

Submitter: Velma Foust
On Behalf Of: Deaf community in Southern Oregon
Committee: Joint Committee On Ways and Means
Measure, Appointment or Topic: HB5006

Honorable Members of the Committee,

My name is Velma Foust, and I am here today to share the everyday experience among members in the Deaf community in Southern Oregon. I've lived in the Medford area for the past 13 years. I come from a Deaf family, and my youngest Deaf child is currently in his senior year of high school.

In 2018, after exhausting every effort with our local school district and their inability to provide the accommodations my son needed to succeed, I made the difficult decision to send him to live with his sisters in Northern California so he could attend a state school for the Deaf. This choice changed the course of his life. He recently received acceptance to the Rochester Institute of Technology (RIT) and aspires to become an attorney. His story is just one example of what Deaf children can achieve—when they are given access to the resources they need.

I'm here today to address three critical issues affecting Deaf children and adults across our state: language deprivation, the shortage of qualified ASL interpreters, and limited access to mental health services.

First, language deprivation begins when Deaf children are denied early access to a fully accessible language like American Sign Language (ASL). Without language, these children face developmental delays, challenges in identity formation, and serious emotional and mental health issues. This kind of deprivation leads to isolation and long-term harm.

Second, there is a severe shortage of qualified ASL interpreters in schools, hospitals, and especially mental health settings. Unqualified interpreters often cause miscommunication that can lead to serious consequences. Access to trained, certified interpreters is not a luxury—it is essential for Deaf individuals to access education, healthcare, and other vital services.

Third, mental health care remains largely out of reach for many in the Deaf community. Most providers are not fluent in ASL and lack cultural awareness, leading to misdiagnosis, ineffective treatment, or denial of care altogether. We need more culturally competent mental health professionals and qualified interpreters who understand the nuances of mental health contexts.

I urge you to work with Deaf stakeholders and key players to address the ongoing and severe barriers faced by the Deaf community in Southern Oregon—especially in education, healthcare, and mental health access. I am asking you to stand with us and help uplift the marginalized Deaf, DeafBlind, and hard of hearing communities by investing in equitable solutions and meaningful inclusion.

Thank you.

Velma Foust