

To Distinguished Ladies and Gentlemen:

Thank you for giving your time to consider my written testimony today. I am writing in support of SB 230 for multiple reasons. However, first some background information is in order to verify my reasons of support of this bill.

I am a CODA (hearing Child Of Deaf Adults) who were Deaf educators themselves. I started interpreting phone calls and face-to-face conversations at the age of four. This is **never ever** a good practice! This behavior of using children to interpret for family members still persists to this day in both rural and urban communities with large DHH populations. As an interpreter for a Video Relay Service (VRS) under the FCC (Federal Communications Commission), I see doctor, attorney, and other business receptionists every day ask their DHH clients to bring their own interpreter along to the appointment even if it is a friend or family member.

I continued to interpret in highly critical situations such as parent/teacher conferences, hospital and emergency room visits, and community events to the point that I had had enough (age 14). At that point my parents were fortunate to find several **volunteer** interpreters to fill that role so that I could enjoy what was left of my childhood as a child/young adult (interpreter certification and payment for services was not yet a standard). Thankfully there is national and state certification today as well as interpreter registries and interpreting agencies to provide interpreters so that family members do not have to experience some of the traumatic experiences I did growing up. This bill will eliminate the use of family members interpreting for each other.

In addition to my VRS work, I also interpret in emergency situations at the Kansas School for the Deaf (KSD) when there is not another certified interpreter available. I also interpret in the community as well as on the stage as a Level 5/5 ASL/English certified interpreter in the state of Kansas. However, while attending doctor's appointments or conducting business such as funeral arrangements with my family members, I still encounter interpreters who are not of the caliber expected to perform their duties appropriately, and I end up filling in the gaps for my own Deaf wife or my own Deaf children. This bill will help raise the bar of accountability in the skill level of certified interpreters.

I am also employed as the Bilingual Specialist at KSD. I see many Deaf and Hard of Hearing (DHH) children every single day who are deprived of language. They come to KSD because they need language for basic survival. I appreciate KCDHH's role in the coordination of establishing the Language Assessment Program and reporting results annually. Many of these children previously were passed over by simply placing a certified interpreter in the classroom as a band-aid approach. Unfortunately, if DHH children haven't acquired ASL, then they do not benefit from an interpreter. If the DHH children have acquired some ASL, often they are behind their peers in content knowledge and language level by several years. It is **impossible** for an interpreter to modify the language used more than two grade levels. Furthermore, the majority of interpreters in the public-school system are certified at a Level 3 or below, which means they can only render **60% or less** of the information happening in the classroom correctly. This is appalling. This bill can help monitor and ensure that educational interpreters are doing their due diligence for the DHH population in the public-school system.

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Finally, it needs to be understood that every single DHH person has their own different communication needs and skills. They require different modes of communication accessibility and deserve the right to advocate for and receive what is most appropriate for her/him. One day in the fall of 2017, my Deaf son broke his collar bone in a football game. I made an appointment with a bone specialist to see what could be done. However, I asked for a CDI (Certified Deaf Interpreter) to team with an ASL/English interpreter instead of just an ASL/English interpreter because of a prior experience during my son's primary doctor appointment for a routine physical in the spring of 2017. This interpreter made such a huge mistake in interpretation that my son missed playing time and it cost our family more time, money, and additional doctor's appointments unnecessarily. My son and I realized that because of his unique learning style, he would benefit more from using a CDI. My son was denied his right to a CDI at the bone specialist appointment because he was not deemed a person with "mental difficulties" or "low language level" and because it was already documented that he had used an ASL/English interpreter before, but not a CDI. This bill will help broaden the scope of available communication access options and services for DHH people who have the **right** to choose what best fits their needs.

I wish you the best of luck in your consideration of SB 230.

Thank you!

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