Listening to Deaf Medics

By, Marion Angell Garza

Can deaf individuals be effective EMTs and paramedics? It is a difficult question to answer, but in a number of communities across the United States, deaf people are working the streets, providing emergency medical to hundreds of patients each year. How are these medics doing? What kind of hardships are they facing? What special accommodations have been made to facilitate their work, and at what cost to their employers? Are there instances in which their disability has hurt—or helped—their job performance? JEMS interviewed nine deaf men and women who are working in prehospital emergency medicine or who have trained to become EMTs. Here are their stories.

Kathy Hagerty, NREMT-P, Erie, Pennsylvania

A full-time paramedic with Emergycare In Erie, Penn., Kathy Hagerty applied to the commonwealth of Pennsylvania to become an EMT in 1979, the first deaf person in that state to do so. "I threw them for a loop because they hadn't encountered [a deaf EMT applicant] before, and they didn't react fast enough to keep me out," she said. "Then when I applied for paramedic training, I had already established myself as a very good EMT.' In fact, Hagerty, who lost her hearing after contracting German measles as an infant, had become so skilled at lip reading and other methods that compensated for her hearing loss that Bill Brown, executive director of the National Registry of EMTs, said that he didn't know Hagerty was deaf until several weeks after she took—and passed—the Registry's paramedic exam. In addition to her 13-year career with Emergycare, Hagerty teaches EMS classes, performs autopsies for the Eric County coroner's office and was the county's director of EMS education for four years. She was profiled in JEMS in October 1991.

Audrey Hill, EMT, Prince George's County, Maryland

When Audrey Hill was in fourth grade, a teacher told her to abandon her dream of becoming a firefighter because Hill was born with only 20 percent hearing. But Hill ignored that admonition, and by the time she was in high school, she was riding along with the Snowmass (Colo.) Fire Department, and taking first aid and CPR classes. Hill's interest in public safety continued into college at Gallaudet University in Washington, D.C., the nation's only university for the deaf. Gallaudet does not offer an EMS track, but Hill enrolled in an EMT course at nearby George Washington University (GWU). Then, in 1991, she passed the National Registry's EMT exam (an interpreter helped her only during the introduction to the practicum) and began an internship with the Ladensburg Volunteer Fire Department in Prince George County, Md. After graduation, Hill applied for a job with the Prince Georges County Fire Department, but was rejected, she said, because of her hearing loss. Hill appealed the decision, but was unsuccessful, and remains a volunteer EMT in Ladensburg where she "takes the lead' on obstetrical calls, she says, since she helped deliver 55 babies while working with a nurse/midwife in Colorado. Employed as a medical assistant for Kaiser Permanente, Hill presently is awaiting a decision on a complain filed with the U.S. Department of Justice claiming that Prince Georges County violated the American with Disabilities Act.

Nicole Hill, EMT, Fairbanks, Alaska

Audrey's younger sister, Nicole Hill, was born with hearing, but developed an 80-percent hearing loss as an infant. Last year, she became an EMT in Alaska, where she studies biology and fire science at the University of Alaska. She also works part-time grooming ski trails, belongs to the Fairbanks Wilderness Search and Rescue Team and the National Ski Patrol, and climbed 16,700 feet up Denali (Mt. McKinley) in May. She will try for the 20,320 feet summit in May 1998. Despite her accomplishments, Nicole Hill has faced prejudice working as an EMT/firefighter. "The state [of Alaska] withheld my EMT certificate until I wrote a letter explaining how I can do this and that," she said, adding that even though she is a volunteer for a small fire department near Fairbanks, the first chief won't let her fight fires. "He only lets me work as the third medic on a call," she said. "I can't drive the ambulance or respond to calls from home because I can't hear the radio." The fire chief also refuses to support Hill's attempt to become an EMT-2 (Alaska's equivalent of EMT-intermediate) or to attend paramedic classes, she said.

David Tagg, EMT, Allentown, Pennsylvania

David Tagg was born with more than a 70-percent hearing loss, has worked with one partner, Mike Page, for more than 10 years at Cetronia Ambulance Corps, a part-paid, part-volunteer ALS service in Allentown, Penn. Tagg, who become an EMT in New Jersey in 1975, volunteers with Cetronia as an operations supervisor (and pays the bills by working as a workshop instructor and librarian at a residential facility for mentally handicapped adults). Tagg would have liked to
Are Deaf Medics Safe?

Misunderstanding often leads to fear—which perhaps is the greatest barrier faced by people with hearing loss who want to work in EMS. Hagerty says many co-workers now tell her that "a long time ago when they were scheduled to work with me, they were frightened because they didn't know how to work with me." She says she's convinces they were "afraid for their own safety." In fact, the Registry's Bill Brown and Oklahoma state EMS director Eddie Manley, who are involved with the case of a deaf applicant trying to become nationally registered, expressed concern that deaf medics could get hurt on the job of endanger their co-workers. Manly said he asked Registry applicant Ken Brown, who speaks, but not clearly, "how he could protect his other firefighters if he saw a wall falling and couldn't holler." (Brown told him he would pull on the fire hose.) "You must be able to hear someone sneaking up behind you ready to hit you on the head," said Bill Brown. Hagerty admitted that she probably wouldn't hear someone sneaking up behind her. But, as Ken Brown pointed out, many hearing medics might not hear someone creeping up behind them either. GWU professor Steve McGraw, who has taught a number of deaf EMS students, described a man in his 70s who made it through GWU's EMT program despite being
extremely hard-of-hearing and have had a laryngectomy. "He was almost killed on the interstate after he became an EMT when a car blew through police barricades," McGraw said. "Someone yelled to him, but he couldn't hear.' But Hagerty says deaf people are even in more danger of being overprotected. "A theme I keep hearing over and over again is that the deaf community needs the hearing community to protect us and keep us from harm," she said. "I appreciate the sentiment but it is much like an over-protective parent who doesn't allow room for growth and attainment of goals." Deaf medics can be successful, Hagerty said, "If people are willing to work with the deaf instead of trying to set limits for the deaf in the guise of trying to protect us."

BOX ARTICLE

Deaf Medics and the National Registry

Sometimes deaf people pass their EMT classes, but then can’t get certified. Ken Brown, who graduated from an EMT program at Oklahoma City, says he failed the National Registry of EMTs practical exam in August 1994 because he was embarrassed and upset after a sign language interpreter he had brought along to help him understand instruction and the testing scenario was “rudely” ejected from the testing room by Oklahoma state EMS director Eddie Manley. Manly says he had told Brown the day before that he couldn’t use an interpreter. “As soon as I got word we ha d a handicapped candidate, I called the National Registry for advice,” Manley said. “We decided through the Registry policy that we would test him but not provide accommodations.” Since Brown has not retaken the test and Oklahoma requires EMTs to pass the National Registry exam to be state-certified, he can’t care for patients while he volunteers with the Newalla (Okla.) Fire Department. Brown says he plans to retake an EMT class, then try the National Registry exam again in another state in which he’s heard sign language interpreters are allowed in the practical exam. Meanwhile Brown is studying police and fire science at OSU with the goal of becoming an arson investigator. (He also responded with the Newalla Fire Department and helped carry the wounded out the rubble of the federal building in Oklahoma City after it was bombed in April 1995.) “The role of the Registry is to protect the public by ensuring that the person who passes the test can practice at a minimum level of competency,” said Bill Brown, executive director of the National Registry. "The bottom line is that there has been a functional job analysis developed for the jobs in EMS, and candidates have a responsibility to meet those. Otherwise, they put their patients, partners, and employers at risk. If someone cannot perform the essential functions of the job, that person cannot become an EMT." Although some deaf EMTs and paramedics have passes National Registry exams, Bill Brown says that’s only because they were able to do so without any accommodations. Steven Doleac, an athletic trainer and first responder at Gallaudet University in Washington, D.C. who is deaf, passed the National Registry’s EMT exam last year. "I was asked if I would need accommodations and warned I wouldn’t be given any, and that I couldn’t have an interpreter," he said. "They said the test is standardized for all people." Doleac took his EMT course at GWU, and said he usually could understand instructors-unless they spoke while turning their backs to write on the board. GWU also provided a sign language interpreter to help, especially when other students asked questions.

BOX ARTICLE

We Want You to Know

We asked the medics we interviewed what they would like JEMS readers to know about working with deaf partners or deaf patients. Here are some of their comments:

Ken Brown: "People should not feel sorry for the deaf and hard-of-hearing. We just can’t hear—that's it. We use different methods to obtain information, [perhaps] by feeling, using high-technology or by reading gestures and body language."

Tricia Ney Brownlee: "Be patient. If worse comes to worse, write everything down on paper. Do not doubt [us]; you'll be surprised by what we can do."

Steven Doleac: "Most EMTs will tell you they can’t hear in the back of an ambulance so they basically palpate blood pressures. So they have made accommodations for themselves."

Kathy Hagerty: "It may take some work and adjustment by both hearing and hard-of-hearing people to work together. But if the deaf are willing to adapt to the hearing world, is it unreasonable to ask the hearing world to lend a helping hand in that adjustment?"

Nicole Hill: "I would like EMTs, firefighters and fire chiefs to know it takes time and patience to work with a deaf partner. You need to get to know them well and learn to communicate with them."

Chris Oberlander: "Everyone has something they aren't good at, some deficit, even if it may be hidden. For example, I know some medics who are excellent at trauma, but not as good at sitting and listening to an old lady."

Glenn Luedtke: "Be sure you look right at your [deaf or hard-of-hearing] partner when they talk. Tap them on the shoulder, and give them a chance to look at you."
David Tagg: "Don't shout at us. Talk in a normal tone of voice and look at us; we need eye contact. Also, don't cover your mouth or chew gum."