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Honors The World of Sign Language and the Sign Languages of the World

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Deafness in Australia: Where to Go from Here

Deaf in Australia

In 1982, the company Cochlear Ltd. was founded and based in Australia, and in collaboration with the Australian government, "sought to bring the cochlear implant to market" (Blume, 2010; Cochlear Ltd.). Today, 80% of Australia Deaf and hard of hearing (DHH) children are implanted with a cochlear implant (Hyde, 2005). Cochlear claims that they "empower people to connect with others and live a full life." But what is stopping a DHH person from living a full life? Many people in the Australian Deaf community would argue that being Deaf is not a loss, and that being connected to one's Deaf identity and a sign language is empowering and meaningful, and certainly a part of a "full life" regardless of if cochlear implant is involved (Levitzke-Gray, 2016).

The role of the cochlear implant is established in its founding but is nevertheless symbolic of a broader issue. The othering of DHH people is not unique to Australia, but certainly a key reason why DHH people struggle there. The reliance on cochlear implants can delay language acquisition, as the subsequent reliance on spoken language, as opposed to a sign language like Australian Sign Language (Auslan), affects a person's ability to navigate the world (Levitzke-Gray, 2016; Madden, 2008; Winn, 2007). This missed opportunity for acquiring language more easily for DHH people – which would open the gates earlier for things such as

socialization, connection to Deaf culture, access to health care, etc. – affects a Deaf Australian's right to a healthy life.

Organizations such as Deaf Australia and activists like Drisana Levitzke-Gray advocate for doctors and the people of Australia to recognize sign languages like Auslan as a full and useful language, and for acceptance of Deaf people and their culture, and to not rush to "fix" a DHH child with a cochlear implant, which often do not work as intended or make the child "hearing" (Madden, 2008). The Australian government, too, is being asked to step up and ensure rights to people with disabilities as they promised by signing the UN's Convention on the Rights of Persons with Disabilities. This paper will explore these two options to help the DHH people of Australia, and recommend which direction is best.

Mapping It Out

C-Map viewer: https://cmapscloud.ihmc.us/viewer/cmap/1XG87BWWN-1K3XRF7-27C6FR

The ultimate goal for DHH Australians is to be able to live a healthy life. The C-Map focuses mainly on *adequate mental well-being* and physical well-being to achieve this. To get there, DHH Australians need *access to health care and information*, which includes *safety from COVID-19*, and, importantly, *language acquisition*. From here, different ideas, needs and goals branch off into many directions, though language acquisition appears to be at the center and a root cause of the others. Language acquisition allows DHH people to communicate with others, which then leads to them being able to form relationships, express themselves, socialize, and connect to Deaf culture (Levitzke-Gray, 2016). Socializing and connecting to Deaf culture can help with maintaining adequate mental well-being as a social life is important for all people, and connection to one's identity can help one better understand themselves. Regarding health care

and information, DHH people need to be able to understand the information they're given. This partly requires proper language acquisition, but also with how this information and health care is given to them. Adequate Auslan interpretations are needed for DHH signers, as well as closed captioning on health care related videos/television, and the ability to schedule medical appointments using text and/or email rather than relying on phone calls (Deafness Forum of Australia, 2020).

DHH Australians face several barriers in ultimately living a healthy life. Regarding the COVID-19 pandemic, reliance on social distancing (complicating socializing), reliance on Zoom (extra attention to screens is emotionally draining), and opaque masks (lesser ability to read facial expressions) hinders DHH people's lifestyles (Boseley, 2020). COVID-19 has also normalized the use of telemedicine, which is not always accessible to DHH people and requires texting or email scheduling, Auslan interpreters, or live closed captioning which are not always available. One major barrier to living a healthy life for DHH Australians is the prevailing *medical view of deafness*. This view assumes that DHH people and children cannot be successful without spoken language, which leads the doctor(s) and parent(s) to want to change the child (either through the use of hearing aids or a cochlear implant), which also leads to hearing parents feeling reluctant to learn Auslan or to teach Auslan to the child (Levitzke-Gray, 2016; Madden, 2008). This reluctance and denial cause the child a delay in acquiring language skills which prevents many of the important aspects of a healthy life discussed (Madden, 2008). The medical view of deafness, or rather disabilities in general, sometimes allows for the forced sterilization of some people with disabilities (as well as those described as intersex), which directly impacts their ability to lead a healthy life (Disabled People's Organisations Australia, 2018).

Interventions

Intervention A – Convention on the Rights of Persons with Disabilities (CRPD)

The CRPD, or the Convention on the Rights of Persons with Disabilities, is a UN convention aimed at strengthening disability rights around the world, including for those who are deaf or hard of hearing. It "clarifies" areas that need to be improved for people with disabilities and where rights have been violated. Australia signed the CRPD in 2007 and ratified it in 2008 stating, "Australia recognizes that persons with disability enjoy legal capacity on an equal basis with others in all aspects of life" (United Nations). Australia created the National Disability Strategy (2010-2020) (NDS) in order to fulfill its promises. However, many worry that this is not far reaching and lacks authority, and that there is a lack of "comprehensive legislative, administrative, judicial framework for the protection of human rights" (Disabled People's Organisations Australia, 2018). Further, without full accessibility to society (such as having public information in Auslan), "it is not possible for persons with disabilities to be equal participants in society" (McCallum, 2020).

Intervention A, therefore, involves fulfilling promises around the CRPD more effectively and concretely. The Australian government should go beyond simple policy and create legislation that specifically protects DHH people, and other people with disabilities, and their rights to health care, safety, access to information, etc., by improving upon the NDS. This also includes the strengthening of "implementation, monitoring and evaluation" of proposed efforts across the country; increasing funding for existing programs; and effectively involving disabled voices in the decision-making processes for all that's been mentioned. Intervention A proposes that there be made a single "coordination point" for such an effort that specifically handles

Australia's promises to people with disabilities as laid out in the CRPD (Disabled People's Organisations Australia, 2018).

Intervention A fits into the C-Map and can show exactly where it fits into the topic of living a healthy life. Having a coordinated effort to establish disability rights can lead to an understanding of how and why information can be largely inaccessible to DHH people, and this understanding can allow the government to put out information or standardize communication that is translated or interpreted into Auslan, or with closed captioning. This accessibility to information, including information about things like COVID-19 and being able to access the health care system, would make having a healthy life more easily attainable for DHH people. Intervention A can also destigmatize Deafness, including within the medical community, and change the medical view of Deafness. By changing the view of Deafness as something to be "fixed" to something that is part of human diversity, there's validation for other forms of communication as just as valuable and leads to parents and doctors being more readily willing to learn Auslan and teach their child Auslan or signing. This facilitates language acquisition at an earlier age, which, as was discussed, allows for improved well-being socially and mentally for DHH people.

Intervention B – Language Acquisition and the Medical Community

Intervention B concerns language acquisition specifically. Language acquisition begins around six months after birth, and children will pick up whatever language they are exposed to. As discussed, many DHH children in Australia are not exposed to Auslan or another sign language early on because of reliance on things like cochlear implants and the emotional denial of the child being Deaf; the parents are reluctant to learn and teach Auslan and therefore the

child is not exposed to it early on, and doctors encourage this reluctance by pushing for medical intervention to "fix" deafness (Madden, 2008). Further, cochlear implants do not always work, so some DHH children who receive one may not acquire a spoken language as intended or within the initial language acquisition window (Madden, 2008). In addition, findings such as those in the Longitudinal Outcomes of Children with Hearing Impairment (LOCHI) study, which is funded by several organizations with great motive to push hearing technology and therefore biasing the results, find that those children who do receive a hearing aid or cochlear implant *still* fair worse than their hearing peers in language acquisition. It is striking that studies with this bias still find that these technologies are not as much of a "fix" as they are made out to be.

Further, many believe that a child must learn either sign language or a spoken language, but not both, else they interfere with each other. Madden (2008) points out that there is a benefit to teaching both – teaching a DHH to be bilingual - and that relying on spoken language deprives the child of communicating in their preferred or most easily accessible language. Depriving a child of sign language also prevents them from being able to be a part of Deaf culture and connecting positively to a piece of their identity (Madden, 2008). Additionally, some parents choose to wait until their child is in school to learn sign language from interaction with other Deaf students or from teachers, but this is well after the important window in soon after birth when language acquisition begins. This also assumes that the sign language the DHH child is learning when they reach school age is coming from children or teachers that have a good grasp of the language already (Winn, 2007). As discussed, inadequate language acquisition can have severe effects on a child's development or on their ability to navigate life relatively easily. It affects socialization, formation of relationships, connection to Deaf culture, and self-expression,

as well as their ability to navigate the health care system that is largely dependent on spoken language.

Intervention B proposes a direct change for DHH people in the medical setting. Since language acquisition is being affected, which in turn affects large portions of a DHH person's quality of life, and much of this is due to pressure or enabling from doctors and the medical community, changes should be made to how doctors and families respond to children's deafness diagnosis. While cochlear implants should be presented as one possible option and one possible tool to use in response to a child's hearing status, it should not be the only option given. Regardless of whether a cochlear implant is used, doctors should encourage families to adopt Auslan into a child's life at least in addition to a cochlear implant or hearing aid. Focus should be given to teaching a DHH child both Auslan and spoken/written language since there is no reasonably perceived disadvantage and much to be gained from being taught both. This should spiral into improvement to a DHH person's overall well-being as it will allow for a connection to Deaf culture, socialization, ability to interact with the larger world, etc.

Seeing this through the C-Map is relatively straightforward. When doctors encourage families to teach their DHH child Auslan or teaching them both Auslan and a spoken language, they guarantee the child will acquire language on time and therefore be able to take part in socialization, community, expression and relationships, which helps with their well-being and ultimately living a healthier life. In addition, it changes the medical view of deafness, and negates much stigmatization that stems from the medical field such as the idea that deafness must be "fixed" or that Auslan and sign languages in general are not as good as spoken languages.

Recommendation

The two interventions posed each have their own advantages and disadvantages. Intervention A, which suggests creating a "coordination point" to ensure Australia effectively keeps their promises as outlined in the CRPD, is great for many reasons. For one, it tackles disability rights broadly and can cover a lot of ground and is overall quite comprehensive. While DHH people are included in that, it will also help many other people with different disabilities. Intervention A also is building off existing policy and work (the NDS). It also starts higher up in the government, which gives it more authority across Australia. However, Intervention A is also lacking in some places. While it's good that it has the potential to help many people with many types of disabilities, this also creates the potential for DHH people specifically to be left behind. For instance, the Australian government may set out to better establish CRPD promises but end up focusing on those with "more visible" disabilities first and may put off helping DHH people if not temporarily, then indefinitely. Additionally, going through government channels is inevitably political, and fighting for anything related to social justice can be an uphill battle. It's unlikely for any government, including the government of Australia, to be able to quickly and seamlessly go about this change with no pushback.

Regarding Intervention B, there are also pros and cons. Intervention B - which involves adapting how doctors and parents react to a Deaf child and encourage the use of sign language in their development - attacks a particular root issue (language acquisition) which leads to things being better for a DHH person for their whole life. Intervention B can also be one solution within efforts around the CRPD. While directly involving DHH people, this intervention also works with doctors/providers and the families of DHH people, which has larger effects outside of the Deaf community. However, there are also disadvantages. Intervention B focuses on those who

exist within the medical community and does not reach farther into larger Australian society. Intervention B is also narrowly focused. Just because a DHH child grows up learning and acquiring sign language and a spoken language does not mean that things will be automatically astronomically easier for them, and there will still be barriers (such as a lack of closed captioning or Auslan interpreters) that inhibit their ability to navigate the world regardless of their language acquisition.

Going back to the start of this paper, some consideration should be given to the establishment of Cochlear Ltd. and the prevalence of cochlear implants in Australia and around the world. The heart of the issues for DHH Australians is the idea that being Deaf is a "problem" that needs "fixing", and this is often perpetuated by the medical view of deafness. While focusing on the broad reach of the CRPD is great and should not be ignored, great damage must be addressed concerning the reliance on spoken language and cochlear implants and its implications for the language acquisition of DHH children. The enormity of the language issue takes precedence over many other issues, however important those other issues are too. In fact, many in the Deaf community in Australia focus primarily on language. Deaf Australia's values page speaks solely on language, and activists like Drisana Levitzke-Gray talk extensively about the value of Auslan and its role in Deaf culture, especially in her TED Talk "Deaf Children Need Sign Language." Additionally, much of the reason that DHH children in Australia have trouble with language acquisition, as Madden points out in detail, is because doctors tend to push for cochlear implants and parents are unwilling or unable to learn and therefore teach their child Auslan. Fortunately, there are some ways that this can be addressed. For example, Expression Australia and Deaf Children Australia have support services for parents of Deaf children, including services to help parents learn Auslan, many health care assistance options, a parent

mentor program, and more (2021). Making these services more widely known and accessible to parents – and doctors – can really help DHH children in Australia acquire language skills earlier and easier, which will drastically improve their lives.Therefore, the best method going forward to help DHH Australians, for now, is to focus on lessening the stigma of deafness by discouraging rushing to using cochlear implants and embracing Auslan and other sign languages in addition to any chosen hearing technology.

References

Blume, S. (2010). *Chapter 4 The Globalization of a Controversial Technology*. JSTOR. Retrieved from https://www.jstor.org/stable/j.ctt5hj830.

Boseley, M. (2020, May 19). *'there have always been barriers for us': How covid-19 has further isolated Deaf Australians*. The Guardian. Retrieved from https://www.theguardian.com/news/2020/may/19/there-have-always-been-barriers-for-us-how-covid-19-has-further-isolated-deaf-australians.

Covid-19 info. Deafness Forum of Australia. (n.d.). Retrieved from https://www.deafnessforum.org.au/health/coronavirus/.

Covid-19 updates archives. Deaf Australia. (2020, March 25). Retrieved from https://deafaustralia.org.au/tag/covid-19-updates/.

CRPD factsheets on key disability rights issues. Disabled People's Organisations Australia (DPO Australia). (n.d.). Retrieved from https://dpoa.org.au/publications/factsheets/.

Expression audiology - hearing and speech clinic. (2021). Retrieved November, 2021, from https://www.expression.com.au/services/audiology

Factsheet: Forced Sterilisation of people with disability and people with Intersex Variations. Disabled People's Organisations Australia (DPO Australia). (2018, March 9). Retrieved from https://dpoa.org.au/factsheet-sterilisation/.

Factsheet: The National Disability Strategy 2010-2020, implementation of the CRPD, and resourcing of disabled people's organisations. Disabled People's Organisations Australia (DPO Australia). (2018, March 9). Retrieved from https://dpoa.org.au/factsheet-nds/.

Home. Deaf Australia. (2021, November 1). Retrieved from https://deafaustralia.org.au/.

Hyde, M. (2005, October 12). *Some Ethical Dimensions of Cochlear Implantation for Deaf Children and Their Families* . Academic.oup.com. Retrieved from https://academic.oup.com/jdsde/article/11/1/102/410842.

Key findings. (2019). Retrieved November, 2021, from https://www.outcomes.nal.gov.au/key-findings

Levitzke-Gray, D. (2016, July 21). *Deaf children need sign language | Drisana Levitzke-gray | tedxsouthbank*. YouTube. Retrieved from https://www.youtube.com/watch?v=ou1Me-4GzuE.

Madden, M. (2008). *Early exposure to sign language: An advantage to parents and children*. Early Exposure To Sign Language Advantage | Aussie Deaf Kids. Retrieved from https://www.aussiedeafkids.org.au/early-exposure-to-sign-language.html.

McCallum, R. (2020, October). *The United Nations Convention on the rights of persons ...* Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Retrieved from https://disability.royalcommission.gov.au/system/files/2020-10/Research%20Report%20-%20The%20United%20Nations%20Convention%20on%20the%20Rights%20of%20Persons%20with%20Disabilities%20-%20An%20Assessment%20of%20Australia%E2%80%99s%20Level%20of%20Compliance_1.pdf.

Our vision, mission & values. Deaf Australia. (2021, September 28). Retrieved from https://deafaustralia.org.au/our-vision-mission-values/.

Parent mentor program. (2021). Retrieved November, 2021, from https://www.deafchildrenaustralia.org.au/parent-mentor-program/

Punch, R., & Hyde, M. (2010). *Children With Cochlear Implants in Australia: Educational Settings, Supports, and Outcomes*. JSTOR. Retrieved from https://www.jstor.org/stable/43666267.

United Nations. (n.d.). *Convention on the rights of persons with disabilities (CRPD) enable*. United Nations. Retrieved from https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.

We empower. Cochlear. (2021, July 1). Retrieved from https://www.cochlear.com/au/en/about-us/we-empower.

Winn, S. (2007). *Sign Language Acquisition and Use by Single-Generation Deaf Adults in Australia Who Attended Specific Educational Settings for Deaf and Hard of Hearing Children*. JSTOR. Retrieved from https://www.jstor.org/stable/26190631.