

Hearing MAGAZINE Loss

March/April 2009

ALSO IN THIS ISSUE:

The Problems
Inherent to
High-Frequency
Hearing Loss

Learning a
Second
Language—
Potentials
and Diverse
Possibilities

Step Up for
People With
Hearing Loss:
Walk4Hearing

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on Hearing Loss



HLAA Convention 2009

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Hearing MAGAZINE Loss

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Hearing Loss Magazine (ISSN 1090-6215) is published bimonthly by the Hearing Loss Association of America, 7910 Woodmont Avenue, Suite 1200, Bethesda, Maryland 20814. Annual Membership Dues are: USA—Individual \$35, Family \$45, Professional \$60, Student \$20, Libraries & Nonprofit Organization \$50, Corporate \$300. Canadian and overseas memberships are also available. Members receive a complimentary copy of *Hearing Loss Magazine*. Single copies of *Hearing Loss Magazine* are available to non-members for a \$5.25 shipping and handling charge.

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Postmaster: Send address changes to *Hearing Loss Magazine*, 7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814.



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Howard E. "Rocky" Stone
(1925-2004)

In 1979, Rocky Stone founded the organization as Self Help for Hard of Hearing People (SHHH).

The thinking behind the self-help philosophy for SHHH was to enhance each of us as human beings. Hearing loss was an important but secondary consideration. Once we accept responsibility for ourselves, we have to learn to love ourselves, and then, each other. —Rocky Stone



Hearing Loss Association of America

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The Hearing Loss Association of America is the nation's foremost membership and advocacy organization for people with hearing loss. Hearing Loss Association of America opens the world of communication to people with hearing loss through information, education, support and advocacy. The national support network includes the Washington, D.C., area office, 14 state organizations, and 200 local chapters. Our clear, straightforward message has changed the lives of thousands of people: *Hearing loss is a daily challenge you can overcome. You do not have to hide your hearing loss. You do not have to face hearing loss alone.*

For advertising information, contact Stephanie Bunsick at stephanie.bunsick@theygsgroup.com.

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SIEMENS

By Michael Stone



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President's Message

Your HLAA Board of Trustees is charged with the responsibility of governing the Association which includes approving a strategic plan, nominating candidates to the Board, approving the annual budget, and overseeing the overall operations of the organization.

On the next page is a ballot to elect a regional representative to the Board of Trustees from the Northeast Region. The role of regional representatives is to listen to your concerns and issues and present them to the Board. They also help in the development of each region working closely with state and chapter organizations as well as the membership at large.

HLAA is hard at work to unify our organization. Only if every member understands our mission and we work together will we be able to open the world of communication to all hard of hearing people. If it is time for the region you live in to vote for your representative to the HLAA Board of Trustees, let us know that you are listening by voting in this election. **HLM**

Michael Stone is the president of the Board of Trustees and lives in Washington, D.C. He can be reached at president@hearingloss.org.

Deb Charlea Baker

**Northeast Region Candidate for Re-election
Vote by May 1, 2009 if you live in this Region**

Deb Charlea Baker is seeking re-election to the Board of Trustees as the Northeast Regional Representative. She has been a member of HLAA since 1988 and has served on the Board since 2006. She is currently serving as secretary for the 2008-2009 term. She also serves on the CNPC (Chapter National Partnership Committee) and Rocky Stone Remembrance Committee.

Deb was a Vocational Rehabilitation Counselor for over 20 years, working with people who are hard of hearing, late-deafened and Deaf. She holds a master's degree in Community Psychology from Springfield College, and is a long-time member of the American Deafness and Rehabilitation Association (ADARA). She currently serves on the Vermont Hearing Aid Task Force. Over the years, she has been involved with a number of community initiatives and programs working to improve services for all Vermonters with hearing loss.

The experience she brings to the board includes expertise in advocacy, young adult hard of hearing issues, hearing assistive technology, alternate listening and communication strategies, and an understanding of audiological and medical issues related to hearing loss.

During her first term Deb kept in close touch with the HLAA Chapter leaders and individual members in the Northeast Region through frequent e-mail correspondence, Walk4Hearing activities and by giving presentations at several chapter meetings in different parts of the region. **HLM**

HLAA BOARD OF TRUSTEES 2009 ELECTION OFFICIAL BALLOT

Member Identification Number: _____ Zip Code: _____

(Appears on label of Hearing Loss Magazine)

Hearing Loss Association of America Board of Trustees 2009 Election for Northeast Regional Representative

Please return by mail or fax, postmarked by **May 1, 2009**, to:
HLAA National Elections • 7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814 • Fax: 301/913-9413

Deb Charlea Baker is presented for election to the HLAA Board of Trustees. The Board will hold a meeting during the 2009 HLAA Convention where new board members will be installed.

1. Only current national members who live in the Northeast Region may vote.
2. Use only this ballot.
3. Write membership number and zip code or vote will be disqualified.
4. In the case of a Couple or Family Membership, both spouses have one vote.
Spouses vote in the second column where indicated.

NORTHEAST REGION – ME, NH, VT, MA, NY, RI, CT, NJ, PA, DE, MD and the District of Columbia

	SPOUSE VOTE			
	YES	NO	YES	NO
Deb Charlea Baker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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By Brenda Battat



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From the Executive Director's Desk

Brenda Battat is executive director of Hearing Loss Association of America and wears both a hearing aid and a cochlear implant. She lives in Bethesda, MD, with her husband Joe. She can be reached at battat@hearingloss.org.

On January 18, 2009, the eve of Martin Luther King Day and two days before the presidential inauguration, 1,000 people celebrated at the first-ever Disability Inaugural Ball—"Disability Power & Pride." The Hearing Loss Association of America was a supporter of the ball and several members of the HLAA staff attended the event at the National Press Club in Washington, D.C., along with many other representatives of consumer organizations from all disability groups.

Tony Coelho, former congressional representative from California's Central Valley, was the master of ceremonies for the event. Speakers included Senator Harkin and Representative Steny Hoyer, both champions of the Americans with Disabilities Act (ADA), and Melody C. Barnes, recently appointed director of the Domestic Policy Council.

Senator Harkin (Iowa) noted the progress that people with disabilities have made since the ADA was passed, but he reminded us that there is one exception—employment. Sixty three percent of people with disabilities are still unemployed—that is shameful in a society such as ours. We know that people often retire early because of hearing loss. In this way valuable employees are lost, because stigma prevents them from being open about their hearing loss in the workplace; therefore, they do not get the help that is available to them to continue working productively.

President Barack Obama's campaign with its message of change captured the hope and imagination of many including people with disabilities. Change is linked to hope for better things and people with hearing loss are ready to work for the kind of change they need to be included in society and for a better life.

HLAA is ready to work for change in health care to ensure that hearing health is given the attention and resources that it deserves. It's time to consider hearing loss a health issue just as we do any other health condition. It should be routine to screen our hearing regularly throughout our life spans, not just at birth. We should have the freedom from stigma to allow us, if we are diagnosed with hearing loss, to confidently and without embarrassment seek the treatment we need. Through insurance coverage, whether a private or government program, everyone should have access to the hearing devices and associated services needed to treat his or her hearing loss no matter their age or economic situation.

This is the change we seek. ■■■■



© Barbara Kelley

From left: Brenda Battat, Lauren and Larry Goldberg, and Christopher T. Sutton, HLAA director of development and education. Larry Goldberg is the director of The Media Access Group at WGBH in Boston. The Media Access Group produces captions and video descriptions for all media. Through its Carl and Ruth Shapiro Family National Center for Accessible Media, they conduct research and development, develop guidelines and standards, and author publications—all in an effort to make media and technology accessible to people with disabilities in their homes, schools, workplaces, and communities.

HLAA Convention 2009

June 18–21, 2009
Gaylord Opryland Resort
and Convention Center
Nashville, Tennessee

NASHVILLE!



Don't Miss This! **Hearing Loss Association of America Convention 2009 in Nashville, Tennessee**

By Nancy Macklin

You're invited! Join us in Nashville as we celebrate 30 years of extraordinary accomplishments and look to the future with an eagerness and determination to make the world a better place for people with hearing loss. Convention 2009 promises to be a memorable event, to say the least. With so much to do and see, you'll want to make sure you bring your most comfortable walking shoes (or cowboy boots).

Our communication accessible program includes top researchers and professionals presenting on a variety of topics, including a track of workshops especially for young adults with hearing loss.

It's no secret that the Internet is one of the greatest inventions of all time, so plan to attend the Opening Session to hear keynote speaker Dr. Vinton Cerf, a "Father of the Internet."

You won't want to miss this year's Research Symposium sponsored by the Deafness Research Foundation titled, "An Update on the Latest Hair Cell Regeneration Research."

Peruse the Exhibit Hall with a wide assortment of hearing loss related products, services and information, as well as afternoon socials.

Join HLA staff, Board of Trustees members, and distinguished guests as we celebrate in grand style at the HLA 30th Birthday Celebration.

Oh, and of course, save some time to meet up with both old and new acquaintances.

Communication Access for People With Hearing Loss

All sessions, workshops, and major events at the convention are real-time captioned. Assistive Listening Devices (ALDs) are provided free of charge by request at the HLAA Registration Desk. Sign language interpreting services are provided at all major events. If you have assistive listening devices that you can use during the convention, please bring them with you.

Workshop Topics Covered in Five Tracks:

Healthy Living and Working Relationships and Communication
Hearing Technology
Advocacy and Access
Young Adult Issues—**NEW!**

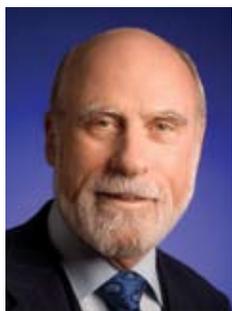
The complete workshop schedule is available on www.hearingloss.org. Look for the entire Program Book to be posted by the end of May.

Dr. Vinton G. Cerf—Opening Session Keynote Speaker

HLAA is pleased to welcome Vinton G. Cerf, Ph.D. as the keynote speaker for the Opening Session. As vice president and Chief Internet Evangelist for Google, Dr. Cerf is responsible for identifying new enabling technologies and applications on the Internet and other platforms for the company. Dr. Cerf is the co-designer, with Robert Kahn, Ph.D., of TCP/IP protocols and the basic architecture of the Internet.

In 1997 President Clinton recognized their work with the U.S. National Medal of Technology. In 2005, they received the highest civilian honor

bestowed in the U.S., the Presidential Medal of Freedom. Dr. Cerf will be speaking about technologies for accessibility and the Internet.



Research Symposium:

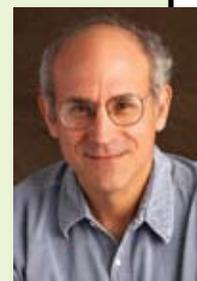
An Update on the Latest Hair Cell Regeneration Research

Sponsored by the Deafness Research Foundation



George A. Gates, M.D., medical director of the Deafness Research Foundation, will moderate the symposium and introduce his distinguished colleagues. Dr. Gates' research includes work on the biology of presbycusis and Meniere's disease, and he has conducted clinical trials in otitis media and Meniere's disease.

Neil Segil, Ph.D., joined the House Ear Institute in 1996 and is currently director of the Division of Cell Biology and Genetics. He also holds the position of research associate professor in the Department of Cell and Neurobiology at the University of Southern California, Keck School of Medicine. Dr. Segil's research at House Ear Institute is focused on developmental aspects of cell cycle regulation and cellular differentiation as they relate to the inner ear, hearing loss and regeneration.



Douglas A. Cotanche, Ph.D., is an associate professor in the Departments of Otolaryngology-Head & Neck Surgery and Anatomy & Neurobiology at Boston University School of Medicine, a lecturer in the Department of Otolaryngology at Harvard Medical School, and a member of the Affiliated Faculty of the Harvard-MIT Division of Health Sciences and Technology. Dr. Cotanche's research has focused on the development and regeneration of hair cells and the tectorial membrane in the avian and mammalian cochlea.

In 1986 he co-discovered that birds can regenerate their cochlear hair cells after sound damage and regain their hearing. He has continued his research on regeneration and has been a prominent force in the drive to develop hair cell regeneration as a potential treatment for sensorineural deafness. Currently the work in his lab is also exploring the therapeutic potential of stem cell transplantation into the damaged mammalian cochlea.

Hinrich Staecker, M.D., Ph.D., completed his residency in otolaryngology at Montefiore Medical Center, and went on to a fellowship in Otolaryngology and Neurotology at Massachusetts Eye and Ear Infirmary. His clinical interests include cochlear implantation and treatment of sensorineural hearing loss. He initiated clinical studies including evaluation of balance function in implant patients and music listening skill of cochlear implant patients with residual hearing. Dr. Staecker's current basic science research interests are focusing on the application of gene therapy for inner ear disorders. He is currently a tenured associate professor in the University of Kansas School of Medicine.



HLAA 30th Birthday Celebration

Please join us for a special evening of fabulous food and entertainment. We'll start out the evening with strolling magician Tom Vorjohan who has been delighting audiences for over 30 years (since he was 12!).

We'll present 30 years in pictures with a DVD generously donated and produced by Richard McCollough of the American Abilities Television Network (mirusmedia.com), recount the major accomplishments of HLAA, and listen to a few anecdotes from HLAA members.

Then get ready to kick up your heels to the hottest country show band in Nashville, Bruce and Kristi Cline and the Music City Wranglers. Line dancing, anyone?



Many of you remember our founder, Rocky Stone, wearing his trademark cowboy hat—honor him by wearing a cowboy hat to the celebration. Ticket availability is limited so please register in advance. Birthday Celebration tickets are included in the cost of the Full Activity Package. If you are purchasing your tickets separately, the cost is \$65 in advance or \$70 at the convention.

Exhibit Hall

HLAA takes pride in being the largest communication accessible consumer tradeshow for people with hearing loss, their family, friends, and professionals. Come see the latest in cutting-edge technology in hearing loss related products and services.

The Demo Room will be housed in the Exhibit Hall and this is where vendors will hold interactive demonstrations of their products. Don't miss the afternoon socials in the Exhibit Hall on Friday and Saturday.

Block Party

Here's your chance to be an "HLAA Idol!" Come test your vocal chords with a little Karaoke on Thursday, June 18, 2009, from 8:30–11 p.m. What a great way to catch up with old friends and meet new ones. We have a few surprises up our sleeve for this event!

Saturday Night at the Grand Ole Opry

You can't go to Nashville without going to the Grand Ole Opry, so pull on your cowboy boots and get set for a communication accessible performance. Even if you are not a die-hard country music fan, the energy and excitement in the air at the Opry is exhilarating.

The Opry is the longest-running radio show in history, with its first on-air performance in 1925, just five years after the birth of commercial radio in the United States. Interestingly, the lineup for each show is not completely finalized until just a few days before the show; artists are posted on the Opry website (www.opry.com). This is sure to be a night to remember!

Tickets must be purchased by May 1, 2009. Complete the Convention Registration Form on pages 15–16, or online at www.hearingloss.org. Busses will begin departing from the Gaylord Opryland's Magnolia Lobby at 6 p.m. for the 7 p.m. performance.

Rocky Stone Endowment Scholarship

It is time to send your application for the Rocky Stone Endowment Scholarship to attend Convention 2009. See the application and criteria at www.hearingloss.org.

The Rocky Stone Endowment Committee would like to encourage young people with hearing loss or the parents of a minor child with a hearing loss to apply. However, all applicants will be considered, regardless of age.

The main criteria are that you have never attended a National HLAA

Convention and that you are a member of HLAA (or join at the time you send in the application).

Three grants are available. Each will provide a \$500 check and free registration including the 30th Birthday Celebration and special events. You must attend the convention or return the check. Self-nomination is accepted, or chapters and individuals may nominate a candidate.

Welcome United States Veterans of Iraq and Afghanistan Wars

HLAA would like to show its support of the U.S. military by offering a free registration and a one-year membership to HLAA to those who have service-related hearing loss from Operation Iraqi Freedom or Operation Enduring Freedom.

Over 58,000 military personnel have returned with a hearing loss in the last few years. Convention 2009 is a perfect place for veterans to learn more about all aspects of hearing loss. In addition, there will be a workshop to address the educational needs of veterans, conducted by Dr. Gerald Buckley, assistant vice president, Dr. Alan Hurwitz, president, and Larry Scott, professor, all of the National Technical Institute on Deafness (NTID) at Rochester Institute of Technology.

HLAA is a partner with NTID on a new initiative to serve military veterans with hearing loss who are returning from recent conflicts. This presentation will include a summary of the information known to serve them and an overview of the services that will be provided, including access to more than 200 career programs and majors at RIT. This pilot project is set to begin in fall 2009. Veterans interested in attending the convention should contact Nancy Macklin at nmacklin@hearingloss.org for registration information.

Chapter Development Room

Stop by the Chapter Development room to check out the treasures displayed by many chapters including newsletters, brochures and flyers. In addition, chapter-related workshops will be held on creating and editing chapter newsletters, starting a new chapter, and chapter development.

continued on page 12



GAYLORD OPRYLAND RESORT & CONVENTION CENTER

Join us as we experience the energy and excitement of Music City at the Gaylord Resort and Convention Center, the flagship property of the Gaylord Hotels Family.

Simply stated, the Gaylord Opryland is magnificent! With acres and acres, nine to be exact, of lush indoor gardens, cascading waterfalls and its own indoor river, you'll never want to leave! It's located on the Cumberland River, just minutes from the Nashville International Airport and a short drive to the honky-tonks of downtown Nashville.

You'll discover casual restaurants as well as fine dining, tons of shopping, and a spa and fitness center. There's even late-night entertainment at the Fuse Nightclub. The hotel has 2,881 guest rooms and every room features high-speed wireless Internet access and two phones, including one cordless.

Hotel Accommodations

HLAA has reserved a block of rooms at the Gaylord Opryland Resort and Convention Center; reservations must be received by **Friday, May 15, 2009**, in order to receive the \$145 single/double rate. An additional daily resort fee of \$15 is added to the cost of each sleeping room; this fee covers several amenities which include:

- Wired and wireless high-speed Internet access
- Fitness Center access
- Designated complimentary in-room beverages
- Local shuttle service
- Daily newspapers
- Local and toll-free 800 telephone calls (20 minutes per call)

Making Your Reservations

Making your hotel reservations has never been easier—you may reserve your room online or by calling the hotel directly.

Online Reservations

Go to <http://www.hearingloss.org/convention/index.asp>, then click the link on the right-hand side, "Make your reservation at the Gaylord Opryland Resort."

Reservations by Phone

Call **888-777-6779** and mention the Group Code N-HLA9.

Transportation and the Airport Shuttle

If you intend to fly to Nashville, do yourself a favor and check out airfares at www.hlaatravel.org. Save on ground travel to and from the airport by reserving a shuttle ticket online: simply go to the Convention page on the HLAA website where you will find a link to the Gaylord Transportation Service. The shuttle operates daily from 5 a.m. until 10:30 p.m.

If you are a guest of the Gaylord Opryland Resort, there is a fee for parking of \$18 per day. There is a special lot just for recreational vehicles (RVs) where parking is free.

Local Host Committee

Local HLAA member volunteers will make you feel welcome in the Music City. With their hard work and enthusiasm, this Convention is sure to be among the best.

Schedule-at-a-Glance

Here's a brief look at what we're planning.

Thursday, June 18, 2009

- Exhibit Hall Opens, 11 a.m. – 3:30 p.m.
- Workshops, 1 p.m. – 3:45 p.m. (each workshop will be 1¼ hours this year)
- Exhibit Hall Grand Opening, 4 p.m. – 6 p.m.
- Opening Session featuring keynote speaker, Vinton G. Cerf, Ph.D., known as a "Father of the Internet," 6 p.m. – 7:30 p.m.
- Get Acquainted Party, 8:30 p.m. – 11 p.m.

Friday, June 19, 2009

- Research Symposium sponsored by the Deafness Research Foundation, *An Update on the Latest Hair Cell Regeneration Research*
- Workshops in the afternoon starting at 1 p.m.
- Exhibit Hall Social—Sugar Rush, 3 p.m. – 5 p.m.
- HLAA 30th Birthday Celebration, 7 p.m. – 11 p.m.



Saturday, June 20, 2009

- Workshops begin at 8:30 a.m.
- Exhibit Hall Social—Happy Hour, 3 p.m. – 5 p.m.
- Saturday Night at the Grand Ole Opry—communication accessible! (busses leave from the Magnolia entrance at 6 p.m. for the 7 p.m. performance)

Sunday, June 21, 2009

- Awards Breakfast, 8:30 a.m. – 10 a.m.



Fun Facts About Nashville

- Nashville is located within 650 miles of 50 percent of the U.S. population.
- Nashville is ranked tenth most affordable places to retire by Yahoo! Real Estate.
- The Gaylord Opryland Resort and Convention Center is conveniently located at the intersection of three major interstates, allowing individuals to drive there in under a day.
- Nashville is located on the Cumberland River in Davidson County in the north-central part of the state.
- Nashville is home to the Grand Ole Opry, the longest running radio show in history.
- Nashville is a major hub for the healthcare, music, publishing, banking and transportation industries.
- Roy Acuff is known as the King of Country.
- Country music entertainers, Jimmy Dean and George Jones, went into the sausage business.
- The Country Music Hall of Fame houses Elvis's gold Cadillac and piano.
- Theodore Roosevelt, after drinking a cup of locally produced coffee in Nashville, coined the phrase "good to the last drop!"

WHAT TO DO IN NASHVILLE...

Many of Nashville's attractions are located downtown within walking distance of each other. There are many free attractions around town including the Tennessee State Museum, Fort Negley and several art galleries.

Gaylord Opryland Tours is offering tour packages to Nashville attractions. Tour descriptions and rates are available at www.hearingloss.org.

Vanderbilt University

Vanderbilt University was established in 1873 and sits on a 330-acre campus which is home to a wide variety of theater and dance performances, restaurants, a national arboretum featuring more than 300 varieties of trees and shrubs, and the Vanderbilt Fine Arts Gallery.

HAAA Welcomes Presenters from Vanderbilt

From the Vanderbilt Bill Wilkerson Center for Otolaryngology and Communication Sciences, HAAA welcomes presenters David Haynes, M.D., director of Neurotology; George Wanna, M.D.; Tamala Bradham, Ph.D., associate director of the National Center on Childhood Deafness; William W. Dickinson, Au.D., assistant professor, Hearing Aid Product Line Manager, Department Hearing and Speech Science; and Andrea Hedley Williams, Au.D., pediatric cochlear implant audiologist at the National Center for Childhood Deafness and Family Communication.

Frist Center for the Visual Arts is a non-profit art exhibit center dedicated to presenting the finest visual art from local, state and regional artists as well as major U.S. and international exhibitions. You'll find plenty of activities for all ages in this family-friendly museum where art is taught through activity. Children 18 and under are free. For more information, go to www.fristcenter.org.

The Parthenon is a full-scale replica of the original in Athens and is the only exact replica in existence. The Parthenon houses a permanent collection of 63 paintings by 19th- and 20th-century American artists.

The Hermitage, a national historic landmark, was home of President Andrew Jackson. The mansion houses furniture purchased by the Jackson family as well as many personal items. Visitors can see three of the original slave cabins, Jackson's tomb, the formal garden, and an 1804 log cabin. For additional information, go to www.thehermitage.com.

Cheekwood Botanical Gardens & Museum of Art is a 55-acre estate with the former mansion of the Cheek family, among the founders of Maxwell House Coffee. Go to www.cheekwood.org for more information.

Country Music Hall of Fame

Located near the historic Ryman Auditorium and the honky-tonks of Lower Broadway, the Country Music Hall of Fame is home to a vast collection including Elvis's gold Cadillac and piano. Historic country video clips, recorded music, exhibits, live performances, and live satellite radio broadcasts, all help to make a visit here unforgettable. Visit www.countrymusichalloffame.com for more information.

Convention News and Updates

www.hearingloss.org/convention

Visit our website frequently for the latest convention updates. Sign up for the free online E-news and get all the latest HAAA news in your in-box every two weeks.



Nancy Macklin is HAAA director of events and she has pulled together an amazing and fun program for Nashville. Nancy knows about fun—she lives with her husband and three boys in Silver Spring, Maryland, where the fun and action never ends! Come meet her and all your friends (old and new) in Nashville.

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Cancellation Policy *The following policy applies to refunds of registration fees:*

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Cancellations must be received in writing. Cancellation dates will be determined by USPS postmark or e-mail receipt date.

Working it Out: The Problems Inherent to High Frequency Hearing Loss

By Mark Ross

"I can hear but I just don't understand the words," is a common problem with people who wear hearing aids. Certain kinds of hearing loss create more of a problem when it comes to word comprehension. Mark Ross explains why this is and what can possibly be done to help.

The most common type of hearing loss is a high-frequency loss (i.e., perception of higher frequencies is poorer than that of lower ones). People with this type of problem often complain of hearing but not understanding. While the deleterious effect of noise occurs for a number of reasons, a primary one is the fact that such individuals cannot perceive many of the high frequency voiceless consonants, such as the /t/, /k/, /f/, /th/, /sh/, and /s/ sounds.

Yet in order to fully, or easily, comprehend speech it is crucial that these sounds be heard. In fact, it has been known for some time within the field of audiology that speech comprehension depends more upon hearing the higher, as opposed to the lower, frequencies in the speech spectrum.

The Challenging /s/ Phoneme

In addition to their importance for speech perception, some of these high frequency consonants convey important grammatical information. For example, consider the /s/ sound in signaling plurals (book, books), contractions (it is, it's), possession (Jake's book) and third person singular (Ben walks home while his sister takes the bus). In each of these examples, important semantic as well as grammatical information is being transmitted by the /s/ phoneme. This has particular significance for hard of hearing children, who are in the process of developing speech and language via

hearing. Because such children cannot hear the high frequencies very well, their speech, language and academic skills are often deficient.

Given the importance of the /s/ phoneme, it is ironic that it is precisely this sound which contains the highest frequency acoustic elements of any sound in the English language, and is thus the most challenging for the average listener with hearing loss. An analysis of the acoustic spectrum of /s/ shows that it has most of its significant energy well above 4,000 Hz, ranging from 4,500 Hz to more than 8,000 Hz.

This suggests that most people with a high-frequency hearing loss must depend upon the lower frequency elements of this and other high-frequency voiceless consonants in order to barely perceive them. Hard of hearing adults are able to unconsciously call upon their normal linguistic development to fill in the acoustic gaps when the actual cues are missing or minimal, albeit imperfectly and with considerable effort. The situation is much more difficult for hard of hearing children who lack this normal background.

High-Frequency Limitations

Audiologists are well aware of the importance of the high frequencies in general, and the /s/ phoneme in particular. When fitting a hearing aid, they do try to ensure that the high frequencies are as audible as possible, but are limited by the extent of the high-frequency hearing loss and the upper frequency range of most hearing aids. Generally, the greater the degree of high-frequency hearing loss, the more difficult it is to properly fit a hearing aid. For some people it may be impossible to provide the necessary degree of high-frequency amplification without incurring acoustic squeal (even with

a feedback-suppression feature in the hearing aid).

Complicating the situation is the possibility that cochlear dead regions may exist at the frequencies where thresholds are in excess of about 70 db. That is, the measured hearing thresholds may reflect the responses of a lower portion on the basilar membrane (the inner ear structure supporting the hair cells) and not the specific frequency being tested. Because of the possibility of distortion, delivering amplified sounds to this region may actually be detrimental to comprehension (or at best ineffective).

Shifting the Frequencies

The combination of all these factors,—i.e., a high-frequency hearing loss, the acoustic spectrum of the voiceless consonants (in particular the /s/), the difficulty in providing sufficient amplification to the higher frequencies, the possibility of cochlear dead regions and the upper frequency limits of hearing aids—led to the concept of hearing aids that would shift the high frequencies of speech to the lower ones.

The reasoning was that if the speech energy in the high frequencies could somehow be shifted to the lower frequencies, where the hearing thresholds were better, then this high-frequency information would at least be audible, though considerably modified and sounding somewhat "unnatural." The challenge was—and is—to reach this goal without simultaneously obscuring or unduly degrading the acoustic information being delivered to the lower frequencies.

Currently, there appear to be at least three different techniques incorporated in commercially

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available hearing aids designed to do this (there may be others, but I've seen no published reports on them).

Three Systems Improve High-Frequency Audibility

The AVR Sonovation ImpaCt BTE (Frequency Compression)

In 1998, the AVR Sonovation Company introduced the ImpaCt BTE (behind-the-ear) hearing aid (following an earlier body-aid version). Although one doesn't hear much from this company lately, for a number of years they were the only one that offered this concept to consumers. The company still exists and markets several aids that include what they term "Dynamic Speech Recoding" or Frequency Compression.

When a voiceless sound is detected (predominance of energy in the higher frequencies), for that moment in time the entire spectrum is compressed and thus, essentially, shifted to the lower frequencies. All energy peaks within the signal are shifted proportionately (for example, with a frequency compression ratio of 2, sounds at 6,000 Hz are shifted to 3,000 Hz, while 3,000 Hz sounds are moved to 1,500 Hz and so on). The system works extremely rapidly and lower frequencies are not supposed to be affected. Essentially, what the system does is match the bandwidth of the incoming speech spectrum to the damaged ear's more limited, but usable, intact hearing. The degree of frequency compression and the crossover frequency are adjustable, depending upon the configuration of the hearing loss.

As ever in instances of a new or different hearing aid feature, the final test is whether it actually improves speech perception. There have been a number of published studies that investigated the efficacy of this feature, with the latest appearing just a year ago. On average, these studies have reported generally favorable results. However, the findings on all of them display large individual differences; about half the subjects show clear

improvement with this feature, while the other half obtained similar scores in the treated and untreated conditions.

For example, in the last such study to be reported, two of the six subjects showed significant improvement in their speech perception scores while using frequency compression, with three others showing minimal improvements in the noise condition.

The Widex Inteo (Audibility Extender)

Several years ago, Widex introduced what they term the Audibility Extender (AE) feature in their Inteo hearing aid. Essentially, the Audibility Extender transposes unaidable high-frequency sounds to usable low-frequency regions. In the first step of the process, the hearing aid selects a "start" frequency. This is the frequency point at which the AE program determines (based on the person's stored thresholds) that aidable hearing ends and unaidable begins.

For example, 2,000 Hz could be the start frequency for someone whose thresholds drop off sharply at this frequency and whose hearing, therefore, is not usable above this point. The program then identifies a peak frequency within the non-aidable octave above the start frequency (in this case, from 2,000 Hz to 4,000 Hz), then shifts and filters it—and the sounds surrounding it—to fit in the octave below the start frequency (i.e., from 1,000 Hz and 2,000 Hz). It is important to properly identify the start frequency, a point the company stresses in its publications. If it is set too low, then usable hearing will not be aided normally; if set too high, then potentially important information will not be transposed. The program allows for wide individual variations (in start frequency, number of octaves transposed, etc.)

Essentially, then, the transposed high frequencies are laid over and may co-exist in the frequency region one octave below the selected start frequency. On the surface, this appears to increase the likelihood of signal distortion and confusion. However,

Dr. Francis Kuk of Widex, who has written extensively on the AE, states that while hearing aid users may experience some initial "masking/confusion," within two weeks to two months the initial confusion apparently diminishes and performance begins to improve. At this time, most evaluations of the efficacy of the AE have been undertaken by Widex personnel who report generally favorable results, particularly with consonant recognition and after an adaptation period.

The Phonak Naída (SoundRecover)

The latest entry into the frequency-lowering realm is the SoundRecover (SR) feature offered in Phonak's Naída hearing aid. This aid appears to combine aspects of the two previous devices in that it both compresses high-frequency signals and shifts them to a lower-frequency region.

The SoundRecover (SR) feature compresses speech signals above some pre-selected cut-off frequency and shifts this high frequency sound into a frequency region in which there is usable residual hearing.

For example, in a case reported by the University of Western Ontario, the cut-off frequency was 2,900 Hz and the compression ratio was 4:1. What this means is that all the speech energy above this frequency (extending to the limits of the hearing aid response) would be divided by four and shifted to the area slightly higher than 2,900 Hz (at which there was still usable residual hearing). The idea is to ensure that the important information contained in the very high frequencies is available to the hearing aid user. The selected cut-off frequency and compression ratio both depend upon the user's hearing loss, and may be modified to reflect a person's listening experiences. Frequencies lower than 2,900 Hz (in this example) would be amplified as they would be normally.

The concept of the SR has been investigated in several studies, with the most recent efforts conducted at the University of Western Ontario. Researchers looked at the results obtained for both children and adults

with varying degrees of hearing loss, with and without the SR enabled. The results showed that on average, the feature improved the recognition of high-frequency consonants and plural words without adversely affecting vowel recognition. The benefit was generally greater for individuals with the more severe hearing losses as well as for children.

As appears to be the rule in such research, a great deal of individual variability was observed. What I found particularly interesting in one of the studies were figures that displayed, via real-ear tests, the improved audibility of the /s/ sound with the SR feature enabled compared to when it was turned off. Without the feature, the acoustic spectrum of /s/ clearly fell below someone's hearing thresholds at the high frequencies. With the SR turned on, it could be visually observed that the energy in the /s/ sound was obviously audible, albeit at a lower frequency than it would be normally. I find this kind of demonstration particularly compelling. We know that people vary in their ability to utilize these modified high-frequency consonants, but this procedure demonstrates that at the least they can be heard.

What We Know and What We Should Know

Some observations can be made that apply to all three methods of frequency-lowering. With each one of them improved detection of high frequency sounds is observed. This is a natural consequence of a technology that detects and lowers high frequency sounds (via compression, shifting, or transposition) to a lower frequency.

The more important question, however, concerns how well the processed speech is understood and accepted. The auditory sensations produced by all three systems are initially rather strange. The cochlea is not "tuned" to hear high-frequency sounds delivered to lower points on the cochlea. A period of adaptation is therefore recommended, regardless of which technique is used. One does not

listen through one of these systems and expect the resulting auditory sensations to be "normal." But it does seem that some adaptation is possible with each of them. Of course, a large degree of individual variation can be expected. For reasons not fully understood, some people seem to benefit more than others. Children, perhaps because of much greater neural plasticity, seem to benefit more than adults.

At this time, we have then three methods of improving the audibility of high-frequency sounds. What we don't have, but should, is a comparison of all three methods tested on the same group of hearing aid users. It seems pretty straightforward to me. However, I doubt that the manufacturers of the three different systems would undertake such a project; they're not about to conduct a study that may prove their product inferior to the other two. Instead, this project should be undertaken by someone or some group in the audiological community. It may be that all three methods are fairly equal, but in any case it is information that would be helpful to hard of hearing people. Hopefully, this project will be undertaken soon! ■■■■

Mark Ross, Ph.D., is an audiologist and associate at the Rehabilitation Engineering Research Center (RERC) at Gallaudet University.

He was awarded the HLAA Lifetime Achievement Award in June 2008. He and his wife, Helen, live in Storrs, Connecticut. To find more Dr. Ross articles on technology for consumers, go to www.hearingresearch.org.

This article was developed under a grant from the Department of Education, NIDRR grant number H133EO80006. However, the contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.



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A Note to Our Readers from Mark Ross

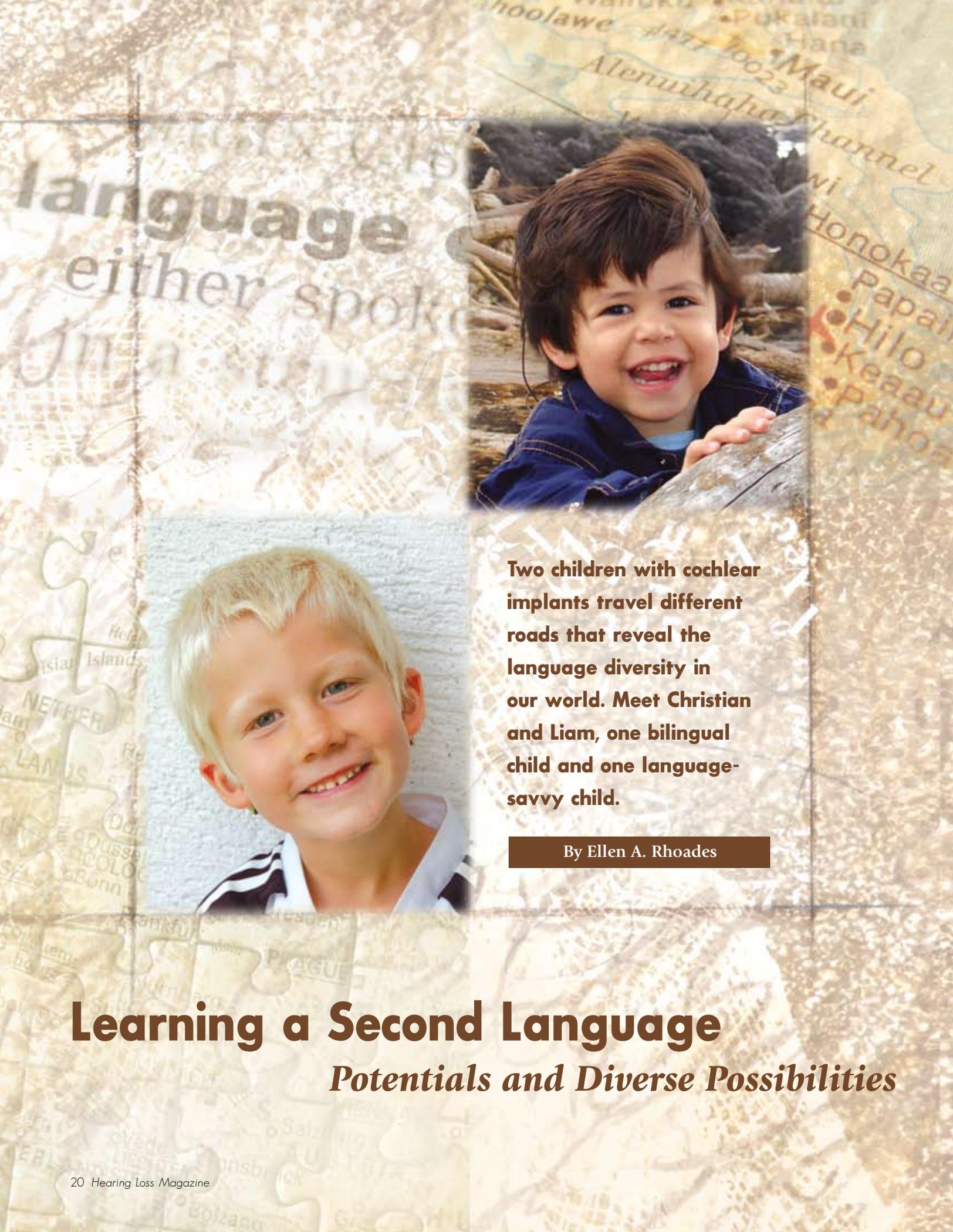
In the sidebar accompanying my January/February article, our gracious Editor Barbara Kelley described some of my past and current activities and paid me some wonderful compliments as a contributor to the field of audiology. Being human, I loved them, but I do think it necessary for me to qualify one of the statements that were made.

Just to set the record straight, in no way can I be described as "The Father of Audiology." There are people now alive, and many who are no longer with us, who deserve this appellation much more than I do. It embarrasses me to think what some of my colleagues may think when they read this statement. While I often note that my introduction to the field of audiology was in January 1952, it was when I was a patient at the Army Aural Rehabilitation Center at Walter Reed Hospital. At the time, this was a two-month residential program and my experiences there were very educational and, personally, very helpful. But I was a patient. It was not until June 1957, on receiving my B.A., that I began my professional career. So, actually, I'm a second-generation audiologist and hardly the progenitor of the field.

Still, I do have to say that I've had a wonderful career, and I feel fortunate that, on my "retirement," that I can still continue to offer information and assistance to people with hearing loss. And I hope to continue doing so for some more years. ■■■■

Editor's Note

To Mark Ross and all the others who came before and after him in the field, we owe you a debt of gratitude for your research, your thoughts, and your compassion in helping people with hearing loss use technology.



language
either spoke



Two children with cochlear implants travel different roads that reveal the language diversity in our world. Meet Christian and Liam, one bilingual child and one language-savvy child.

By Ellen A. Rhoades

Learning a Second Language

Potentials and Diverse Possibilities

Christian in Germany

“Christian is crazy about soccer. Our Australian au pair is super but she is not really into soccer. So last month, Christian made it his goal to explain things to her. ‘See, *THIS is the German goalie. He is a really good goalie because usually he gets all the balls but you know, what can he do if his defenders let him down?*’

“Since he became six years old, everything has been about soccer; Christian knows all the players of the German premier league, knows all the rules and can explain them.”

His mother, Sabine, goes on to say, “Usually, the children at recess have teams with both native German and native English speakers and he switches languages while checking who has the ball (*pass, pass here, I’m here; schieß hierher, ich bin hier*), while dribbling at high speed, complaining about unfair behavior of the opponent team both in German and English; this always depends on whom he talks to.”

Christian just turned seven years old. Born in Cologne, he lost his hearing and almost died from meningitis at six months of age. At 10 months of age, he became the first infant in the world to be simultaneously implanted with cochlear implants [one in each ear]. Since then, Christian rapidly learned his parents’ native language, German, as did his three typical brothers, one older and two younger.

It was the following year, when Christian was just two, that Sabine contacted me wondering if it was possible for Christian to also learn English, the minority language in her country. She and her husband, Dietrich, had already made sure that their older son was becoming bilingual by employing an English-speaking au pair and by enrolling him in an English-speaking preschool. This was the first time parents had conveyed such a strong desire for bilingualism to me, so I did some online investigating of how this typically occurs with normal hearing children.

I learned that situational boundaries for language learners should be

While bilingualism may not be a realistic goal for all children, we can certainly enable children to appreciate linguistic diversity and, in so doing, become familiar with the sounds and prosodic elements of different languages.

clear, consistent, sufficient, and within meaningful context. I also learned that researchers found that native languages were often lost because the second language, typically the one considered the minority in any culture, is not actively and positively supported by the child’s parents. Clearly, for any language to develop with relative ease, ongoing immersion is the order of the day.

Armed with some basic guidelines and a deep faith that typical children with hearing loss, with consistent use of effective hearing prostheses, can learn as do normal hearing children, I strongly supported Christian’s parents. I advised them to speak only German at home, and have their au pair speak only English at home. In this way, I knew he would at least develop a familiarity with the English language before starting English-only preschool at three years of age.

That this proved successful is an understatement. Within a year, he was already understanding two languages and engaging in some typical language mixing. Christian now has two native languages and he is communicatively competent in both. The outcome was beyond anything the parents ever expected and they are incredibly elated about how well Christian does, both academically and socially.

Christian has many close friends, some of whom speak only English and others who speak only German. Conversationally fluent in both spoken languages, he is also reading in both languages. In fact, he is learning Spanish as a third language—but this one is being acquired sequentially and so the rate of learning is not as great for this part of his curriculum.

Liam in Maui

A couple of years later, Eileen from Maui contacted me because she heard about Christian’s success as a bilingual preschooler. Her three-month-old son, Liam, had recently been diagnosed as having congenital bilateral profound deafness and just began wearing high-powered binocular hearing aids. This bilingual mom expressed a desire for her infant son to eventually speak English as well as her native language Filipino. However, the only language that her husband, Bill, speaks is English.

Serving as their long-distance auditory-verbal consultant, my priorities were to first guide Liam’s parents toward early cochlear implantation and early immersion in an auditory-verbal life style. Although they could not get Liam implanted until he was 11 months old, we embarked on immersing him in English within earshot.

During the time we were waiting for Liam to begin hearing better with a cochlear implant, we implemented activities designed to minimize his atypical behaviors, the goal being that he would become more neurologically ready for rapid language learning. By the time Liam was a year old and with access to soft conversational sound as a result of his cochlear implant, spoken language began to develop rather quickly.

Because I knew that second languages are much easier to learn during the first few years of life, I began gently pestering Eileen to have her parents, who traveled from the Philippines to stay with them every winter, speak only Filipino to Liam. Consequently, Liam learned some songs and simple expressions from his grandmother while Bill, in particular, daily immersed him in the English language.

Although I suggested to Eileen that she begin speaking only Filipino at home, this did not sufficiently materialize. So, when Liam’s maternal grandparents were not visiting, English was the only language spoken at

continued on page 22

Language *continued from page 21*

home. Parental attitudes toward dual language learning were not strong enough. Because Liam was not consistently immersed in his mother's native language, he came to understand and speak just English quite well by the time he was three years old, as did his older brother. In fact, language assessments indicate that Liam has no delays whatsoever.

As Eileen said, *"We have certainly not given up on Liam becoming bilingual. If there were a Spanish or Filipino immersion preschool program on Maui, Liam's there in a heartbeat!"*

The lack of minority language or dual language schools makes it rather difficult to learn a minority language within any culture speaking the majority language. Clearly, the attraction of using only the majority language is powerful; this, in turn, continually puts minority languages at risk.

However, all is not lost with the hoped-for ideal of bilingualism. While Liam is linguistically competent in just one language, he has become 'language-savvy.' His grandparents continue to travel to Maui from the Philippines and to speak in their native language some of the time. Liam has developed a familiarity with Filipino and Spanish, the latter as a result of attending a preschool where Spanish is exposed to the children.

Becoming 'language-savvy' is a minimal but very worthy goal for all children who have access to soft conversational sound, even if both parents speak only English.

Minority Languages Within a Majority Culture

Parents and auditory-based therapists can create "language-savvy" children who will better appreciate diversity. Speak each child's name, sing songs, say common expressions, and greet children in different languages each day of the week. Read books and use formulaic expressions in a minority language. Visit communities and families where English is not spoken. Take holidays in countries where

heritage languages are spoken.

Popular stories such as *The Cat in the Hat* are published in at least ten different languages and can be obtained online and read to children who are already familiar with the story in English or their heritage language. The Internet offers a wonderful resource for anyone who needs assistance learning other languages.

For example, to see the words of a particular song in a language other than English, go to <http://www.ingeb.org/Lieder/bruderja/html>.

Employ childcare workers who speak a different language. Cultivate long-lasting friendships with children who speak a language other than English. Enroll the child in a dual language school. Believe that bilingualism is possible for the child in your care and buy into it by making it a reality. As Sabine said, *"Imagine if we had believed people who told us that two languages were not possible for Christian. What a waste that would have been—and we would not have even known!"*

While bilingualism may not be a realistic goal for all children, we can certainly enable children to appreciate linguistic diversity and, in so doing, become familiar with the sounds and prosodic elements of different languages. The language landscape has changed for our children, partly because they now have access to

effective hearing prostheses; the advent of cochlear implants during the first three years of life has dramatically altered our expectations. Moreover, globalism has engendered changing perspectives on the need for people from many countries and cultures to effectively communicate with each other. ■■■

Ellen A. Rhoades, Ed.S., Cert. AVT, is a certified auditory verbal therapist who provides training workshops and consultations for families, school



systems, and clinics around the world. She established and directed four auditory-verbal programs for children with hearing loss during the past 30 years, has received many awards including Outstanding Professional of the Year and Program of the Year from A.G. Bell Association, Outstanding Auditory Verbal Clinician of the Year from Auditory Verbal International, and Nitchie Award in Human Communication from the League for the Hard of Hearing. She has also served on the board of directors of many organizations, published in a variety of peer-review journals, and taught at the university level. She can be reached through her website www.AuditoryVerbalTraining.com.

Understanding the Language Terms

Bilingualism—One is conversationally fluent in two spoken languages. Conversational fluency involves being able to "code switch" from one language to another. A bilingual person is often described as having oral cohesion in two languages. It should be noted that the typical bilingual person is not equally proficient in two languages; that is, one language tends to predominate.

Intelligence (IQ) is not a variable in learning either a first or second language. Bilingualism is a lifelong process that parents must actively encourage; it does not "just happen." The "use it or lose it" dictum applies to bilingualism. There is a complex interrelationship between attitude, use, and proficiency.

Simultaneous bilingualism—Two languages each develop *prior* to age three.

Sequential bilingualism—The second language begins developing *after* age three. ■■■



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10:00 am Make a reservation



12:05 pm Change doctor appointment

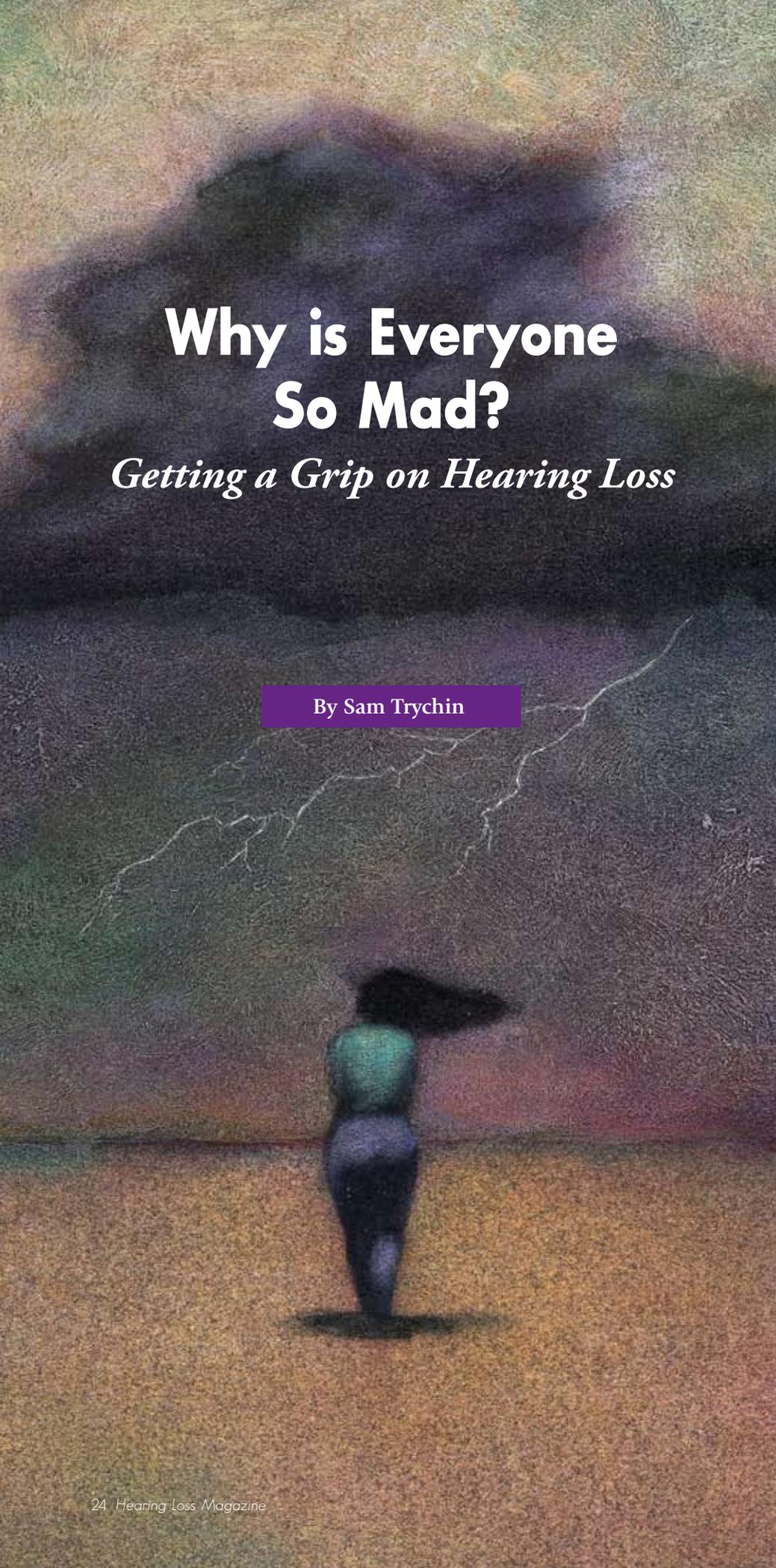


5:45 pm Call a friend

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Why is Everyone So Mad?

Getting a Grip on Hearing Loss

By Sam Trychin

No matter how you define it, anger feels bad. The blood pressure and pulse rate rise, and emotionally, it takes its toll. Sam Trychin looks closely at anger associated with hearing loss.

My dictionary indicates that the Latin, Greek and other language roots of the word “anger” have the various meanings of *distress, sorrow, constricted, narrow, and tight.*

My *Webster’s Dictionary* defines anger as, “A feeling of displeasure resulting from injury, mistreatment, opposition, etc. and usually showing itself in a desire to fight back at the supposed cause of this feeling.”

A second, and particularly interesting definition that *Webster* offers is, “An inflammation of a sore or wound.” Related to hearing loss, there is a risk that anger related to a communication problem can linger in the person’s mind long after the event occurred and appear to fester, similar to an infected, unattended wound.

What Causes Anger Associated With Hearing Loss?

Hearing loss can produce anger for some people in a variety of ways, and that anger can be manifested in how people feel, the kinds of thoughts and images they experience, what they will or will not do, how they interact with others, and how their bodies respond physically.

Anger, or other manifestations of tension, may be an automatic reaction for some people when people are cut off from or have difficulties with significant events in the environment. Such difficulties include times when it is difficult or impossible to understand what someone is saying, when a driver hears a siren from an emergency vehicle, but can’t determine its location, or when a person is concerned about the inability to hear the ringing of a telephone or alarm clock while staying at a hotel or are otherwise away from home as on a business trip.

Hearing loss, being a communication disorder that affects everyone in

the communication situation, can also produce anger or irritation in people who are attempting to communicate something to a person who is unable to easily understand what is being said.

Does This Exchange Sound Familiar?

Anger can also result when a family member assumes that the person who has hearing loss had understood a request and later, when it is too late, finds out that the person, in fact, had not understood, as in the following exchange.

Dad (typically hearing): "John, did you take out the garbage last night as I asked?"

Sam (hard of hearing): "I never heard you ask me to do that."

Dad (exasperated): "Well, darn it, the garbage truck went by five minutes ago."

Anger too often results in negative effects for both the person who directly experiences the emotion and for those who may be the recipients of its verbal or nonverbal expression. For these reasons it is important to understand what anger is, the effect of anger, and what to do to prevent or manage anger.

Anger can be a normal human emotion that serves to stimulate a person to take action to deal with the situation that evoked the angry reaction. When the reaction is appropriate for the situation, anger can be an adaptive response.

However, when anger is an inappropriate reaction to the situation, it is most often a maladaptive response, resulting in personal and social negative consequences. For example, people sometimes make erroneous attributions about the motives of others as is the case with John (hard of hearing) who may believe that his wife, Mary, who is speaking to him from another room:

- a. Does not wish to take the necessary time;
- b. Does not care if he understands; or,
- c. Does not love him anymore.

In fact, Mary is busy doing her night-school homework and simply failed to remember that John doesn't understand what Mary is saying when he is unable to see her face.

Our Anger Reactions

When a person is angry, his or her physical system, thoughts, feelings, behavior, and social relationships are affected, often in a way that is not good either for the individual experiencing the anger or for those in his or her vicinity. Even when the individual attempts to hide the anger, it spills over and affects others by tone of voice, body language, and facial expression.

There is evidence that anger and other emotions can also be transmitted directly from one person to another by electrophysiological heart rhythm signals that are directly transmitted and received across a limited space (perhaps eight feet or so).

Anger, or other manifestations of tension, may be an automatic reaction for some people when people are cut off from or have difficulties with significant events in the environment.

Physical Reactions

The major *physical reactions* to anger produce a heightened state of activation that prepares the person to take action to deal with the situation or to escape from it. Heart rate is disordered, and stress hormones are released in abundance, having the effect of putting one's body in overdrive and, if continued or frequent, leading to exhaustion and vulnerability to stress-related diseases.

An additional problem is that the person can become addicted to the adrenaline "rush" and later seek ways to become angry in order to re-experience it.

Cognitive Reactions

The *cognitive* component of anger is an over-focus on the situation that produces the anger and a tendency to replay the situation over and over in one's

mind, often exaggerating the insult or misinterpreting the offender's motives. Anger can also result in inability to think clearly, resulting in an inability to take effective action to resolve the problem.

Behavioral Results

When angry, the individual's *behavior* may be directed at attacking the offender in some way by injuring, intimidating/threatening (physical or verbal), belittling, undermining, guilt tripping, or some other means. Alternatively the angered individual may resort to withhold something of value to the offender by leaving the scene, resorting to "the silent treatment," emotional distancing, or failing to comply with requests.

Social relationships are negatively affected by anger in a broad sense because other people want to avoid or escape from situations and people who display the characteristics indicated in the previous paragraphs.

Sometimes, others are so intimidated by the person's display of anger that they attempt to comply with the angry individual's every wish, resulting in a relationship that is so out of balance that it cannot endure. A related danger of displaying anger is that, when it succeeds; i.e., when the person feels better or gets what he or she wants after its display, the reinforcing effect may lead to the development of an "angry habit."

Another very common social effect of anger is that other people respond in kind, sometimes leading to dangerous escalations and someone getting hurt.

Typical anger sources or triggers are:

- a. Experiencing frustration in the attempts to achieve one's goals;
- b. Impatience with self or others; and,
- c. Real or imagined insults or threats.

In addition, we live in an environment that is laden with expressions of angry behavior displayed in newspaper articles, news reports, TV programs, and movies. Another factor

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Why Is Everyone So Mad?

continued from page 25

to consider is the individual's genetic disposition to be either calm and relaxed or easily aroused. This disposition is often evident in the behaviors of infants soon after birth.

People With Hearing Loss

It is important to point out that within the population of people who have hearing loss there is great variability in the experience and expression of anger. Some people are rarely ever angered, others appear to be angry much of the time, with most people falling somewhere in between these extremes.

As stated previously, hearing loss has a set of anger triggers related to frustrations resulting from communication difficulties that affect not only the person who has hearing loss but also those with whom he or she communicates. These frustrations are unique in terms of their frequency of occurrence; i.e., people with normal hearing also experience frustration in difficult communication situations, but they experience it much less often than those of us who have hearing loss.

Beware of Faulty Assumptions

In my experience of working with people who have hearing loss and their family members, friends, and co-workers is that many, many people do not know what to do to prevent or reduce communication problems.

The result is that they accept such difficulties as part of life, "*It just goes with hearing loss,*" and don't attempt to take positive action to improve communication. Negative feelings such as anger, anxiety, depression, and/or guilt, and damaged relationships are too often the result.

I believe that it is worthwhile to elaborate further on the issue. I believe negative feelings to be the major cause of anger for those people who have hearing loss. From my experience, a case can be made that the major cause of anger is faulty assumptions about other people's behavior in regard

to communication difficulties. Some examples are as follows:

1. "She knows I have a hearing loss, but keeps talking to me from the other room."
2. "I've told the boss that I have a hearing loss, but he just won't make any attempt to help me understand what he is saying."
3. "If she wants me to participate in the discussion she should set up the situation so I can see the other participants."

In example number one, people who have hearing loss often make the mistake of believing that other people keep the fact of our hearing loss firmly in mind at all times. In fact, others easily forget about the hearing loss because, being human, they have other things on their mind and the hearing loss is only important for them to remember when in our presence. We have to remind them often and model the behavior we want from them; e.g., always go to where they are when we want to talk to them.

In example number two, people who have hearing loss often make the mistake of believing that if someone knows we have a hearing loss, they should also know what to do to accommodate it. This is a false assumption because, except for very few individuals, no one has been taught anything about hearing loss and what to do to accommodate it.

Others, including most professionals—teachers, physicians, mental health providers, rehabilitation counselors, etc.—need to be taught what to do in order to be understood. People who have hearing loss are the ones to do the teaching.

In example number three, there is also the faulty assumption that the other person "knows what to do, but doesn't do it." There is an additional issue that is very common that pertains to the word *should*. That word produces more problems for people than almost any other word. If we can focus on what people *are* or *are not* doing instead of some notion of what they *should* be

doing, we will reduce a large amount of the anger we experience otherwise.

Two Ways to Get a Grip

Focus on the reality of the person's behavior can lead to thinking about ways to improve the situation. Thinking about what others *should do* or *ought to be doing* implies that they really know better, when they often don't.

Resorting to using the word *should* also casts an unnecessary moralistic tone to the situation; e.g., the implication is that people are bad, inferior, stupid, etc. if they are not doing what they *should*.

There are two major paths to preventing or reducing angry reactions for those people with hearing loss. The first has already been mentioned and involves learning how to manage communication situations. This involves the learning of tactics and strategies for preventing or reducing communication breakdowns and knowing what to do to repair communication problems when they do occur.

There are books and DVDs available that deal with these issues that are focused on problems specific to hearing loss. (See Resource section.)

The second path involves learning how to manage oneself in difficult communication situations. Even when people use the most effective communication tactics and strategies, problem situations will arise on occasion. Instead of feeling helpless and frustrated when that happens, it is better to practice self-management procedures to minimize unnecessary emotional turmoil and self-defeating thoughts.

There are a wide variety of relaxation-focused procedures available that can be learned in a relatively brief period of time (several weeks) if practiced faithfully. Breath control, muscle relaxation, meditation, and Tai Chi are a few examples.

There is also an abundance of books on the market that are helpful in dealing with anger and other stress-related experiences, but that do not focus on hearing loss. I have listed several of these that I have found to be most useful.

If you think you and your families and friends are the only ones who get angry about the hearing loss and its communication obstacles, you are not alone. I hope this discussion sheds some light on the topic. 

Sam Trychin, Ph.D., is a lecturer at the Penn State, Erie, Behrend College. Prior to that he was the director of training at the Mental Health Research and Training Center for Hard of Hearing and Late-Deafened Adults,



California School of Professional Psychology, San Diego, California. Previous to that, he was professor of psychology and director of the Living with Hearing Loss Program, Gallaudet University, Washington, D.C.

Dr. Trychin currently conducts training programs, classes, and workshops for people who are hard of hearing, their families, and professionals who provide services to them. His specialty is the application of psychological concepts, principles, and procedures to problems and issues related to hearing loss.

Resources

Anger: Wisdom for Cooling the Flames (2001) by Thich Nhat Hanh, Riverhead Books

Transforming Anger (2003) by Childre, D. and Rozman, D. New Harbinger Publications, Inc.

A New Guide to Rational Living (1961) by Ellis, A. and Harper, R.A., Wilshire Book Co.

Other Books Focused on Hearing Loss

For help in managing communication situations:

Living With Hearing Loss: Workbook (2006) by Sam Trychin, available from Sam Trychin, www.trychin.com (click on Bookstore)

For help in managing oneself:

Relaxation Training manual and DVD (1986) by Sam Trychin, available from Sam Trychin www.trychin.com (click on Bookstore) 



We want you!

Tell us about your experiences with hearing loss in the workplace and be a part of *Hearing Loss Magazine*! Author submission guidelines can be found on our website at www.hearingloss.org. For more information, e-mail Editor Barbara Kelley at bkelly@hearingloss.org.



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The *Walk4Hearing*™ produced by the Hearing Loss Association of America is the nation's largest series of walks of its kind. It is a collaborative walkathon program with the goal of raising awareness and generating funds for national and local programs and services for people with hearing loss and their families.

HCAA Chapters along with community volunteers and businesses are involved at the local level to organize walks and to put monies raised toward programs in home towns and cities. Whether it's the Boy Scouts, hearing care professionals, businesses who care about the people in their communities, children with



Little ones Christian Marmor (left) and Ryan Perez (right) ride for hearing at the National Capital Area Walk4Hearing.



Pete Eichel, audiologist, and son Will, hand out water at the Columbus, Ohio, Walk4Hearing.



A baby walker at the Houston Walk4Hearing



The Moose Run Walk was held in southeast Michigan: From left: Frank Gordon, Mike Peterson, Jan Monroe, Barb Quart, Steve Quart, Kaitlyn Chagnon with her dog Shakira, Tracy, and Jackie Chagnon,

Stepping

By Ronnie Adler

hearing loss, their families, they all come together to support the *Walk4Hearing* in their towns and cities. And, we thank you.

In 2006, the first year, 1,500 people at six sites participated and raised over \$300,000. In 2007, the walk had 15 sites with 3,000 participants and raised more than \$600,000.

In 2008, more than 3,500 people walked in 17 cities and raised \$760,000.



Rochester Walk4Hearing participants

What is the Money Raised For?

Monies raised from the *Walk4Hearing* are split equally between the local chapters/communities and the HLAA national organization.

Examples of How HLAA National Uses the Funds

- Give information and support to thousands of people and their families who are trying to cope with hearing loss
- Pass a tax credit for hearing aids
- Provide and encourage more information to consumers about purchasing their hearing aids
- Push for greater protection for consumers when purchasing hearing aids, including best practices in dispensing aids
- Push for captioned movies and video material on the Internet and cell phones

Examples of How Local Chapters Use the Funds

- Pay for captioning at chapter monthly meetings so that all attendees can hear and participate
- Purchase assistive listening equipment so that attendees at monthly meetings can hear and participate fully
- Outreach to veterans with hearing loss returning from Iraq and Afghanistan
- Award scholarships for students with hearing loss toward college tuition
- Funding for state residents to take an online, self-paced, training course in understanding hearing loss better
- Outreach to audiologists
- Produce outreach materials to advise parents what to do when their baby fails the newborn hearing screening

"Our ultimate goal is to ease the stigma associated with hearing loss in our society. We should have the freedom from stigma to allow us, if we are diagnosed with hearing loss, to confidently and without embarrassment seek the treatment we need. Through insurance coverage, whether a private or government program, we should have access to the hearing devices and associated services to treat our hearing loss no matter our age or economic situation. It's time to consider hearing loss a health issue just as we do any other health condition. It should be routine to screen our hearing regularly throughout our life spans as well as at birth."

—HLAA Executive Director Brenda Battat

Up for People with Hearing Loss

HLAA's Walk4Hearing Reports Huge Success

- Advocate for visual information display systems at airline gates to be standard procedure
- Change the fire code to include standards for smoke alarms that have been proven to wake up people with hearing loss
- Educate hospital staff about communicating with patients with hearing loss
- Ensure telephones are made to be hearing aid compatible
- Get assistive listening systems put into places of worship, court rooms, and other public assembly places
- Pass legislation requiring improved acoustical standards in classrooms
- Have booths at local community health fairs
- Help pay for hearing aids and devices for people who cannot afford them
- Install assistive listening technology (an audio loop system) in the community rooms
- Purchase subscriptions of the *Hearing Loss Magazine* for local libraries

What's to Come This Year?

We have a 2009 *Walk4Hearing* goal of \$1 million. At press time, we have national sponsorships from the following companies: Advanced Bionics, IBM, Sorenson, and T-Mobile. The walk locations are on www.hearingloss.org and are continually updated.

The success of the *Walk4Hearing* program truly shows the support we get from people all over country. We are certainly on our way to making hearing loss an issue of national concern.

For more information about the walk and to find a walk near you, go to www.walk4hearing.org.

Sally Edwards of Redwood City, California Wins Mexican Vacation in Top Walker Drawing

Sally Edwards, a retired nurse from Redwood City, returned from a medical mission in Peru last December to the news that she was the national winner of a Mexican vacation for being a top fundraiser for the 2008 *Walk4Hearing*.

"I've never won anything before," exclaimed Edwards, 66, who wears hearing aids and has a cochlear implant. "This is especially sweet because last year our six-year-old granddaughter, Hadley, was diagnosed with permanent hearing loss. While heart-breaking, I knew she would be able to get the help she needed because of organizations like HCAA. International medical missions are an integral part of our lives and we have been blessed to serve others in this way and win the trip," says Edwards.

Edwards raised \$4,300 from family and friends who sponsored Edwards and her granddaughter in the 2008 *Walk4Hearing* held in the fall in San Francisco. She was one of the top fundraisers nationwide, making her eligible for the drawing for the Mexican vacation prize, a one-week stay for two at the award-winning Hotel Ixtapan Spa and Golf Resort. Sally and her husband Ron are planning to go to Ixtapan in the spring.

Note: Board members, family members, staff, advisory council members, etc., were exempt from the top walker raffle drawing. Report on Sally Edwards contributed by Marilyn Ratner.



Sally Edwards and granddaughter, Hadley

Congratulations to the 2008 Top Walkers

Jeff Greenstein \$6,820, New York City
Anne Pope \$6,360, New York City
Karen Ratner \$6,295,
Westchester/Mid-Hudson (NY)
John Pope \$6,273, New York City
Sally Edwards \$4,317,
Northern California
Roberta Seidner \$4,073,
Westchester/Mid-Hudson (NY)
Olivia Milward \$4,010,
Northern California
Ira Romoff \$3,800, Garden State (NJ)
Sheri Susa \$3,721, New York City
Toni Iacolucci \$3,435, New York City
Jeannette Kanter \$3,369, Rochester, NY
Michael Ratner \$3,225, New York City
Meredith Colin-Reiman \$3,161,
New York City
Don Ray \$3,052, Northern California
Danielle Nicosia \$3,005,
New York City
Jacqueline Freidewald \$2,950,
New York City
Paul Lurie \$2,897, Chicago
Corlys Fine \$2,745, Chicago
Donna Sorkin \$2,675,
National Capital Area (DC)
Lynn Rousseau \$2,655, Florida
Dr. Paul Hammerschlag \$2,630,
New York City
Alexia Harman \$2,600,
Garden State (NJ)
Woody Waga \$2,525, New York City
Kelly Richardson \$2,515, Chicago
Kate Schwerin \$2,500,
Westchester/Mid-Hudson (NY)
Barb Law \$2,475, Rochester, NY
Ellen Semel \$2,468, New York City
Ann Liming \$2,457, SE Michigan
Carolyn Lance \$2,445,
Garden State (NJ)
Pam Foody \$2,360,
Westchester/Mid-Hudson (NY)
Arlene Romoff \$2,256,
Garden State (NJ)
Michelle Waddington \$2,210,
Garden State (NJ)

Congratulations to the 2008 Top Teams

Pope Gang \$14,435
City Slickers \$8,919
Roo's Crew \$7,840
Team Lexi \$7,513
Grace's Law \$7,067
Team MZG \$6,820
Ask Arlene \$6,806
The Rat Pack \$6,295
Borzell's Boosters \$5,245
The Nationals \$5,105
Go Gators! \$5,100
Foody's Comrades \$4,996
Team Ratner: Michael
and Marilyn \$4,886
Anna Bella's Hot Chili Steppers
\$4,475
San Francisco Miracles \$4,260
Childs Voice School Team PI \$4,170
Sally and Hadley's Gang \$4,127
M.J. Diaz & family \$4,020
Team E.A.R. \$3,981
Team Total Caption \$3,963
Danny's Team \$3,821
Gecko's Dream Team \$3,740
Lise & Koso's Kilometer
Kickers \$3,720
Eastern Suffolk BOCES \$3,716
Will's Team \$3,625

Would You Like to be a National Sponsor?

Walk sponsors receive wide exposure in a variety of venues and on all printed and website materials. A final list of 2008 sponsors was printed in the January/February 2009 *Hearing Loss Magazine*. If you would like to be a sponsor of the *Walk4Hearing* at the national level, contact Christopher T. Sutton, director of development and education, at csutton@hearingloss.org.

How About These Cool Team Names?

Enthusiasm is rampant and the teams show display their personality in many ways, some starting with their team name.

Bionic Moms
Can You Hear Me Now?
Turn On MY Ears!
Let's Hear It for Kids
Go Gators!
Pawsitive Ears
Hear Ye! Hear Ye!
Superheroes
Horton Hears A Who
You Can do Moore
Petthey's Pedestrians
Champions for Hearing
Ear-Resistible
Music to Our Ears
Over the Hill
1WAY4GRAN2HEAR
Lise and Koso's Kilometer Kickers
Boston Stompers
Amplified
Anna Bella's Hot Chili Steppers
Boomers with Hearing Loss
Not Hearing, Not Broken
Roselle's Million \$ Babies
Selective Hearing Aids
Phackler's Phanatics
Sassy Sisters and Company
Hear 4U
Metro's Village People
Walking to Empower
The Rat Pack
Hot Women Cruisin'

Did You See Them Walking in Your Town?

Congratulations and thank you to the Walkers and Sponsors of the 2008 Walks.

2008 Walk Locations

Atlanta, GA (9K)
Chicago, IL (72K)
Columbus, OH (32K)
Florida (53K)
Garden State, NJ (57K)
Houston (21K)
Longmont, CO (17K)
National Capital Area, Washington, DC (35K)
New England (17K)
New York City (124K)
Northern CA (46K)
Permian Basin, TX (10K)
Rochester, NY (46K)
Southeast Michigan (28K)
St Louis, MO (31K)
Westchester/Mid-Hudson, NY (70K)
West Michigan (22K)

Ronnie Adler is the national Walk4Hearing manager. She has been a member of HLAA since 1989 and now manages the national program. She and her husband, Mitch, and their six-year-old son, Chase, live in Chesterbrook, Pennsylvania. If you want to start a walk or get involved in the walk, she would love to hear from you at radler@hearingloss.org. She has the toolkit to get you started and will cheer you along the way!



Ann Liming knows the power of giving.



“ When I was introduced to the Hearing Loss Association of America (HLAA) it was a life-changing event. Before coming to terms with my hearing loss I felt very much alone and isolated. Not only did HLAA teach me about my hearing loss and my communication needs, but over time I gained a support system in my community, state and across the country.

Donating to HLAA is a way for me to express my personal gratitude and to contribute to the continuing impact HLAA has on individual lives. HLAA enables all people with hearing loss to experience life to its fullest. Being a member of the Premier Club allows me to make a major annual impact with a modest monthly donation. ”

Gift Options

Consider joining a special group of people like Ann to ensure HLAA is able to continue its work for years to come. Learn about the Premier Club and the many other gift options available to you to help HLAA continue to be the nation's leading organization for people with hearing loss.

Visit www.hearingloss.org or contact Christopher T. Sutton, director of development and education, at 301.657.2248 or csutton@hearingloss.org.



Hearing Loss Association of America

Free Captioned Telephone Has People Talking

Hamilton CapTel is a corporate member of the Hearing Loss Association of America.

To find out more about corporate membership, contact Christopher T. Sutton at csutton@hearingloss.org or call 301.657.2248.

"I feel so disconnected—and sometimes, so alone—not being able to hear when I pick up the phone. Why does something so simple have to be so hard for me?"

It's a common feeling among the approximately 31 million Americans who experience some degree of hearing loss. Even with the most advanced digital hearing aids and cochlear implant technologies available, conducting meaningful telephone conversations can still be difficult, if not frustrating.

A vicious cycle develops. Situations using a telephone are often avoided. The result is a loss of freedom—and worse, the feeling of being disconnected and out of the mainstream.

An Historic Look at Assistive Listening Devices

In 1990, Title IV of the Americans with Disabilities Act (ADA) required that assistive listening technologies be developed and made available to individuals who are profoundly deaf or experience hearing loss.

Closed Captioning (CC), originally developed primarily for individuals with hearing loss, quickly became mainstream. Today, it is common place on scrolling news tickers, high-rise buildings, and on giant plasma screens in noisy airports, restaurants and elsewhere.

"I've spent an awful lot of time asking people to repeat, especially when I was trying to get confirmation numbers for an airline ticket or for a hotel reservation."

—Marcia, Penn Yan, NY

From the earliest Telecommunications Device for the Deaf (TDD) or Teletypewriter (TTY) to Telecommunications Relay Services (TRS), Internet Relay, Video Relay and more, technology has always led the development of assistive products and services. These services enable people with profound hearing loss to contact hearing individuals who use standard telephones. However, they have not been ideal for a much larger group of people—those with mild, moderate or significant hearing loss.

To address this ever-growing user audience, in 2003, Ultratec, Inc., developed Captioned Telephone or CapTel®. Allowing users to employ their residual hearing to listen, this technology provides written captions of what an outside caller is saying for the CapTel® user to read. Captions are displayed on a specially designed screen that is featured on a landline analog telephone.

Web CapTel® Adds Mobility and Convenience

As our society has become more mobile, our need for connectivity has increased, almost disproportionately.

To address the need for more mobile and convenient captioned telephone options for those with hearing loss, Web CapTel® was introduced in March 2008. This revolutionary new service allows individuals to place or receive captioned calls anywhere they have access to a standard or mobile phone and a high-speed Internet connection.

Along with the added freedom and mobility to make and receive captioned phone calls virtually anywhere at any time, Web CapTel® allows users to

enlarge the captions on their computer screen for easier viewing. In addition, the captions of the outside caller's words can be saved or even printed for later reference.

Because this service is provided through the Internet, long-distance charges and other standard telephone service fees are eliminated. Web CapTel® does not require the purchase of special equipment or software.

How Web CapTel® Works

To begin using this free service, users must first register for Web CapTel® by creating a user name and password via www.hamiltonwebcaptel.com.

In order to receive captioned inbound calls or to make outgoing calls, the user must log on to www.hamiltonwebcaptel.com. This ensures that the call is connected through a Captioning Assistant (CA).

The CA does not interact directly with either caller. The CA only hears and then re-voices the outside caller's words. This gives the Web CapTel® user complete control of the call.

Using advanced Voice Recognition (VR) technology calibrated to the specific CA, the re-voiced words are transformed into sounds, which are sent in "IP" packets over the Internet. The words are displayed as captions on the Web CapTel® user's computer screen. Web CapTel® service is available in English 24 hours a day, seven days a week. Spanish service is available daily from 7 a.m. to 11 p.m. CST.

The Future of CapTel® Services

While Web CapTel® is an exciting and necessary improvement to assistive listening technology, it is not a resting point. CapTel® engineers are constantly

"Even with the cochlear implant, there were still many sounds and frequencies that were indistinguishable to me on the phone that made it hard for me to keep in touch with customers. And that made me start to lose confidence in my ability to do my job."

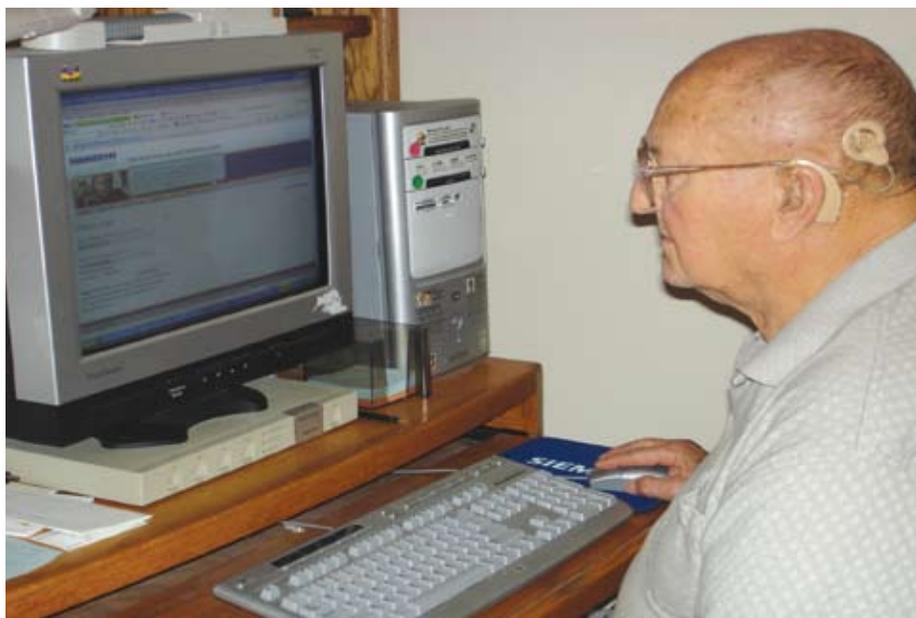
– Danny, New Orleans, LA



Hearing Loss Association of America (HLAA) co-leader Rosemary Tuite uses Web CapTel® service on a daily basis to assist her with telephone conversations and advocates the service to her HLAA members.

enhancing and expanding Captioned Telephone services to keep pace with ever-changing technologies.

As future VR technologies are developed, for example, larger vocabularies and data libraries are being added to Web CapTel® voice recognition systems. Languages, technical jargon and new words that invariably come into popular use over time are being added, as well



Bill Schaffer thinks Web CapTel® is a Godsend. "With Web CapTel, I love being able to read the conversation of the caller on my computer. It's a great aid to better communication."

as increased memory and computing power systemwide.

As ADA Title IV mandates, captioning availability has expanded to devices as small as 4-inch cell phone screens, personal electronic notebooks and DVD players. Today, legislation is in discussion that would augment these mandates to keep pace with the changing technology of the 21st century. This legislation would require captioning services or similar options on all new communications devices as soon as they become available.

When enacted, the new legislation may also directly benefit Web CapTel® users. It may allow eligible consumers with disabilities to apply a possible Universal Service Fund (USF) discount toward the use of high-speed Internet services.

Web CapTel® Means Independence

For 82-year old Bill Schaffer, Web CapTel proved to be a major lifestyle change in the improvement in his ability to use the telephone. Due to an autoimmune disease, Schaffer first began to lose his hearing 35 years ago. The disease progressed until he lost all but two percent of his hearing.

Initially, hearing aids increased Bill's hearing capacity to 35 percent.



Hamilton Web CapTel® service provides individuals with hearing loss the independence and confidence to use the telephone again. It allows users to listen to and read captions of what the other party is saying over their computer screen.

A cochlear implant two years ago helped even more. Despite his successful implant, using the telephone still proved to be a challenge.

"I wasn't alone. Many hearing aid and cochlear implant users still have a hearing gap," Schaffer says. "With Web CapTel®, I love being able to read the conversation of the caller on my computer. It's a great aid to better communication."

Schaffer said he found the large screen and printing capabilities to be a tremendous help. "Since the message appears on my computer screen, I can save or print the conversation for further reference."

"Web CapTel® is a service that every person with hearing loss should use," Schaffer added. "I tell everyone to tell their friends about Web CapTel®, so that they can communicate with others better than they ever have before."

Hearing Professionals Play a Key Role

One of the biggest obstacles facing those with hearing loss is that many are not aware they are experiencing hearing loss—nor are they aware of the wide range of assistive technology that is available.

As the baby boomer generation reluctantly charges toward retirement

continued on page 34

Web Captioned Telephone

continued from page 33

age, the rock concerts they subjected their ears to as teens and young adults have started coming back to haunt them. They begin to realize that they don't hear very well on the phone anymore. Often, they ask to have words—and even entire sentences—repeated. People ask why they speak so loudly all the time.

This usually prompts a visit to the audiologist for a hearing test. Whether a hearing aid is recommended or not, this is the ideal time for hearing professionals to let their patients know about Web CapTel®.

Audiologists and other hearing specialists are integral to the continuing patient education process. Serving as trusted counselors, professionals can help advise patients about technologies that best fit individual needs.

The Hearing Loss Association of America (HLAA) maintains a current list of audiologists and hearing professionals on www.hearingloss.org.

"When you have people who talk real soft or have a foreign language or they have an accent, it's really difficult to hear and understand."

—Ken, Park Ridge, IL

"We would make every effort to keep in contact by the phone but it was hard. I'd have to ask for repeats and they'd get discouraged and it really slows things down. They've got busy lives and they're more interested in keeping things going than spending an hour talking to mom about things."

—Louise, Long Beach, CA

"Numbers were impossible to get. A three and a two are the same thing to me. So when they would say it, I would say '1-2? 1-2-3?' trying to get them to tell me what the number was."

—Carrie, Augusta, GA



Requiring only a standard or mobile telephone and a computer with a high-speed Internet connection, Hamilton Web Captioned Telephone (Web CapTel®) allows individuals with hearing loss to converse virtually anywhere over the telephone.

who are able to provide more information on assistive listening services such as Web CapTel®.

Educational brochures, DVDs and other resources are offered by CapTel® and Web CapTel® providers. These can be found at many audiologists' and hearing professionals' offices. Additional information on Web CapTel® accessibility is also provided through provider Web sites, such as www.hamiltonwebcaptel.com.

Spreading the Word

Probably one of the most effective ways to spread the word about Web CapTel® is via word-of-mouth.

Louise Allen, of Long Beach, California, never hesitates to tell people about Web CapTel®. "I'll ask, 'Do you have any trouble using the telephone with your hearing loss?'"

And if they say yes, I'll ask if they have a computer. If they do, I say 'I have just the thing for you.' Then I tell them about Web CapTel®: how it works, how easy it is, that it's free and how much I have enjoyed it."

Local HLAA leaders Rosemary Tuite in Phoenix, Arizona, and Barbara Chertok in Sarasota, Florida, have introduced scores of interested people to both CapTel® and Web CapTel® services. Many other HLAA members across the country provide the same service in their respective regions.

As Rosemary enthusiastically said, "It is my hope that more and more audiologists will learn about Web CapTel® and present it to their hearing aid users. I was so impressed with how easy it was to log on and to begin the call. It went so smoothly."

She added, "I think Web CapTel® is awesome. It truly makes using the phone stress free." 

Anne Girard is director of marketing for Hamilton CapTel®. For information, visit www.hamiltoncaptel.com or call 888.514.7933. Anne may be reached at agirard@hamiltoncaptel.com.



Help Us Celebrate HLAA's 30th Birthday at Convention 2009!

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Caption Quality

When was the last time you turned on your television, ready to settle in for some serious tube watching, only to find the captions so garbled they were worse than useless? What about the time you watched the whole program, only to find the captions disappear in the last 15 minutes of the program? You know, the 15 minutes where all is revealed.

If you were one of the 14.6 million viewers of the Golden Globe awards, you had an opportunity to watch captioning that lagged so far behind the speeches it was disconcerting to try to connect the audio with the video. Then again, the captions were right on top of the faces of the actors anyway, so there was no way to figure out who was doing the talking, let alone what was said.

Captioning and CART

Even for long time users, some terminology can be confusing. Here's a quick primer:

Captioning: verbatim (word for word) text of the audio portion of a video or film shown directly on the video or film, often on the bottom of the screen. This may include not only the words, but the sounds that are important to understand and the source of the sound like a telephone.

Open captions: captions that are "burned" into video or movie; they cannot be turned off.

Closed captions: captions which are not visible unless they are decoded and turned on.

CART: (Communication Access Real-Time Translation): Verbatim text of spoken presentations provided live. The text is provided on a computer screen or projected for display on a larger screen.

C-Print and Typewell: "meaning for meaning" rather than "word for word" summary of what is being said. It is presented only as text.

Television and Closed Captioning

Closed captioning on television critical to people who are hard of hearing or deaf. Television is the sole source of local information in an emergency for many people. It's also clearly a source of information, education and entertainment.

You don't have to have a hearing loss to find closed captioning useful: many people for whom English is a second language use captions to get a better grasp of English, and children's reading is enhanced with the use of captions.

As of January 1, 2006, the Federal Communications Commission (FCC) required all "new" English language programming (that is, analog programming aired after January 1, 1998, and digital programming first aired on or after July 1, 2002) to be captioned, with some exceptions. To find out about the exceptions and more information about the requirements for closed captioning of video programming visit the FCC's website, www.fcc.gov/cgb/dro/caption.html.

It was a great leap forward to reach 100 percent captioning of non-exempt programming in 2006. For many, 100 percent captioning meant we finally had equal access to television. It didn't quite turn out that way. Broadcasters who had been depending on government subsidies through the U.S. Department of Education found these subsidies dwindle as Congress complained about federal dollars subsidizing what they felt the television industry should be doing. Promises of voice recognition technology that would greatly reduce the cost of captioning have yet to pan out. Consumers found that finding good captions was more like a game of roulette than the equal access they had hoped for.

In 2005, responding to chronic problems with captioning on broadcast and cable television, the Hearing Loss Association along with the Association of Late Deafened Adults (ALDA), Deaf and Hard of Hearing Consumer Advocacy Network (DHHCAN), and the National Association of the Deaf (NAD) joined forces with Telecommunications for the Deaf and Hard of Hearing (TDI) in their petition to the FCC.

The petition asked that the FCC address longstanding quality issues in closed captioning of all broadcast, cable and satellite television programming for viewers. It asked for greater enforcement mechanisms, increased accountability

for noncompliance with the rules, creation of measures to ensure that the occurrence of technical problems would be minimized and to ensure that when technical problems did occur, that they were remedied efficiently and expeditiously. In addition, the petition asserted that the FCC must adopt quality of service standards. That petition can be found on the HCAA website at www.hearingloss.org/docs/FCCreplyCC.pdf.

Caption Quality Issues, Anyone? Yes, We Have a Few

Four long years later, we are still waiting for a response from the FCC. If anything, the problems have increased in the intervening years. Captions are not always there, are garbled or misplaced. Even in emergencies.

Now we have digital television to contend with. HDTVs show beautiful pictures, but we are encountering some bizarre new caption problems never seen before. We have reports of captions that overlap, captions that bounce all over the screen, and even captions that fill the screen. FiOS, cable

and satellite installers may or may not know how to turn on the captions with their systems. Many manufacturers and service providers fail to include written instructions on how to make the connections work, even where to find the menu to turn on the captions. And even if they do, the broadcaster may still send out a signal without a decodable caption.

DIV transition has been delayed to June 12, 2009. No matter. Whenever the transition happens unless all the players are working together to ensure captioning works—from the television manufacturers, to the broadcast station to the cable and satellite networks—consumers will find once again, there are overwhelming barriers to receiving clear and readable captions.

Here is What You Can Do

Consumers can no longer afford to sit silently when bad captions happen. We need to provide feedback, information and yes, complaints.

Keep a list of local broadcasters and/or your FiOS, cable or satellite

company right next to your television. Call or e-mail them when a problem happens. If there is no solution, write the FCC and let them know there is a problem. www.fcc.gov/cgb/dro/tips_on_filing_cc_complaint.html

You can also write the caption companies and their advertisers. Let them know you appreciate their efforts and are glad they are there, but you can't do that unless the captions work. And of course, send along a compliment when things go well, too.

We need better captions. Each of us individually can help make that happen. We just have to get up off that couch to do it! **PTM**

Lise Hamlin is director of public policy and state development. She joined the staff in April 2008 after being a long-time advocate and HCAA Board member. She formerly worked at the League for the Hard of Hearing and most recently, the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons. Lise lives in Rockville, Maryland, and can be reached at lhhamlin@hearingloss.org.



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The Academy has created an affordable online, self-paced, distance learning program for adults that focuses on the biological, medical, psychological, and social aspects of hearing loss. The broad curriculum has been developed by HCAA professional staff, members of the Academy Advisory Board, and other leaders in the hearing health professions. It consists of 4 online courses that focus on these topics:

- Introduction to Hearing Loss
- Coping with Hearing Loss
- Hearing Assistive Technology
- Advocacy Resources and the Law

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Share your good news. If you have news about what is happening in chapters or state organizations, send 400 or less words and JPG photos (300 dpi) to Editor Barbara Kelley at bkelly@hearingloss.org.

Kansas City, Here We Come!

A new chapter of the Hearing Loss Association of America (HLAA) will soon be forming in Kansas City, Missouri. Persons with hearing loss or parents of children with hearing loss are invited to participate. For more information contact: Shanna Bartlett Groves, 816-289-5655 or sgrovesuss@msn.com, or Jess Shea, sigmaicl@yahoo.com.

Houston is Hot

Teri Wathen and Susanna Dussling are the new co-presidents of the HLA Houston (TX) Chapter. Newsletter editor Mary Honomichl published an interview with the co-presidents in their January newsletter.

"When asked why did you run for co-president Susanna said; 'To make a positive difference! In the past year, I did not like the way cochlear implants have been portrayed in the media. Quickly, I discovered my purpose in life—to advocate for hard of hearing people, increase awareness of hearing loss and cochlear implants and to provide hope and inspiration for all people facing similar challenges. As co-president I will be able to accomplish these goals. I truly want to help people as it affects me deeply

that people are not getting the help they need for their hearing loss.'

"Teri replied to the same question: 'No one else wanted to run, and I wanted to keep the chapter going. I knew if I had a co-president that the two of us could put some new life into the chapter. We want to offer programs to attract more people, especially younger people who are looking for others in the same boat.'"

Asked what they would like to see happen for the chapter in 2009, both agree they want fresh insight and new ideas, exciting new programs, more publicity, and increased membership.

Susanna passionately believes hearing loss need not be a stigma and will provide youth and lots of energy. They have changed the venue and meeting time, and have four exciting programs lined up—the *Walk4Hearing* date is set and a special-event March 2009 workshop is in the works.

Congratulations Houston! Read more about the chapter in their January 2009 newsletter issue at www.hearingloss-Houston.org.

A Salute to San Antonio

The people who package and send to AnySoldier.com were amazed and overwhelmed with what HLA-San Antonio Chapter collected. HLAA salutes San Antonio Chapter members for their participation in AnySoldier.com. The bags of goodies are taken to the church that mails them to the military chaplains overseas for distribution to the troops.

Mamma Mia! Performance Makes History Here

By Pete Fackler

HLA-Rochester (NY) Chapter: The December 14, 2008 matinee performance of *Mamma Mia!* made

history at the Auditorium Theater as the first ever captioned live theater performance in Rochester. Funded by proceeds from the Hearing Loss Association of America's *Walk4Hearing* and with discounted tickets made possible by a generous gift from an anonymous donor, 110 tickets for seats well-positioned to take advantage of the captions were sold.

The production was made possible with the enthusiastic cooperation of Shannon Struzik and her colleagues at the Rochester Broadway Theater League (RBTL) after a year of exploratory talks between HLA-Rochester and RBTL. Technical support and advice during were provided by Lisa Carling of Theater Development Fund, New York City. Captions for the performance of *Mamma Mia!* were provided by Donald R. DePew and the c2 (caption coalition), Inc. of New York.

The December 14 matinee showing of *Mamma Mia!* was billed as an experimental first effort at using captioning at the Auditorium Theater to provide superior access to live staged performance theater for people with hearing loss. Promotional outreach to support ticket sales was restricted because of a limited supply of well-positioned seats adjacent to the captions screen. Our Theater Committee and RBTL will review survey comments provided by theatergoers in considering how to proceed for future seasons. An early review of patrons' reactions to the captioned performance indicated enthusiastic support for this first effort.

Pete Fackler is a member of HLA-Rochester and is treasurer of the national HLAA Board of Trustees.

HLA-Fredericksburg Chapter Member Honored for Advocacy

The Virginia Department for the Deaf and Hard of Hearing (VDDHH) and Virginia Relay, the free public service that enables people who are deaf, hard-of-hearing, deaf-blind and speech-impaired to place and receive calls via a standard telephone line, awarded Outreach Specialist Arva Priola a commendation from the Senate of the Commonwealth of Virginia for her advocacy work in the hard of hearing and deaf community. Virginia Senator Edd Houck presented the award to Arva on November 15.

Priola, an active member of the Fredericksburg Chapter, has worked as an outreach specialist for the disAbility Resource Center in Fredericksburg and Virginia Relay for 13 years, ensuring that communication access is available to people with hearing loss.

She has been especially successful in encouraging Virginia businesses to participate in the Virginia Relay Partner program—a program designed to educate business leaders and employees on how to use Virginia Relay's assistive devices and services. Since the program's inception in 2005, Priola has enlisted more than 60 businesses in the program—far more than any other Virginia Relay outreach specialist.

This is the second Commendation the Virginia Senate has awarded to Priola. She received the first in 2001 in recognition of being the first person to receive the Advocacy Award from the Hearing Loss Association of America.

"Throughout my many years of working with Arva in my role as a special education administrator, a hospital administrator or as a legislator, she is always advocating for equal communication access for everyone," said Senator Edd Houck.

"Whether it was testifying before an unfriendly Senate committee or pushing me to do what was right, Arva's pursuit of fairness and justice for all has been constant. She deserves great credit for her tireless work.

Virginia is a better place to live due to Arva Priola."

Hearing Loss Association of Florida Call for Applications

The Hearing Loss Association of Florida (HLA-FL) is seeking qualified individuals to serve on the HLA-FL Board of Trustees for a three-year term beginning October 3, 2009. Applications must be returned no later than August 14, 2009.

Application forms are available by contacting Richard Herring, Chair, Nominating Committee, 1317 Caloosa Lake Court., Sun City Center, Florida 33573-4869 or by e-mail at rhmann@tampabay.rr.com.

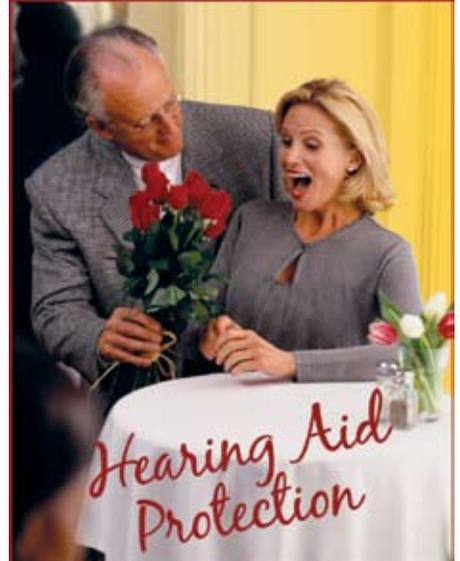
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HLAA's New Initiative for People Ages 18-35 with Hearing Loss

HearingLossNation is a non-profit online community designed specifically for hard of hearing individuals between the ages of 18 and 35.

Go to www.hearingloss.org and click on **HearingLossNation** on the home page.



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We Are Family!

Hearing loss doesn't just affect the person who has it but also friends and family. If you would like to tell us about how you deal with hearing loss in your family (you can have a hearing loss or be a hearing person), please send us your story. Send 500 words or less in Word doc to Editor Barbara Kelley at bk Kelley@hearingloss.org. Include a color photo (you or your family) in high resolution jpg format with a caption.



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Judy Oliver

The Sweet Sight of Success

The Story of Judy Oliver

Judy Oliver lives in Twinsburg, Ohio. She began to lose her hearing while still in elementary school. Worsening as she got older, today she has a moderate-to-severe hearing loss in each ear.

When most Twinsburg residents want to learn what happened at the latest city council meeting they have two options: They can attend the actual meeting in City Hall or they can tune to channel 27 at 10 a.m. or 7 p.m. any day and hear everything said at the meeting.

Judy did not have either choice. Neither the televised meetings nor the live meetings were captioned.

A rezoning issue involving a high-density development affecting her neighborhood and property values triggered the realization that she and others with hearing loss had no access to any public meetings, hearings, or discussions concerning the proposed development. In fact, they had no access to *any* city issues. Judy decided it was time to advocate.

For six months she communicated with city council members by e-mail requesting that they provide closed captioning for city council meetings. Finally, encouraged by her area councilman, she addressed the full council presenting the case for CART (Computer Assisted Real-Time Transcription) service at meetings. At her insistence, a CART provider was present, giving all who attended the first taste of CART!

After an explanation of her background and hearing limitations, along with her desire to participate, yet without access to do so, Judy read Title II of the Americans with Disabilities Act, ending with a formal request that the city of Twinsburg provide closed captions for all city council meeting broadcast on cable TV. In addition, she asked that if someone requested access to the live meetings that there should be CART available.

Six weeks later, CART funding was officially approved by the Twinsburg City Council on a per-meeting, as-requested basis. Judy had hoped the council would agree to provide closed captions for their cable broadcasts also, but the council decided they could not afford to do both. They voted to have CART at live meetings to give citizens a chance to participate, ask questions, and address the council.

Judy has asked two local newspaper reporters to publicize and promote the availability of CART so other residents will know what it is and how to obtain it. The city mayor agreed to an announcement in the next in-house newsletter mailed to every resident in the city and a videotaped announcement on the cable TV program, "The Mayor's Report," aired repeatedly for a month.

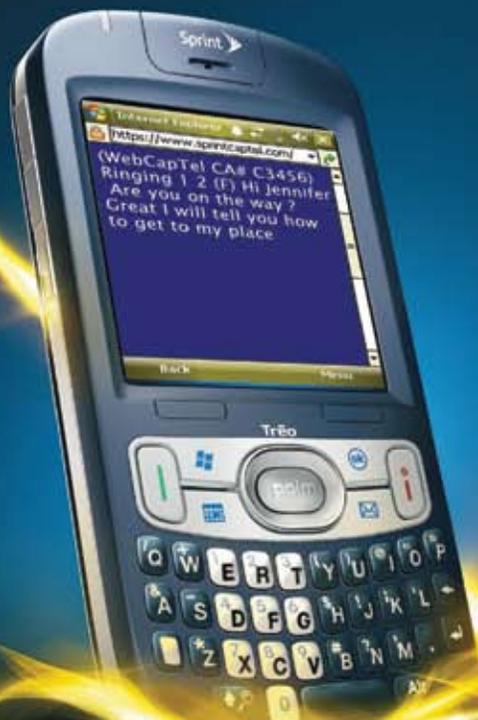
Judy has a parting message for HLAA members. "I hope my success in convincing Twinsburg to make CART available for city council meetings will empower other people with hearing loss in other cities to present their own appeals for equal access." ■■■

Judy Oliver can be reached at oliver101@roadrunner.com.

Joan Kleinrock is the HLAA professional advisor for chapter development. She can be reached at joankleinrock@comcast.net.



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