# INQUIRY INTO HEARING HEALTH IN AUSTRALIA

## SUBMISSION FROM MICHAEL UNIACKE

Thank you for this opportunity to contribute to the enquiry. Such an inquiry is well overdue.

# **Background**

I am a writer and journalist, often specialising in deafness-related themes. Since the early 1980s I have had articles on the subject published in a variety of newspapers, journals and online forums. My most recent and current piece is an opinion article on captions in cinemas for the *National Times Online*. My feature article in 1987 on the cochlear implant 'Of mircles, praise – and anger – the bionic ear' presented for the first time in this country, and one of the first anywhere in the world, an alternate view which sought the views of Australia's Deaf community on the cochlear implant. I have worked and written extensively on disability issues also, having founded Australia's first community newspaper on disability, again in the early 1980s. Some employment has been as a newspaper and magazines subeditor, and as a magazine columnist. I have written a column which reported on Australian deafness affairs for a United States newspaper, and have made presentations on deafness on radio. At present I am employed in disability policy with the Victorian Government. However I make this submission in my private capacity.

I was born deaf to hearing parents, in a family in which four of five children were likewise born deaf. I have very little usable hearing. I was educated at mainstream schools with the assistance of visiting teachers of the deaf. Since leaving school, I have maintained a life long contact with various forms of the communities of Deaf and hearing-impaired people. I have served in voluntary and paid capacities with deaf youth groups and social groups, and deaf groups associated with theatre and drama. I have been employed in a professional capacity with a major deafness welfare agency, with a rural deafness outreach program, and with a deaf consumer group. I have taught basic sign language in adult education centres. I hold memberships with Deaf Australia and with the Victorian branch of Better Hearing Australia. I am fluent in Auslan.

I hold an Arts degree with a major in literary studies, and I have other qualifications in welfare and in workplace training and assessment.

### Focus of this submission

I have a particular interest in the implications of hearing impairment. I concentrate less on detail, but on the broader sweep of deafness and hearing impairment and its history.

#### (a) EXTENT OF HEARING IMPAIRMENT

There are enough studies which have attempted to estimate the numbers of Deaf and hearing-impaired people. All studies have their limitations, and the only certainty is that the numbers are vast, and increasing.

The tragedy of such numbers is the wholesale denial of hearing impairment by millions who are affected by it. Denial cuts people off from services and technology which could make a major difference to the quality of life. Denial means that people do nothing when faced with discrimination and injustice because of deafness.

# (b) IMPLICATIONS OF HEARING IMPAIRMENT

Deafness is described as "invisible". This description is neither strictly true nor particularly helpful. It is more realistic to state that it is not difficult to conceal a fact of hearing impairment. Many Deaf and hearing-impaired people become skilled at the subterfuges of transacting communication with hearing people. There is nothing wrong with this, but it becomes problematic when it becomes a dominant mode of transaction, or when it provokes unnecessary and repeated anxiety.

The invisibility of deafness renders Deaf and hearing-impaired people vulnerable to exploitation. Having said that, deafness needs to be rendered more visible. Deaf and hearing-impaired people endure forms of discrimination that would not be tolerated by other impairment groups. The fact this Inquiry has become necessary reveals the political invisibility of Deaf and hearing-impaired people.

For Deaf people – those who communicate via Auslan – the emergence of the professional discipline of sign language interpreting is rendering deafness highly visible. At any public gathering, it is not difficult to pretent to hear when you don't. However it is impossible to deny the presence of a highly visible Auslan interpreter. Such visibility of deafness is a reason why Deaf people are more politically active, form a community, and arguably are happier than their millions of hearing-impaired counterparts – those deaf people who communicate via speech and lipreading.

There is much emphasis on how difficult it is to have a hearing impairment. Undoubtedly this is true. I fear however that such viewpoints give a distorted impression. Of course it is difficult being Deaf or being hearing impaired. But there are a lot of things that make life difficult for any person. It is not the fact of deafness that makes it difficult for a Deaf or a hearing-impaired person. Social isolation, ignorance, and stereotypical attitudes do far more damage than the mere fact of deafness. The Inquiry should be clear on the distinction between deafness itself, and the consequences of deafness. It is these consequences that need to be tackled, by support for Deaf and hearing-impaired people and by education.

The very title of this Inquiry, into hearing *health* places deafness in a health category. The title suggests that either we are healthy – we have hearing; or we are unhealthy – we have not hearing. But the simple physiological fact of deafness is not a health issue. Yes, it can provoke health problems, mental health problems in particular, for example. So do hundreds of other factors, for example a low income, or unemployment, or assorted socioeconomic factors. But to be Deaf or to be hearing-impaired of itself does not make one unhealthy.

By far the best people from whom Deaf and hearing-impaired people can learn to deal with the implications of deafness are not scientists, medical specialists, hearing specialists, teachers or other well-meaning professionals. The deafness industry is plagued by professionals who spend their working lives seeing Deaf and hearing-impaired people not as people but as medical cases, as audiological specimens, as small children or "special needs" students – as anything but people.

It is other Deaf and hearing-impaired people who are the greatest guides and teachers for Deaf and hearing-impaired people. For such people, deafness is not a theoretical construct, but something with which they live every moment of their lives.

The Inquiry should support initiatives that allow Deaf and hearing-impaired people to support themselves and each other.

## (c) Access to hearing services

Numerous submissions point out the rank injustice of the sudden cessation of services from the Commonwealth when the Deaf and hearing-impaired people peoplerson turns 21, and rightly so.

This issue has occupied advocacy groups for decades. I hope the volume of submissions that emphasise this point will ensure the Inquiry understands the seriousness and the rank injustice of the cessation of hearing services when young Deaf and hearing-impaired people reach the age of 21 years. The fact this has been allowed to continue for decades indicates the relative political powerlessness of Deaf and hearing-impaired people.

I researched this topic for a journalism unit I completed during my Arts degree at Deakin University. The origins lie in a 1946 submission to the Cabinet of the Chifley Government from the Department of Health. This submission revealed concerns about those who served in the war, plus children whose deafness was caused by an earlier epidemic of rubella. The submission reflected a common belief that once a child was fitted with a hearing aid, he or she would be able to take place in a classroom in a mainstream school.

Other than some administrative changes, the eligibility criteria have been largely unchanged for more than 60 years. What was appropriate for Ben Chifley's postwar reconstruction government lost its relevance long ago. However the Commonwealth has trenchantly clung to this historical oddity. Numerous advocacy groups have pressed for changes; apart from the Commonwealth's predictable response that views will be "considered" in a budgetary context, I discovered that the Commonwealth has replied on a clause in the Australian Constitution to claim it cannot alter the eligibility criteria. I do not have the details, but at the time I ran this past a constitutional law expert who claimed this was highly contentious.

A comparison with pensions and other benefits enjoyed by blind and vision-impaired people, since the Second World War, is a stark portrayal of prevailing attitudes. For most people, blind people arouse concern, but deaf people arouse impatience.

I endorse all moves to make the cost of hearing aids, cochlear implants, batteries, speech processors, and other technological devices, fair and equitable.

#### **FURTHER NOTES FOR THE INQUIRY**

Take heed of the collective wisdom of Deaf and hearing-impaired people

Professor Grame Clarke in his 2007 Boyer lecture about the development of the cochlear implant, quotes a blind man David Blyth, as an example of how well blind people adapt:

When I am walking down the street people often say to me, "You didn't stop before you crossed that side street". I didn't need to, as I was listening many paces before I got there. If I heard a car I would stop; otherwise I would keep walking. I can also use the feel of the footpath to tell me where I am, and my sense of smell to locate the bakery or the restaurant.

It rarely occurs to commentators that there is an equivalent in deafness: many Deaf and hearing-impaired people exhibit considerable skill and nous when negotiating communication with hearing people. They deal with a complex range of factors such as noise, lighting, attitudes, speech and environment to transact communication with hearing people. There is no such thing as a Deaf community which has nothing to do with hearing people. All Deaf and hearing-impaired people, to varying degrees, live, work and communicate with hearing people.

The Inquiry should not overlook the collective knowledge and wisdom of Deaf and hearing-impaired people, gained over decades, when considering measures to alleviate the implications of deafness.

## Technology is part of a solution

Technophiles, particularly with regard to the cochlear implant, have a blind belief, bordering on the evangelical, that technology will eliminate deafness. Their stance resembles earlier waves of religious clerics and ideologues, all of them hearing people, with fixed views about Deaf and hearing-impaired people and their place in the world. Technology is a servant to what Deaf and hearing-impaired people need.

There is no "miracle" of technology for deafness. The real miracle in deafness derives from the personal: when people come to terms with being Deaf or hearing-impaired, and accept it as a part of who they are.

# Be wary of predictions of the "demise" of deafness

For almost 130 years, various hearing people have been predicting the demise of deafness and the Deaf community. In 1880 a European conference of deaf educators, many of them clerics, voted to abolish sign languages around the world in favour of the promotion of speech and lipreading for all deaf children. The conference president went so far as to insist that the act of using sign language was a sin. Reporting the Congress, a correspondent with *The Times* reported the deafness was abolished.

Since then, there have been various predictions that deafness will come to an end. The late Peter Howson MHR was one such, in the 1980s. But none of these predictions have been proved. Deaf people have shown resilience in the face of massive changes since the early postwar period in Australia. During that time the Deaf community accepted Deaf people who wore hearing aids; it accepted young Deaf people raised in oralist (anti-sign-language) traditions, and it continues to accept Deaf people with a cochlear implant. The Deaf community has continued to prosper in the face of major change because Deaf people have revealed a capacity to be flexible and adapting.

Not one of the overexcited commentators predicting the demise of the Deaf community would dare to predict the demise of various Indigenous communities or ethnic groups.

#### Conclusion

Numerous submissions have an inbuilt distortion. They come from people and organisations who have never questioned the premise on which they found their submissions – that to be deaf is by definition to be sick, to be a lesser human being, to be pitied, or to be in need of the kind of help that they alone can give.

The late Elizabeth Hastings, the former Disability Discrimination Commissioner, at a speech in Fremantle in 1996, said this:

Even though my disability is not especially convenient, attractive or desirable, it is my life and I have absolutely no wish for it to be otherwise. Not everybody will feel the same way about his or her circumstances. However many people with disabilities do think and feel the way I do – that we do not wish to be altered, cured or transformed. We do wish our equipment would work reliably, and that education, transport . . . and information were accessible to us.

Hastings got around in a wheelchair following a bout of childhood polio. Her simple words, "it is my life", are deeply confronting, because they represent an idea that we all need to take some responsibility in making a world that is more accommodating for the vast diversity of people with a disability.

Her views about disability are similar to the views that many Deaf people have about being Deaf, and their greatest need – access.

My lifelong experience of deafness tells me that deafness is a subtle, elusive and paradoxical condition. I believe that each Deaf and hearing-impaired people has to arrive at his or her own conclusions about being Deaf or hearing impaired. Their decision must be respected and acknowledged.

Please ensure that the integrity, skills, knowledge and experience of Deaf and hearing-impaired people form part of your recommendations.

I wish you well in your deliberations.