ODHH

HAGERSTOWN TOWN HALL 10/28

28 OCTOBER 2024 / 6:00 PM / DeafNet

NOTES

- Concerns:
    - The Flyer was not advertised enough on Facebook.
- It's been 10 yrs since the last Hagerstown meeting and not enough has been done since then
- Need more deaf awareness regarding health and how to make complaints. Healthcare professionals should also have more training regarding deaf awareness.
- Problems with police even after they've had training
    - A Deaf person can't sue Sorenson when they get pulled over because of FCC
    - Can't rely on VRI because of wifi related issues
- Doctors and hospitals prefer VRI because its cheaper
- VRI concern
    - There is no certification for the interpreters who show up virtually from different states.
    - Deaf people need effective communication and that is not happening through VRI
    - In the Rehab Act and the ADA requirements, it is in the law that effective communication is mandatory.
- A community member expressed that he told his doctor he needs a live interpreter but the doctor did not respond. The secretary was also unresponsive when he followed up with her.
- In regards to interpreters needing a license. The ADA says "qualified" not "certified"

- It would have been better/ easier if the state worked with the agencies rather than individual interpreters.
- Cindy Meese
    - It is important to touch on the western region of MD because they are overlooked.
    - Need interpreters with skills and qualifications
    - Standardization is needed and it is understandable that it needs to be through testing.
    - Not enough communication
    - When will the portal be open?
    - When will the regs get approved?
    - It is frustrating because livelihoods are in our hands.
    - How can people file complaints?
    - Communication through the website is wanted
    - Include counties with events
- With VRI there's not enough certifications so it hurts live interpreters when they take the business
- “Grandfather-In” with portfolio
- Concern for qualified interpreters in school settings. Children may suffer.
- Concern for degree requirements for education being removed. Kids cannot advocate for themselves so we must do it for them.
- Perez Vs Sturgis- A deaf child did not receive the right accommodations and sued.
    - Don’t want to set up the same system again
- Will have less interpreters because of no qualifications for k-12
- Do I need a license for community and education?
- Joy
    - She grew up in GA then moved to MD with her wife who is Deaf. She has a unique perspective as she is not from MD, her wife is Deaf, and she is an interpreter. She sees the professional and personal sides. Her concern is that according to RID there are only 3 certified interpreters in Hagerstown and one of them includes her wife who is Deaf. This leaves only two interpreters. Joy understands that there needs to be regulation but she can’t imagine what that will do for Deaf people who need licensed interpreters.
- Melissa

    - Melissa thinks it would be interesting for SBSLI to visit all parts of Maryland. Hagerstown is not “western Maryland enough.” In Cumberland there is a lack of knowledge and education. At Meredith's Medical Facility they can’t get interpreters for even work related meetings. Without VRI in Cumberland you won’t get a good quality interpretation.
    - She was contacted by 3 different agencies to interpret for a Deaf child in elementary school. Some days he has an interpreter, some days he doesn’t. The interpreter that they do have may be qualified but they aren’t certified.
    - Certification tests are good but what happens if someone doesn’t interpret for years at a time? Only brushing up to renew their certification. Retesting is a necessary measure.
    - AK12- On paper CPC (code of professional conduct) is great but in MD if certifications are a requirement then Cumberland will die because of lack of access and lack of services.
    - Behavioral Health: An instance where a behavioral health clinic contacts an interpreter for a patient. When the clinic gets the bill it is very expensive and because of that they drop the patient.
    - Problems at Meredith Hospital: They want every Deaf individual to use VRI. They will only give live interpreters if the patient pushes hard enough but that is only for pre-scheduled.
- Ken has concerns about agencies. He is frustrated with having to choose between DeafNets interpreters who aren’t always good or choosing VRI. Those are the only two options.
- Mickey says she schedules interpreters a week in advance but they will have VRI so she has to ask for a live interpreter closer to the appointment.
- Deafnet has different levels of qualifications
    - It hurts the Deaf community when they start with the most qualified interpreters then go down to the lowest and then resort to VRI
    - John Hopkins has live interpreters available 8 to 4pm but if you have an emergency outside those hours they have an on call interpreter.
- Joy
    - When the Deaf person goes to Meredith’s and doesn't know the proper terms its hard to get them to even consider a live interpreter.
    - When a doctor's office charges your insurance for using an interpreter they are still charging you which is not ADA compliant.

    - I90 IRS code allows tax credits for businesses who provide accommodations.
- West Virginia sends patients to Hagerstown when tasked with appointments.