 1. What is the biggest challenge in the Deaf and Hard of Hearing community at the moment from your organization’s perspective?

(See the Townhall notes)

2. What are the legislative issues facing the Deaf and Hard of Hearing community and what changes need to be made?

CAS- Funding Civil Rights? ADA rights?

a. What are the most critical changes that we must make to face the future effectively?

Need laws for accessibility

Need regulations on CAS funding Need monitoring

Need Deaf state consultant to advocate patients in hospitals

 3. What are common issues that prevent people from being advocates for themselves or for the community?

Clueless, does not know how to navigate the resources, oppressions, being enabled

a. What is one piece of practical advice you would give to someone starting out as an advocate?

Time is now, need someone to lead the pack, give them tools.

4. How do we include the Deaf and Hard of Hearing community in planning for the legislative changes?

Be there for them, be their advocate, bring them to you.

Use this…

Las Vegas 10/24/2023 (T = Public Comment/Testimony of experience)

T1: Would like to know from the Commission what recommendations have been received from the community at past town hall events.

Would like to know what actions the commission has taken based on input from past town hall events.

Many folks are now coming to Shelly and Las Vegas Deaf Seniors for help accessing services - for exactly the help that DCN was established to provide.

NV Care Connection is now receiving the funds that used to fund DCN, but nobody at NV Care Connection knows how to communicate with deaf.

NV Care Connection is not responsive.

Education system for deaf kids is broken.

Seems to the community like the Deaf Commission cannot do anything to solve problems.

Alerting systems are not being distributed anymore as part of the equipment distribution systems

The technology that is being distributed through the CAS program is outdated equipment.

T2: Health providers are not providing an interpreter and there is no deaf center to contact for help getting an interpreter.

T3: Where are the ADSD administrators? Why are they not here listening to this?

The money that is there for serving the deaf community is still being allocated but is not being spent on providing access to services for the deaf community. We need a deaf center.

T4: No interpreters provided at rehab centers. After a recent stay at hospital, the doctor insisted that she be transferred to a rehabilitation center, but she resisted because there will not be access to interpreters at a rehab center.

T5: The funding from the TDD surcharge should be moved from the CAS interpreting program to the Department of Education (Eric note: I think he means NV System for Higher Education) where interpreters training programs exist.

That would free up funding for Deaf Center (Eric note: not sure how giving TDD surcharge funds to NSHE would free up funds for a Deaf Center).

State interpreters should be interpreting for state agencies.

His daughter tried to attend UNLV, but they failed to provide an interpreter starting on day 1 of classes. She transferred to University of Washington where she is receiving accommodations.

T6 In Washington DC there are visual indicators at intersections to alert drivers to an oncoming emergency vehicle. In NV there is only the siren and no visual indicator.

Difficult to get an interpreter in Nevada. A deaf center would help with that.

T7: Bars and restaurants do not have captions on the TVs. Seven states have laws mandating closed captioning on TVs in public spaces. One bar had captions on only in the VIP area, but not on any of the other TVs. A group of deaf folks trying to watch a game were asked to leave the VIP area when they were just trying to see a TV with captions on.

T8: No access to closed captions or interpreters at nursing homes. Deaf residents in nursing homes have no access to communication with other residents or nurses in the facility.

T9: TDDs are old, out-of-date equipment. Video phones are better. VPs should replace TDDs, including in public spaces. There should be access to public VPs for deaf people to use.

T10: Toilets at casinos are too low for tall folks and require handles to help tall folks stand up. This is not just a problem for deaf folks.

T11: His mother had no access to activities in the nursing home. Was told that the nursing home could not afford a live interpreter. Video interpreter did not work because of unstable internet connection.

During COVID lockdowns, Sorenson installed VPs, so that family could stay connected, but nursing home staff did not know how to help residents use the technology or keep it functioning.

We should seek to establish a nursing home the specifically serves deaf people.

When this idea was suggests, he was told that identifying who the deaf folks were, in order to bring them together at the same nursing facility, would be a violation of HIPAA. But there are nursing homes dedicated to memory care, Alzheimer’s patients, Jewish people, Catholics, Veterans. If we can have special dedicated nursing facilities for all of these special classifications, why not for the deaf? Why is identifying individuals requiring memory care not a HIPAA violation or an obstacle, but identifying deaf individuals is?

We could start with just a few beds in an existing facility and then try to grow the population served in this manner.

T12: Lack of a grant writer was one of the challenges keeping DCN open.

Client numbers initially were increasing at DCN, but later decreased, which doesn't look good to the funding agency.

Suggested an endowment to support DCN functions (Eric note: said something vague about investment accounts - I think she was implying raising capital for an endowment fund).

Encouraged the community to complain in writing about nursing home issues and to complain to the Commission and to employers and others in writing.

T13: Need a center for deaf people.

Need open caption films in theaters and a requirement for open captioning in public spaces.

T14:: Need visual cues for deaf people crossing the street.

T15:: Her son was hired at an Amazon warehouse, but interpreter did not show up for the first day of training and again did not show up when the training was rescheduled. Her son gave up.

Seven months later, he was rehired, but again the interpreter did not show up for the first day of training.

T16: It sounds like Amazon is sweeping deaf employees under the rug.

Attended a UNLV football game, but there was no closed captioning on the stadium screen.

However, at Raiders game in Allegiant Stadium there was closed captioning on the stadium screen. This is a positive development.

T17: Tired of being told to "calm down"

At urgent care he was presented with an iPad for a video interpreter, but nobody on staff knows how to use it and there was no provision for holding the iPad in place so that it could be properly oriented to work effectively.

T18: At the hospital was told that an interpreter needed to be arranged in advance and that he would have to pay for the interpreter himself.

When provided with a remote interpreter on video, it never works.

The system for accessing services through an interpreter needs to work better.

T19: Use of video remote interpreters is increasing at the expense of working live interpreters. But the internet is never stable enough for video interpreting to work effectively.

Also, a live interpreter is always better able to intervene effectively on behalf of a deaf client compared to a video interpreter.

T20: Arranged in advance for an interpreter to be at a doctor appointment, but the interpreter did not show up. This happened repeatedly over multiple appointments.

Seems like every situation comes to a standstill when a deaf person shows up.

T21: Was treated disrespectfully at the hospital when she had difficulty communicating with the staff.

T22: Suggested that the commission could bring the directors of hospitals together to inform them about the need for live interpreting.

We should seek a collaborative solution to this problem.

Obioma: The input gathered at the town hall events will be shared at our general meeting.

Eric: We have been challenged in the past translating the input we receive at town halls into specific legislative proposals and specific actions. It has been very helpful to hear specific recommendations tonight for actions we can take and specific changes to the laws we can advocate for. The goal is to turn the input from the town halls into a specific agenda for the 2025 legislative session and then work with the community and the nonprofit advocacy groups to fight for a common legislative agenda.

T23: Amend the ADA to address the specific concerns of deaf people.

T24: Sometimes feels too deaf for the hearing world and not fluent enough in ASL for the Deaf world, which contributes to mental health problems.

Working in the casino industry it falls to her to explain to management how to address her accessibility needs, even though this should not be part of her job.

We have cultural awareness days and events for all kinds of groups. Where is deaf awareness day?

Young deaf students need adult deaf role models.

There are no mental health counselors to serve the deaf. There are some that can be accessed remotely by video, but when they are out of state they are not licensed to practice in Nevada and therefore cannot help.

T25: After kids graduate from high school there is no support for them and their hearing parents do not understand their needs.

CCSD is replacing live interpreters with video remote interpreters.

CCSD internet was hacked last week and internet service was disrupted - video remote interpreters no longer work when that happens.

There are not enough live interpreters in CCSD.

T26: Need CDIs in Nevada

Deaf/blind services were accessible when DCN was around, but now we need to send deaf/blind people out of state to get services.

Employers need to understand their obligations under ADA.

There is one therapist in Reno who can serve the deaf via video, however this provider does not accept Medicare/Medicaid.

T27: There is a high school in Northern Nevada with a teacher teaching the kids in the deaf program who is not certified as a teacher of the deaf. There are 4 deaf kids in the program and one of the kids is interpreting for the other 3 kids.

One of the reasons DCN failed was because ADSD kept changing the rules governing the funding. In particular the requirement for matching funds. It kept increasing the amount of matching funds required until it became impossible to run the center anymore.

Eighteen states have deaf-serving nursing homes. So clearly it is not a HIPAA violation to establish such a home.

T28: The young deaf people in Nevada are isolated. They need a place for them, where they can gather together. We need a school for the deaf.

Follow-on discussion after session: In many of these cases where individuals arranged for an interpreter in advance for an appointment, but the interpreter did not show up, it may be an issue with the interpreting agency, not the doctor's office, employer or college. Similar to the Pahrump townhall, where the agency took the reservation, but ultimately did not provide a live interpreter.