Deaf culture is the set of social beliefs, behaviors, literary traditions, history, values, and shared institutions within communities that are influenced by deafness and which use sign languages as the main means of communication. Culture intertwines with language and language reflects characteristics of a given culture. Many deaf people use American Sign Language (ASL) to communicate with each other and with hearing people who know the language. ASL is a visual/gestural language that has no vocal component and is a complete, grammatically complex language. It is not a universal language as there are different signed languages in other countries. ASL focuses on the stimulation of the eyes and the enhanced visual perceptiveness of deaf individuals, which has resulted in a history of rich ASL literature and storytelling.

What’s in a Name?

Deaf (when spelled with an upper case “D”), refers to the Deaf culture however when spelled with lower-case “d” refers to the condition of being deaf. Deaf culture represents a shift away from the medical models of deafness, which presents deafness as a pathology, or synonymous with disability or dysfunction. The medical model for deafness reinforces limitations rather than the abilities of deaf individuals and tends to marginalize the Deaf. Many deaf people do not view their condition as a lack of ability since they do not lament the loss of something (i.e. speech or sound) if they have never experienced it. Furthermore, the medical model emphasizes the “loss” of hearing, stresses the importance of speech and assistive technologies and focuses on the person’s ability to be seen as “normal”. This is shown by the use of such terms as “hearing loss” or “hearing impairment”. On the other hand, the cultural perspective (Deaf culture) provides a deaf person with a community, a language and a history that reflects their strengths and abilities. In the Deaf culture, the term “hearing-impaired” is viewed as negative since it focuses on what someone cannot do and implies that anything that is different is substandard.

Deaf Culture and Health Care

Health care is routinely inaccessible to deaf people due to communication and linguistic barriers. Individuals whose language is ASL are often denied access to the health care system because most providers do not offer adequate access to ASL, qualified medical interpreters. This is further complicated by varying hearing levels, communication styles, and spoken languages among deaf patients. These barriers can hinder deaf patients’ ability to receive adequate assessment, treatment and follow-up care and are likely correlated to less than optimal health outcomes.

Health care disparities exist in the Deaf community, and include lower rates of access to preventative services, worse cardiovascular health outcomes and higher rates of obesity. Mental health disparities are also evident related to depression and anxiety and higher rates of adjustment disorders resulting from indigence, marginalization and/or additional disabilities. Behavioral health disparities among deaf patients is often identified as a result of increased numbers of unplanned pregnancies, higher rates of abuse (including intimate partner violence) and increased rates of HIV and sexually transmitted infections.
**Tips for Effectively Communicating with Deaf Patients**

- Place the interpreter beside and slightly behind the provider so that both of you are simultaneously in the patient’s view.
- Face the patient directly for the entire conversation. Look directly at the patient when you are talking to him/her and when the interpreter is voicing for the patient.
- Talk directly to the patient, NOT the interpreter. (i.e. Mrs. Jones, how are you feeling today?) Avoid using the third person (i.e. Please ask the patient how she is doing today).
- Establish eye contact with the patient. Keep your hands away from your face and especially your mouth.
- Use gestures to show the patient where to sit or what to do.
- Avoid using idioms as they are often difficult to interpret.
- Periodically check to make sure that you and the patient understand each other. Clarifying questions should be asked of the patient, not the interpreter.

Source: www.medscape.com

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**MEET THE MEDICAL INTERPRETATION TEAM**

Over the coming months we will introduce you to each member of MUSC’s in-house medical interpretation team.

**Introducing... Manuel Lopez (Manny)**

Name one interesting thing about you? *I was born in Cuba, but grew up in New York City.*

How many years have you been an interpreter at MUSC Health? *I’ve been interpreting at MUSC Health for over 13 years.*

What do you like most about interpreting? *I enjoy helping patients receive needed care, helping providers communicate effectively with patients, and being an advocate for our patients.*

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**HOW TO ACCESS INTERPRETATION SERVICES AT MUSC**

**PATIENTS WHO SPEAK SPANISH**

- In-person medical interpretation, 24/7/365
- Use Service-Hub to request an interpreter. (MUHA Intranet)
- Conference calls – extension 2-4595
- Telephonic Interpretation—24/7/365

**ALL LANGUAGES - Telephonic Interpretation Services**

- Available 24/7/365, over 200 languages
- Call 1-855-305-0998
- Request language, including any dialects. Can schedule a time for a phone interpreter for uncommon dialects.

**PATIENTS WHO ARE DEAF OR HARD OF HEARING**

- In-house Medical Interpretation is available Mondays through Fridays, 8:00 am–5:00 pm
- In-Person Interpretation (After-Hours/Weekends)- Contact Charleston Interpreting Services at 678-446-7780
- Video Remote Interpretation- (ASL), Available 24/7/365 – Equipment is stored in Security Offices at ART and Main Hospital

**ALWAYS DOCUMENT THAT INTERPRETATION SERVICES WAS USED. IF IT ISN’T DOCUMENTED, IT WASN’T DONE!!!**

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To schedule a department training or provide compliments/complaints about Interpretation Services, please contact Antwan Walters, Coordinator, Interpretation Services at waltea@musc.edu (2-5078) or Stephanie Taylor, Director, Diversity & Inclusion at taylorst@musc.edu or (2-2341).