

This open letter addresses DeafBlind in hospitalization dilemmas. American Association of the DeafBlind (AADB) prepares guidelines toward healthcare agencies, institutions and DeafBlind citizens in the United States. AADB seeks a rapport between DeafBlind and medical staff in time of urgent needs of equal access of communication. In these tremendous hard times, a minority group of DeafBlind people are left to face even more hardship due to their nature in communicative methods and touch. As many healthcare officials in varying states have stated, most hospitals nationwide are experiencing overload in number of patients and are feverishly swamped more than at any normal rate. This results in their inability to prioritize the adequate needs for a DeafBlind patient.

Hospitals are now upping their restrictions by allowing patients only at the hospital. Their companion cannot attend the facility with the patient. This causes an underlying and dramatically impacting dilemma for the DeafBlind. The DeafBlind often requires an in-person interpreter, CDI (Certified Deaf Interpreter) and/or SSP (Support Service Provider) to facilitate. This helps the DeafBlind make well-informed medical decisions on their own. When DeafBlind is admitted in the surging pandemic may be forced to be unattended without a person such as family member or interpreters to be by their side. This spells out what being left in the dark really means. AADB urges medical staffers to take heed of the DeafBlind accessiblity tools and tactics for a much more directive approach albeit any interpreters present.

In respect, AADB delivers potential tactics and better preparations for DeafBlind citizens that were collectively provided by our partners: TDI, NAD, HKNC and NFB. Please share with statewide agencies serving the DB citizens and communities so they can take better action on their behalf. Included in this letter are recommendations of tools and methods to encourage healthcare officials to share with medical staffers and DeafBlind. These recommendations collaboratively prepare for applications and communicative tools if the hospitals receive DeafBlind patients.

The very first step for any medical staffer upon the arrival of a DB patient is to:

Ask the patient what methods of communication he or she prefers. It can range from having access to an in-person sign language interpreter whom Interprets ASL and Tactile, ProTactile or any other preferred “touch” or "visual" languages. It can include if the patient can rely on using virtual interpreting (VRI), lip-reading, written communications, Print on Palm tracing, hand-held amplification devices, captioning or CART, or speech-to-text apps.

In this situation, AADB urges the DeafBlind patient to apply all possible tactics for full communication if no interpreters available.

* Use smartphone and have them text to you.
* If your visual capabilities allows it, have them set up VRI
* If VRI is not possible for the DeafBlind, the interpreter must be hired and in presence in protective gear such as mask, gloves, full surgeon scrubs to ensure proper tactile communications and safety for both interpreter and patient.
* When the DeafBlind is left without any interpreter in presence, medical staffers can apply Print-On-Palm tactics, where ABC’s are traced on a hand.

Most doctors and nurses in hospitals now wear masks and gloves and may talk to you from behind a window or curtain, so it may be harder for DeafBlind to understand the professional. As a DeafBlind, they have a right to decide their care. This means they will need to know a few things and bring their own communication tools to the hospital during the pandemic.

Medical Staffers can encourage family members and DeafBlind to prepare the following:

* Print out a page saying you are deaf, hard of hearing, or DeafBlind and need hospital staff to communicate with you differently. A sample page (placard) is below.
* If you have a smartphone, load the apps you need to communicate, and bring your smartphone with you.
* Before you go to the hospital, download several VRI apps and/or speech-to-text apps. Some of those apps are free.
* Have markers that are bold and black.
* Take the time to pack an emergency bag, label with your name and address. FOLLOW essentials for the communication needs below:
  + Batteries for hearing aides or cochlear implants
  + Pack extra chargers and extension cords or power strips for smartphone, tablets, Braille displays and other communication tools
  + Printed and labeled Communication cards that have your doctor's information, family contact info, your medical insurance info as well as medical history such as what medication or treatments you receive or have been receiving.
  + Include a separate communication cards to explain what you are experiencing such as: Difficult breathing, coughing, fever, aches, weakness, flu-like symptoms. Be sure to add what other conditions that associate with your medical history such as: heart, diabetes, eye conditions, etc.
* APPS to DOWNLOAD

These are useful tools medical staffers and DeafBlind to establish communication solutions. It is recommended to test the app before any hospital visitations or admittances. A list of some apps can be found on this URL: <https://www.iaccessibility.com/apps/deaf-blind/>

According to Hearingloss.org, it advises For DeafBlind people to bring their Braille device and charger and extra gloves for an interpreter. It is important to note if the hospital staff refuses to talk with you or respect your wishes, demand an “ethics consultation.” You can also contact ConsumerGroups@DHHCAN.org for help.

It is really important to use text messages as a lifeline with doctors and medical staff if no other communication is available.

The DeafBlind cannot be left alone in silence or touch in this dark crisis. AADB adamantly encourage hospital caretakers, staffers, and officials to bring their DeafBlind patients to light and back to good health every possible way they can. With these aforementioned advised tips and tactics, AADB hopes with your time you can share with your local hospitals and medical facilities ways to better serve our nation's DeafBlind citizens of America.

Sincerely Yours,

American Association of the DeafBlind

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