

## National Disability Independence Day – July 26

Source: <https://www.inclusionhub.com/articles/national-disability-independence-day>

In the United States, July 26 is recognized annually as National Disability Independence Day, commemorating the signing of the Americans with Disabilities Act (ADA) into law in 1990.

The landmark legislation has served as a de facto bill of rights for Americans with impairments by assuring their access to economic and civic opportunities. Its passage represented an unprecedented bipartisan effort to acknowledge the centuries of discrimination suffered by the disabled community, and a fundamental change to how they live their lives.

The story of the ADA remains a significant chapter in U.S. history and the ongoing struggle for disability rights. On the 31st anniversary of this important civil rights law's passage, let's take a closer look at its origins and how it has changed the lives of so many for the better.

### The Start of The American Disability Movement

The American disability movement began in earnest in the 1960s with grassroots efforts to resist the centuries-old notion that its members were defective and lacking and needed to be segregated from civic life. Inspired by the manifestos of the broader civil rights struggles of the time, the movement rejected these cruel and paternalistic attitudes and advocated instead for full access to opportunities in employment, education, and public life.

Gradually, efforts to enact legislative and policy changes to better support the needs of people with disabilities were rewarded. A significant shift in public policy occurred with the passage of Section 504 of the Rehabilitation Act of 1973, which prohibited recipients of federal funds from discriminating against people with disabilities. In addition, Section 508 of the Act, later updated in 1998, included standards advising that federal information distributed electronically also be accessible to those with disabilities. This important section was updated again in 2017, to among other improvements, clarify and expand its coverage regarding digital accessibility.

### The Americans With Disabilities Act

The ADA, first introduced in 1988, was designed to build on the progress of the Rehabilitation Act. The goal was to expand the rights of the disabled community in a single law by ensuring their freedom from employment discrimination and access to all levels of government, public establishments, transportation, and communication.

Congress passed the bill in 1990 with strong majorities in both legislative bodies: 327-28 in the U.S. House of Representatives and a 91-6 vote in the U.S. Senate. And, in a moving ceremony on the South Lawn of the White House, on July 26, President George H.W. Bush signed it into law to resounding applause from more than 3,000 people in attendance—many with disabilities, disability rights activists, and advocates.

"Three weeks ago, we celebrated our nation's Independence Day, and today we're here to rejoice in and celebrate another Independence Day, one that is long overdue," he declared. "And with today's signing of the landmark Americans with Disabilities Act, every man, woman, and child with a disability can now pass through once-closed doors into a bright, new era of equality, independence, and freedom."

### Impact on the Disabled Community

The ADA has had a tremendous impact on the disabled community. Peter Berg, project coordinator of technical assistance at the Great Lakes ADA Center, tells InclusionHub it "has brought about large-scale integration of people with disabilities across society. This, in itself, has been transformative for many." Here are just a few improvements he references:

- The addition of structural enhancements, such as elevators, ramps, U-shaped door handles, and lever-operated and door-push mechanisms have made the difference in being able to commute, work, attend school, stores, entertainment, and civic venues of all kinds.
- Access to information throughout public life has expanded due to the widespread use of sign-language interpreters.
- The ability for students of all ages to attend or remain in school has increased with access to large-print books, ZoomText, and orated exams.
- Access to entertainment and educational performances has improved, thanks to earphones and audio description devices.

Still, while the ADA's prohibitions on employment discrimination have codified protections for millions, an overall increase in the employment of disabled people has yet to be achieved. According to the NCD's "2020 Progress Report on National Disability Policy: Increasing Disability Employment," nearly two-thirds of the 22 million working-age Americans with disabilities have been left out of the labor market. And those that are actively looking for work experience an unemployment rate *twice* that of workers without disabilities. Most agree, however, that the underlying causes of this underemployment are varied, complex, and extend well beyond the limits of the ADA.



## July 2022 Calendar

National HIV Awareness Month  
National Minority Mental Health Awareness Month  
National Black Family Month

- 1 – Canada Day (Canada)
- 4 – Independence Day (US)
- 10 – Martyrdom of the Bab (Baha'i)
- 13 – Obon (Buddhist/Shinto)
- 14 – Bastille Day (France)
- 15 – World Youth Skills Day
- 18 – Nelson Mandela International Day
- 24 – Pioneer Day (Mormon Christian)
- 24 – World Day of Grandparents and the Elderly
- 25 – St. James the Great Day (Christian)
- 26 – Americans with Disabilities Day (US)
- 28 – World Hepatitis Day

## Ways to Encourage Patient Autonomy

By Maria Baker, CT, CMI, CCHI

Source: <https://ata-md.org/caduceus/Caduceus-Spring2022.pdf>

Since interpreters started to be a part of the US healthcare system in the early '90s, our role has grown and diversified in many ways. Healthcare interpreters have become an instrumental part of the team, as acknowledged by other healthcare professionals. In a perfect world, however, we would not need healthcare interpreters. The patients that we work with would not need our help; they would be able to receive appropriate information and healthcare services, and even advocate for their needs without us. In other words, they would be autonomous and self-reliant. Well, while we cannot offer our patients this perfect world, there are some things we can do to foster patient autonomy and get closer to this ideal.



After interpreting in healthcare for 8 years and coming in contact with many colleagues in various settings, I have come to consider that autonomy and self-reliance are very important concepts because they are the core justification for our intervention. A person who does not understand what they are being told cannot make informed decisions. This eliminates autonomy and self-reliance. As interpreters, **we level the playing field:** we enable the patient to receive the same information as their English-proficient peers, and to have the same opportunity to ask questions. This, in turn, ensures an equal opportunity to make decisions. What patients decide to do with this information and opportunity is entirely up to them, and outside the realm of the interpreter role.

In order to safeguard autonomy and self-reliance, I propose some practical suggestions to walk this “fine line” between empowering patients and taking over.

1. **Filling out forms.** It is common that when a patient walks into a medical facility for the first time, the intake process begins with completing a stack of forms. What do we do when the receptionist hands the clipboard to US, the interpreter? We hand it to the patient, of course. Some patients will hand it right back, and thus indicate that they need more help from us. In other cases, the patient has a little knowledge or experience and can complete at least part of the paperwork independently. What we should not do, in my humble opinion, is decide for them—decide ourselves how much help they need. Giving the patient a chance to ask for this help is more empowering and less condescending.
2. **Navigating the healthcare (and other) systems.** Sometimes, patients need to be connected with other healthcare professionals or with other resources (financial assistance, transportation, etc.). While it would be easy to get on our phones and find appropriate and available services, we may be depriving the patient of an opportunity to learn their way around and, once again, use their voice. In addition, this behavior may create confusion about the role of the interpreter, which is mainly to interpret. In these cases, I suggest directing the patient to a staff member and encouraging the patient to ask questions with the assurance that they will be faithfully interpreted.
3. **Using register usefully.** Another frequent occurrence is medical providers using a somewhat technical register and terminology when speaking to patients. Many interpreters use a more informal register when they interpret for the patient. This is normally done with the best intentions, but with a somewhat prejudiced underlying assumption: that the patient “will not understand” unless we dumb things down for them. According to the CHIA Standards for healthcare interpreters, accuracy demands that our rendition reflects the register that the speaker uses.<sup>[vii]</sup> Once again, we are giving patients an opportunity to use their voice and ask for clarification, instead of making assumptions about their level of understanding.
4. **Clarifying only when requested.** In point 2 I addressed the interpreters’ frequent assumption that patients are incapable of understanding certain concepts or terms. Another habit that we sometimes see interpreters exhibit is providing additional explanations that the healthcare provider did not include. This is also a violation of our duty to interpret accurately. It is important for interpreters to leave assumptions behind and trust the patient’s agency and voice: if they need clarification, let’s give them a chance to ask for it. By the same token, I suggest not adding explanations that the patient has not uttered. Patients know what they say and why they say it; providers can ask any necessary follow-up questions as well.
5. **Giving them some space.** As the IMIA Guide on Medical Interpreter Ethical Conduct says, “leave the room when the provider leaves the room.” There are various reasons for recommending this course of action. One of them is the importance of maintaining boundaries and clarity about our role. Waiting alone with the patient in a situation where a provider is not present may create confusion about your role and lead the patient to expect certain forms of support that are not part of our role. Remember: we are there to level the playing field... not to tilt it in favor of patient or provider. When English-speaking patients wait by themselves; it makes sense that LEP patients do as well. It is possible to say that these suggestions to enhance patient autonomy can be summarized as “Do more interpreting, and less of everything else.” I share these suggestions hoping that, as interpreters, we can do our part to empower our patients and avoid being in the way of their agency as protagonists of their own care.