



DBI, the DeafBlind Interpreting National Training & Resource Center, recognizes that there is little existing protocol that guides us in how to navigate a national emergency or pandemic. We reached out to our core team of DeafBlind leaders, educators, and mentors, and asked for their thoughts on how to engage with interpreters safely at this time. Below is a compilation of their thoughts.

DeafBlind leaders weigh in on how to work with DeafBlind folks during the COVID-19 pandemic:

From **Jelica Nuccio**, DeafBlind leader and consultant to DBI:

"I'm not considered an expert in public health, but if it is a medical setting, interpreters would follow the same protocols and precautions as medical professionals. For every new patient, the interpreter would need to wash their hands before and after the assignment, and wear a mask and new gloves. DeafBlind patients also need to wear a mask and wash their hands before and after the appointment. Both the interpreter and DeafBlind patient need to be aware to NOT touch the face. Recommended practice would include the DeafBlind patients wearing disposable gowns and interpreters wear scrubs. For daily non-medical interpreting work, or SSP/Co-Navigator work, the same protocol should apply: both the interpreter and/or SSP/CN and the DeafBlind person should wear gloves and masks in public."

From **Jason "Jaz" Herbers**, DeafBlind mentor and educator with DBI:

"Of course, when following any protocol or practice, it is critical to include respect for communication and the DeafBlind person's autonomy and be sure to inform the DeafBlind person of this protocol."

From **John Lee Clark**, DeafBlind author and poet, and lead trainer with DBI:

"My biggest thought is not how to work with DeafBlind people, but WHO. Generally, the goal of shutdowns, social distancing, etc. is to slow down the spread, to flatten the curve. It is understood that this will not stop it.

I think we (DeafBlind people) may be getting "targeted" with such concerns and questions because we're tactile people. But as it was before the virus hit, we're a population already relentlessly isolated because of [distantism](#). Very few of us go to bars or rock concerts, for example, and we're already more housebound than most people. One way to look at this is we were already in quarantine all along, virus or no virus.

So it bothers me to think that our already minimal social contact would be debated, you know?

Since we were never socially mobile, we are not a population that needs to be ordered to hole up.

Instead, let's focus on minimizing risk and WHO it is that DeafBlind people work with. For example, we probably don't want a 65-year-old interpreter to come and do work as a Communication Facilitator (CF), or a SSP/CN who lives with their 93-year-old mother. A friend needed two CFs to come in for a teleconference. He made inquiries and found two good ones who were "dead-end" people—who've been effectively distancing themselves, don't live with anyone high risk for COVID complications, etc. So he seized on those two and they were happy to do the work. They understand that the virus MAY get passed among them, but they've considered and accepted that risk.

Jelica is right about working in medical settings. Given the choice of going to the hospital only to be pushed around and poked at without communication or staying at home and dying there, I would rather stay home. We don't want the fear of the thing to prevent us from seeking care we need or obtaining essentials in a way that feels human and comfortable.

Another thing to consider is the difference between potentially passing it on to someone high risk and potentially receiving it as a high risk person. We need to look at that and choose, match, assign, and modify practices accordingly. WHO it is is very important."

From DBI:

As an organization, DBI stands in solidarity with the DeafBlind community in the face of this crisis. We seek their leadership in how to best ensure access to critical information, resources, and services. We also call on each person in our networks to do their part as they are able. There may be less opportunities for physical contact at this time, but perhaps there are other ways that each of us can support our local community, by offering to pick up groceries, giving a ride so someone doesn't have to take public transportation, or offering to pick up a meal from a local restaurant. At DBI, we believe that the role of a PT interpreter goes far beyond simply interpreting between languages, but rather extends into learning how to navigate our lives in connection with, and alongside of, the DeafBlind community. We encourage you to reach out and ask your local community how you can show up and support them at this time. That is the true spirit and nature of what we want to promote at DBI.

For more information on DBI, please visit our website or other links provided below.

Links:

[DBI Website](#)
[YouTube Channel](#)
[Facebook Page](#)

OUR VISION

DBI envisions a world that celebrates the life and culture of DeafBlind persons, a world where DeafBlind people have influence and control over their destiny and dreams.

OUR MISSION

The mission of DBI is to honor the diversity and range of communication preferences of DeafBlind individuals, or those who have a combination of vision and hearing loss, by increasing the range and number of culturally-competent and qualified interpreters and mentors.

OUR CORE VALUES

Among many others, DBI holds these core values as it conducts its work:

Autonomy: We are committed to supporting the autonomy of DeafBlind individuals and those with a combination of vision and hearing loss.

Integrity: We value the integrity of our relationship with the DeafBlind community through the life of the grant and beyond.

Collaboration: We recognize the key to creating change is engaging in active collaboration with our mentors, community partners, stakeholders and service providers.

Humanity: We work to honor our collective humanity and respect the DeafBlind's community's culture.

Results: We believe in the strength of evidence-based practices and that without evaluation, effectiveness and impact cannot be measured or assumed.

Trust: We believe that the DeafBlind Community's language is unique and are honored to be entrusted by the DeafBlind community and RSA to carry out this important work and take this responsibility very seriously.

Stewardship: We recognize the fiscal and programmatic responsibility given to us by our funders and are committed to ethical and responsible practices in all we do.