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## Written Testimony of Maria O'Neil Ruddock, Psy.D. Community Engagement and Advocacy Consultant Cleveland Hearing & Speech Center To the Senate Health Committee May 3, 2023

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to provide written proponent testimony on House Bill 33, the state's main operating budget. In particular, I support the strategic investment in the "Services for the Deaf" line item (GRF 415508) housed within the Opportunities for Ohioans with Disabilities agency budget.

My name is Dr. Maria O'Neil Ruddock and I have been serving in the Deaf Community in Ohio and elsewhere for over 40 years. I received my doctorate in Clinical Psychology from New York University where my allegiance to deaf children, families and the community as a whole, was cultivated and developed. As a member of the faculty of the Lexington School for the Deaf (in NYC) and then the Lexington Mental Health Center, I had the privilege of witnessing what inclusive programs and services look like when funding and attention was provided to deaf children, families, and adults. During the early years of my career I also had the distinct pleasure of working on multiple research projects that focused exclusively on deaf children and the development of programs and services to meet their unique communication, social/emotional, and safety needs. Unfortunately, we saw a severe decline in financial support, even in better funded states, as the push for inclusive educational program (i.e. mainstreaming) began to replace deaf specific instruction in Schools for the Deaf. Similarly, in the field of mental health and deafness we have seen a decline in funding for culturally specific programing despite the high incidence of mental illness and behavioral difficulties.

My work with the deaf community over four decades culminated in my role as the Director of the Community Center for the Deaf & Hard of Hearing (CCDHH). In this position I had the opportunity to learn about the needs of deaf citizens across the state through collaboration with the other Community Centers. I have seen, first hand, the impact of limited resources and how this has negatively affected the lives of countless deaf people because they do not have equal access to programs and services to allow them to be productive and contributing members of our communities and neighborhoods. For years we have been pleading with our state funders (as well as other funding organizations) to recognize the severe lack of available services, programs, staff development,

Accreditations CARF Certified Medicare & Medicaid Provider National Association of Speech and Hearing Centers Registry of interpreters for the Deaf education and training, that deaf people so desperately need and deserve. The current level of funding (\$27,000) provided to us to support the innumerable needs of the deaf community barely allows us to keep our doors open year-round to meet the requests for assistance. As a result, we see a community that is misunderstood, marginalized and oppressed. People that are denied the right to communication access and to information in their primary language (ASL). Families that do not know where to turn for support and guidance. Agencies and businesses that lack the basic knowledge of how to effectively interact with a deaf person.

You have heard testimony from my colleague, Mr. Timothy Skaggs, himself a member of the deaf community. I will not reiterate the points he has made, but rather I would like to highlight some appalling disparities that exist in our state as a result of the current level of funding and lack of attention to this marginalized community.

Let us consider, for just a minute, a few facts and statistics:

- One in ten individuals has a hearing loss in the U.S.
- Approximately1% of those with hearing loss are culturally Deaf, meaning that to access services they need accommodations (ASL interpreting or captioning) or professionals competent in communicating directly. The later, by the way, is extremely rare.
- 90% of Deaf children are born to hearing parents.
- 67% of parents have poor communication with their deaf children which means that their ability to sign includes simple command response communication ("sit down", "time for bed", "do your homework") with no ability to engage in a meaningful conversation ("how was your day at school?" "what happened at your friend's house this afternoon?")
- 25% of deaf children read below the 2nd grade level.
- 45% read between 2nd and 4th grade level.
- 89% graduate H.S. but we lack information as to whether they graduate with a certificate or an actual diploma.
- 80% of deaf individuals are either unemployed or underemployed.
- Over 45% of deaf individuals are not in the labor force (compared to 73% of hearing in jobs)
- Underemployment is common due to communication differences between employee and employer, lack of knowledge of how to effectively interact with a deaf person, and myths and misconceptions that commonly exist about deaf people.
- A deaf person is 2x more likely to have a mental health issue than a hearing person.
- Deaf children are 3x more likely to be abused in the U.S.
- 50% of Deaf children are sexually abused.
- 41.6% of Deaf children are physically abused.

• 26% of Deaf children are neglected. This statistic would be significantly higher if we were to consider the lack of language exposure in the home to be a form of neglect.

Let me take a few more minutes of your time to emphasize some real-life examples of the inequity that exist as a result of lack of knowledge in the general population about deaf people and the lack of funding for deaf specific services, including sign language interpreting.

Just today, while I was preparing this testimony for you to read, I received a phone call from a distraught client. This client is a 40-year-old woman who suffers from bipolar disorder and has been participating in a mental health support group in her community. She was informed by the therapist running the group that she could no longer attend the meetings due to the fact that s sign language interpreter is not available to facilitate communication. She is distraught and called for assistance.

We were contacted by a deaf woman in an extremely abusive relationship. She was fearful for her life and asked for assistance to obtain an Order of Protection. We accompanied her to court in an attempt to appear in front of a judge to obtain the TPO she desired that would protect her from her abusive partner. Due to lack of availability of an interpreter, she was not able to actually obtain that order that same day. Due to the limited experience and knowledge on how to best serve a deaf woman, the victim lasted only a few days at the local domestic violence shelter and instead went from friend to friend hoping to hide from the perpetrator until she obtained the TPO three weeks later.

We received a call from a police department concerned about a woman who wanted to file a report of a sexual assault. Not knowing their legal responsibilities, they insisted that the local Rape Crisis Center cover the cost of the interpreter required for the victim to disclose the horrors of her experience. The argument between the Rape Crisis Center and the police took three days to resolve before the victim was able to file her report of rape.

A manager of a group home called to request behavioral health resources for a deaf client who was acting out in the home. It was believed that the client needed to meet with a therapist and learn how to manage her emotions. Upon further investigation it became clear that the woman was experiencing significant frustration with one of the other clients in the home who was harassing her and taking her food. None of the staff in the group home were able to communicate with the client with the exception of basic gestures and written notes. They regarded her behavior as "trouble with anger management" rather than recognizing their own inability to communicate which rendered them incapable of mediating the conflict.

A deaf individual with a college degree in social work is working as a cleaner because no social service agency was willing to hire her. Indeed, the cleaning agency itself was only willing to provide her with work during third shift as it would allow for minimal interaction with "hearing" people who would not know how to communicate with her.

These are just a very few stories of the kinds of challenges and barriers faced by members of the deaf community. Hearing people neither have to defend their language nor do they need to wait weeks before they can be protected by the criminal justice system or law enforcement. When we, as hearing individuals, are looking for support and services for any number of issues we are facing, we have pages of resources available and accessible to us. The deaf community does not. They face systematic oppression on a daily basis and are regularly fighting for equal access to information and communication.

Our Community Centers for the Deaf across the state are staffed by professionals who are fluent in American Sign Language and knowledgeable about deaf culture. They provide a multitude of services, explained to you by my colleague, Timothy Skaggs, and our Executive Director, Dr. Jennell Vick. They teach other agencies to provide culturally and linguistically competent services through training and outreach. However, the needs in the community and among our staff far exceed the current level of financial support. By approving House Bill 33, the increased funding will allow us to provide needed programs and services to our clients, outreach and education to agencies and organizations who interface with deaf individuals, staff training for deaf professionals and interpreters and most importantly, will begin to address the current disparities outlined here.

Thank you for your thoughtful consideration.

Most sincerely,

Maria O'Hul Buddock

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