, use an alcohol-based hand gel.
2. Cover your coughs and sneezes with your elbow or a tissue and throw away used tissues.
3. Do not share eating or drinking utensils.
4. Get the H1N1 vaccination when it is available to you. Vaccination is the easiest, safest, and most effective way to protect yourself and your family.

For the most current information about H1N1 and H1N1 vaccine availability, email h1n1@health.ri.gov, visit the Department of Health's website at <http://www.health.ri.gov>, or call the Department of Health's H1N1 Information Line at 222-8022/RI Relay 711. Rhode Islanders can also follow the Director of Health on Twitter at <http://twitter.com/RIDEPTOFHEALTH>.





By Anne McDonald

“HOWEVER, I WOULD
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I'm a mostly oral-deaf person who communicates chiefly through speech and lip-reading. I did not learn sign language until later in life but have been using sign language interpreters for over 25 years now. I request that interpreters use PSE (Pidgin Signed English) with me, which is a mix of ASL signs and English grammar. For routine medical appointments I get by with lip-reading and writing notes, even though I admit that this does not always result in effective communication. At times I refrain from requesting an interpreter out of privacy concerns, even though I'm aware that this concern is misplaced.

Two years ago I needed minor elective surgery. Because I had never had any type of surgery before other than having my tonsils out as a child and had no idea what goes on in an operating room, I was very nervous and apprehensive and put it off for as long as I could. When I finally decided to go ahead with the surgery, I requested an interpreter and one was provided for me at both the pre-admission testing and the surgery itself. Communication at the pre-admission testing was flawless through the interpreter.

A few weeks later, I reported to the out patient surgery center. The interpreter, whom I will call Jane, appeared shortly

afterwards. We chatted a little in the waiting room, which helped me to relax a bit. Soon we were called into the prep room. What follows would be familiar to anyone who has previously had non-emergency surgery. It was a bewildering mix of equipment and medical personnel. I felt like I was a suspect being questioned by law enforcement. The questions came fast and furious: "Do you have any jewelry on you?" (I thought to myself: *Shall I check my navel to see if someone has secretly implanted a gemstone I didn't know I had?*) "Did you eat breakfast?" (Trick question: answer yes and the surgery is cancelled.)

The words flowed smoothly through Jane's hands. There was just one slight hitch: when the nurse was inserting an IV line, the interpreter used a sign without lip movements that looked to me like 'make a fist' and I clenched my palm when I should have relaxed it. Thus, the insertion failed and they had to do the other arm. (Ouch!) This does seem a bit funny in retrospect. Other than that everything went fine. I was awake through the entire operation, which took about half an hour, but I could not see what was happening so it is just as well that the interpreter did not go into the operating room with me. Jane met up with me as soon as I reached the recovery room and stayed with me until I was

almost ready to go home. I'm very grateful to her for her dedication. I believe the health care providers worked quite well with the interpreter and me. However, I would have liked to have known what the doctors and nurses were saying around me, about my case, but not directly to me, as hearing patients probably pick this up, whether they understand the medical terminology or not. I imagine it is not practical, as interpreters may not understand the medical jargon unless they are devotees of television shows like E.R.

I was very thankful to have an interpreter with me for the surgery, especially



because it was my first time. I have read many sad accounts where deaf people have been denied interpreters by doctors and hospitals or have been forced to use family members even children. I don't know how often this continues to happen in Rhode Island, but hopefully much less than in the past. I would like to thank those Deaf individuals who have challenged the system in years past and made it possible for me to have a positive experience. We must continue to advocate for our needs and educate health care professionals.



By Michele Neiley, Sign Language Interpreter

“WHEN THE PATIENT TRIES EXPLAIN THE ROLE OF AN INTERPRETER AND THE TYPE OF COMMUNICATION THEY PREFER OR I TRY TO MAKE AN ATTEMPT, THERE REMAINS A LOOK OF CONFUSION ON THE DOCTOR’S FACE.”



It has long been my hope that every Deaf patient be treated with patience, understanding, compassion, respect and quality care. In order for an appointment to be successful, communication must be at its highest standard. So many times I have heard from the professional, *“last time he was here we wrote back and forth on paper, I don’t understand why we can’t do that again?”* When the patient tries explain the role of an interpreter and the type of communication he or she prefers, or I try to make an attempt, there remains a look of confusion on the doctor’s face.

Most recently I have had the same experiences with two different doctors. The patient and I were waiting in the examination room chatting about the appointment and the purpose of the appointment. The patient had some concerns and wanted to bring up some of the points to the

doctor. When the doctor arrived and greeted the patient, and then pulled a curtain between the patient and me while starting the exam. From my side, I told the doctor I would not be able to do my job. On the other side, the doctor was saying that the patient needed his/her privacy. In the mean time, I can hear the patient making a request to open the curtain. But the doctor was telling the patient that he/she couldn’t understand what was being said. Both times the patient had made it very clear what my role was and that my respect for his/her privacy had already been established. The patient also had to physically open the curtain on their own in order for me to interpret their wishes. The doctors then went on to hand me the check out slip, follow up appointment, and prescription papers as if the patient is unable to process these themselves. At the same time,

the doctor was explaining what the prescription was for and how often and for how long it should be taken. When the patient finally received the paper work and had time to review it and ask questions, the doctor stared at me and said, *“Didn’t I just explain that?”*

Self advocacy and educating the doctors are very important to your quality of care, as is having a relationship with your doctor. It is also important for you to have an updated list of medications you are taking. If you recently had a CAT scan, MRI or x-ray, bring them with you and write down the name of the office where you had them done. Know your Primary Care Doctor’s name and address. If you need support bring a friend or family member. And finally, if you are uncomfortable or don’t like the doctor, change to another one.

Helpful Healthcare Resources

- [Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings](http://www.ada.gov/hospcombrprt.pdf)
www.ada.gov/hospcombrprt.pdf
- [Deaf Health For Deaf and Hard of Hearing Community](http://www.deafdoc.org)
www.deafdoc.org
- [Deaf MD.org](http://www.deafmd.org)
www.deafmd.org
- [Heath Care and Mental Health Services](http://www.nad.org/issues/health-care)
www.nad.org/issues/health-care
- [Hospitals and Other Health Care Facilities](http://www.nad.org/issues/health-care/providers/hospitals)
www.nad.org/issues/health-care/providers/hospitals
- [H1N1 \(Swine Flu\): Resources for People who are Deaf and Hard of Hearing](http://www.cdc.gov/H1N1FLU/DEAF.HTM)
www.cdc.gov/H1N1FLU/DEAF.HTM

ADA Information Series: Healthcare

If you would like to have a copy of RICDHH’s ADA Information packet on Healthcare, please email to cdhh@cdhh.ri.gov.



By Brian Hubbard

“THE FUNDAMENTAL FOUNDATION OF THE HUMANISTIC VALUE IS THAT THE BEST WAY TO GET SOMETHING IS TO GIVE IT, THUS THE BETTER WAY OF GETTING AWARENESS IS TO GIVE IT TO OTHERS.”



In grad school, we were required to read a very important book. I am so glad I read that darned book with the uninspiring title, *Value Clarification*. Simply put, *Value Clarification* details how each of us prioritized certain values. I emphasize the word prioritize because value clarification does not mean to select one value at the expense of excluding another. While the range of values is expansive, our values are directly connected to our unique philosophy of what would make this a better world. For example, some of us may prioritize marketing values, placing weight on improved life quality for some in the business world; while others may prioritize religious values, placing weight on improved quality of life for some in the religious world; yet others may prioritize humanistic values placing weight on improved life quality for everyone in the whole world. However, it is my belief that only the humanistic value recognizes the sanctity of all values since humanitarians truly do embrace all philosophies and viewpoints, desiring values to be collaborative with other values, not competitive. Value clarification is not only crucial in clarifying our own positions with respect to access to health care by all, hearing challenged or otherwise, but also helps in the acceptance of differing values on this same hot topic.

It is only through the understanding and acceptance of our own sacred values can one truly empathize with others of differing values.

In turn, it is only through empathy that the hearing world can understand the needs of the hearing challenged, and the hearing challenged understand the needs of the hearing world. This mutual and sensitive understanding offers a far greater likelihood of acquiring better health care access for all, certainly including the hearing challenged. Empathy is the cornerstone of empowerment. And effective communication is the cornerstone of empathy. My world view is anchored in humanistic values and is chosen with serenity for the simple reason that I believe with all of my heart that there are enough tangible and intangible resources on this planet to go around to each and every member of this plentiful planet, regardless of our unique human limitation. This declaration of human limits holds water for each and every one of us, whether we are limited in our hearing abilities, our vision abilities, our intellectual abilities or our sensitivity abilities. All of the previously mentioned limits are rooted in the universal limit, limits in awareness and this is what growth is all about; growth is a fundamental human responsibility and to grow means to become more aware.

Thus, for hearing challenged folks, may I propose that we not only focus on making others more aware of our unique needs but that we also become more aware of the various unique needs of the hearing world, inevitably leading to awareness of everyone with unique needs, certainly including the hearing challenged. Imagine what kind of an impact we hearing challenged can have on the hearing world when we present ourselves as great listeners as well as great speakers, because listening is the most effective tool of empathy. The fundamental foundation of the humanistic value is that the best way to get something is to give it, thus the better way of getting awareness is to give it to others.

Let me summarize my Eight Elements of Empowerment (Triple E for is-eased, not dis-eased) to clarify how we can better access quality health care:

Empowerment Element (EE) #1: SELF-AWARENESS- Accepting our limits and appreciating our strengths during our willingness to grow will lead to total acceptance of ourselves and heighten abilities to accept others.

EE #2: RESPONSIBILITY - literally meaning ‘response-ability’, selecting the most effective strategy to respond to other’s lack of awareness and outright

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ignorance relating to our needs, responses other than knee-jerk outrage to insensitivity and lack of understanding to develop powerful methods of engaging others and reaching solutions for all. Again the best way to get sensitivity is to give it to others.

EE #3: GOAL-SETTING - setting goals for our overall physical, mental and spiritual well-being in a pro-active manner; determining what the best steps are to attain these goals.

EE #4: SOLUTION-FOCUSED - Focusing on the question ‘Why not?’ rather than ‘why?’, focusing on the solution rather than the problem because focusing on the solution gives us energy whereas focusing on the latter leads to pessimism and defeatism.

EE #5: COLLABORATION - working collaboratively, not competitively, with others to reach health goals and the spirit of collaboration is usually more fruitful when the goal goes beyond yourself, to help others as well as yourself. Again, ‘giving to get’. For example, if we are advocating for the use of interpreters in the doctor’s office and the issue of cost is countered, we listen to that issue with sensitivity and suggest that we help in addressing that issue so that the collaboration becomes a ‘win-win’ situation.

EE #6: GENUINENESS - Authenticity is a key element

in empowered people, saying what one genuinely thinks and feels, not what one thinks another wants to hear, but saying in a diplomatic and non-threatening manner. This can only happen when you truly believe in what you are saying because, ultimately, truth is vibrational, which is something all empowered people understand as an absolute truth.

EE #7: EMPATHY-again, the cornerstone of empowerment, this element is crucial for effective communication with all in the health care delivery system. For example, we often develop better relationships with our health care providers when we take their needs in consideration as well (e.g. how overloaded they can be in the days of ‘managed care’). [Author’s Note: please contact me if you wish to read essay on Empathy]

EE #8: GROWTH-ORIENTED - understanding that growing never stops, meaning no matter how empowered we become, there is always room for improvement, always room for learning and growing to become even better members of the health care system, whether as advocates, educators providers or customers. Again, with giving to get in mind, the true fertilizer for growth is love and unconditional love is not possible unless we unconditionally love ourselves. It is this simultaneous synergetic love for ourselves as well as others

that lays the groundwork for our spirits to evolve, a spirit that frowns upon ego-driven competition.

It is only through the satisfaction of love that we desire not only our own physical and mental satisfaction, but the satisfaction of others as well, again, especially those whom we love. Thus, love is the fertilizer for human growth, not only a desire for growth in us and our families, but in the world around us as well. And this desire for growth to grow on the planet expands the boundaries beyond ourselves and our families into the world around us, the entire world. Thus, ego-driven competition places greater weight, often subconsciously, on such human conditions as rugged individualism and anything-goes work ethics whereas spiritually-driven collaboration places greater weight on the unavoidable human condition of lending a helping hand and a do-unto-others-as-one-would-do-for-oneself ethic. A survival of the fittest mentality is the root of the competitive intellect whereas a warm heart is the root of the collaborative spirit, the former condition acknowledging that only shrugs are necessary when others fall by the wayside while the latter recognizes that genuine compassion can prevent anyone less than the fittest from being left behind. So, my hearing challenged friends, let us empower ourselves by being clear to others – whether it be ourselves, friends, health care providers or legislators – not only what our needs are, but the needs of others are as well, whether it be the needs

of the visually challenged, the hearing challenged, the intellectually challenged or the sensitivity challenged. And the most powerful way to communicate this need is to communicate with empathy, to truly understand where the sensitivity challenged are coming from, for it is only in this understanding can we hope to be understood, and it is only through mutual engagement that working solutions can be possible.

Legislative News

The Rhode Island State Legislature passed two House and Senate Bills on Telecoil Technology and Campaign Funds for Captioning.

Telecoil Technology:

House Bill 5655 and Senate Bill 0553, requiring state-licensed audiologists and hearing aid dispensers to educate their consumers about telecoil technology and the Rhode Island Adaptive Telephone Equipment Loan Program.



Campaign Funds for Captioning:

House Bill 5570 and Senate Bill 0383, identifying and including communication access expenses to ensure participation by deaf and hard of hearing individuals as a permitted use of campaign funds





*How to request a Sign Language Interpreter or
Communication Access Realtime Translation (CART*)*



Statewide Sign Language Interpreter and CART* Referral Service is administered by the Rhode Island Commission on the Deaf and Hard of Hearing (RICDHH). Emergency and non-emergency interpreter and CART* referrals are available for a variety of settings that require reasonable accommodation.

THE REFERRAL SERVICE PROCESS

- Contact the Interpreter/CART* Referral Service to secure an interpreter or CART* by the following contact information:
 - (401) 222-5300 Voice
 - (401) 222-5301 TTY
 - (401) 354-7630 Videophone
 - (401) 222-5736 Fax
 - Email: interpreter@cdhh.ri.gov
 - AOL IM: RITerpReferral

- Provide the following information:
 1. Name and phone number of paying party
 2. Name of deaf or hard of hearing person (client/consumer)
 3. Date, time, and place that service is needed
 4. Type of assignment (medical, legal, business, etc.)
 5. Consumer's preferred communication mode for interpreter (ASL, Sign English, Oral, CDI, Tactile)
 6. Preferred interpreter or CART* provider if any

- The referral service will attempt to secure an interpreter or CART*. If an interpreter or CART* is secured, paying party's name and pertinent information will be given to the interpreter or CART* provider. After the service has been rendered, the paying party will be billed for the service.

PLEASE NOTE

- Request an interpreter or CART* at least two weeks in advance of scheduled appointment. The more advance notice given, the more likely a request will be able to be filled.
- Placing a request for service, does not guarantee an interpreter or CART* provider will be found to fill the request.

* Pilot Basis only

(Continued from page 10)

PAYING PARTY'S RESPONSIBILITIES

- All interpreters and CART* providers will be paid for a 2-hour minimum. Any questions regarding currently hourly rate, please contact the Referral Service.
- Maintain appointment with the client/consumer and the interpreter or CART* provider. It is important to keep both the client and service provider informed of any changes that should occur in the scheduling.
- Should your agency need to cancel, the interpreter is to be given 48 hours notice and 24 hours notice for CART* provider. If the cancellation notice is not given, the paying party is still responsible for payment of the service for specified hours.

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973

Under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, Interpreter and CART are considered as part of services which can be used to provide reasonable accommodation to ensure effective communication. This means that any entity covered by the ADA – offices and services of local and state government, public and private schools, places of public accommodations such as doctors' offices, hospitals, movie theaters and more – should provide interpreter or CART when requested to do so at no expense to the Deaf or hard of hearing clients who require reasonable accommodation to participate equally in the services or programs said entity is offering to the general public.

[FOR INFORMATION ABOUT EMERGENCY SIGN LANGUAGE INTERPRETER SERVICE: GO TO PAGE 14](#)

RICDHH Recognition Award - Coffee Hour 11/4/09



Rhode Island Commission on the Deaf and Hard of Hearing would like to recognize

James Litvack,
HLA-RI and PARI

For his commitment to educate and raise awareness about independent living issues that affect the life of the Deaf and Hard of Hearing Citizens in Rhode Island

Congratulations! 

Updates from Healthcare Task Force by Tina Thompson

(continued from page 1)

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issue for our Deaf and Hard of Hearing consumers. As the result of hard work put forth by the committee members, we now have a task force which is a smaller working group that is assigned to identify an action plan. The plan involves creating an in-depth curriculum for training of healthcare providers and behavioral health care providers on the need and importance of communication access for the Deaf and Hard of Hearing. If there is no appropriate communication access, then it is safe to say that there won't be adequate healthcare delivery of service between the medical professional and the Deaf/HOH consumer. The Task Force also recognizes the need for a consumer educational series: that is to provide seminars or workshops such as "how to advocate for oneself

when accessing the medical or behavioral health care setting", "what are your rights under the ADA" and how to ask and get the accommodation(s) that meet your specific communication needs. We are also planning a curriculum for providing informational workshops on specific medical needs such as diabetes in ASL for the Deaf consumers. And also to provide workshops on developing better coping strategies for the Hard of Hearing consumers for

communicating with medical/behavioral health-care professionals.

As the co-chair of this task force, I believe we are on the right track on creating and implementing a plan to improve the delivery of healthcare services to the Deaf and Hard of Hearing Consumers. I invite you to feel free to email me with any questions, thoughts or concerns relating to this project. You can reach me at cthom27062@aol.com I look forward to hearing from you!

Healthcare Accessibility Task Force Committee:

Tina Thompson, Co-Chair member and CDHH Commissioner
James C. Simon, Co-Chair member and CDHH Commissioner
Christine T. Harkins, Committee member
Debra J. Raiche, Committee member
Steve Florio, CDHH Staff
Pamela Zellner, CDHH Staff

What's in a Name?



Excerpt from Fall 1996 issue of TriVision RI newsletter:

Bruce Bucci, a Deaf member of the grassroots Task Force that developed the CDHH and the first CDHH chair, created the term "TriVision." TriVision captured the Task Force's belief that people who are

Deaf or cope with deafness and hearing loss are the experts on their own issues and service needs. By ensuring equal representation, the Deaf, Hard of Hearing and hearing were encouraged to understand and respect each other's needs and

to work together in seeking effective solutions to shared problems, interests and concerns.

TriVision

RHODE ISLAND COMMISSION ON THE DEAF AND HARD OF HEARING

Dept. of Adm. Building
One Capitol Hill, Ground Level
Providence, RI 02908-5850



**PLEASE CHECK
OUT OUR UPDATED
WEBSITE!
WWW.CDHH.RI.GOV**

What is RICDHH?

The Rhode Island Commission on the Deaf and Hard of Hearing (RICDHH) is an advocating, coordinating, and service providing entity committed to promoting an environment in which the deaf and hard of hearing in Rhode Island are afforded equal opportunity in all aspects of their lives. The RICDHH develops policy; initiates and lobbies for favorable legislation; fosters cooperations and awareness among state agencies and community organizations; and educates and advises consumers, state agencies, and employers about Americans with Disabilities Act (ADA) rights to equal access. The RICDHH also provides direct services in its operation of a Sign Language Interpreter Referral Service, a lending library of books and videotapes, and as a clearinghouse of information and referral on all topics related to hearing loss.

Services RICDHH Offers

- Sign Language Interpreter/CART Referral Service
- Public Awareness
- Information and Referral
- Ongoing Needs Assessments
- Opportunity to improve quality of life in education, employment, healthcare, family and technology
- Networking among Agencies & Organizations
- Assistive Listening Devices Loan Program
- Multimedia Library
- Legislation Initiation and Lobbying
- Statewide Coordinating Council to Implement Strategic Plan for Deaf and Hard of Hearing Children

Current Commissioners:

Travis R. Zellner, Chair
Ed Rawlings, Vice Chair
Jordan Sack, Treasurer
Lisa Lieberman Sack, Secretary
James B. Compton
John Dunsmore
Sean Gill
Andrew Knight
James Simon
Christine Thompson
Mary Wambach

RICDHH Staff:

Steven A. Florio, Executive Director
Pamela Zellner, Program Manager
Paul Barnaby, Interpreter/CART Referral Specialist

RICDHH Trivia



She was one of RICDHH former Commissioners and do you know who is she?

If you can recognize her, please email your answer to cdhh@cdhh.ri.gov.

Winner will be announced in next issue!

Emergency Sign Language Interpreter Service For Medical, Mental Health and Legal - Call 401-586-6100

IMPORTANT: The Emergency Interpreter Service is for EMERGENCIES ONLY!

Examples of emergencies are: Police/arrests, Hospital emergency, Psychiatric emergency

For all non-emergency calls for Interpreter Service, please call the RICDHH Interpreter and CART Referral Service at 401-222-5300 Voice, 401-222-5301 TTY or 401-354-7630 Videophone between 8:30am to 4:00pm, Monday - Friday.

Schedule of 2010 meetings/functions:

All meetings will be from 6pm to 9pm and held in Conference Room A, 2nd Floor at the Department of Administration Building, One Capitol Hill, Providence, RI 02908.

**EZINE
SUBSCRIPTION**

Would you like to receive an electronic copy of RICDHH's next newsletter? Add your name or organization to our Ezine distribution list by email to cdhh@cdhh.ri.gov.




January 13, 2010
 February 10, 2010
 March 17, 2010
 April 28, 2010
 May 19, 2010
 June 23, 2010

July 21, 2010
 August 25, 2010
 September 22, 2010
 October 20, 2010
 November 10, 2010*
 December 8, 2010

* CDHH Annual Coffee Hour at State House, Governor's Reception Room



All meetings are open to the public. Please contact CDHH office if accommodations are necessary to ensure equal participation. Call (401) 256-5511 (voice/VP) for meeting location, meeting agenda, or to request an accommodation to participate in a meeting.



Rhode Island
 Commission on the Deaf and Hard of Hearing
 One Capitol Hill, Ground Level
 Providence, RI 02908-5850

