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Porter-
Vaughn**

My Journey with
Undiagnosed
Sensorineural
Hearing Loss



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HLAA Chapters Sow Joy Every Day

BY MARILYN DIGIACOBBE
AND ALISSA PERUZZINI

Mark Twain once said, “To get the full value of joy you must have someone to divide it with.” That sentiment encompasses the spirit of HLAA and why the theme, *Sow joy. Nurture community.*, was chosen for our 2021 Giving Campaign.

What each of us does to share our joy and help others with hearing loss truly matters — and thanks to the hundreds of individuals who contributed to the 2021 end-of-year campaign, we’re now able to do more, for more people.

During November and December 2021, we invited members, volunteers and friends to donate to HLAA and to invite someone they know to take action for their hearing. In just two months’ time 831 supporters joined the effort, generating \$415,624, and encouraging more people with hearing loss to utilize HLAA’s national and local chapter resources.

These critical funds will support HLAA annual operations and help deliver on our promise to inform and engage more people who need our support.

Making a real difference within the hearing loss community is at the heart of what our local HLAA Chapters do every day. The Arizona Working Adults Chapter (AzWAC) based in Tempe, is a perfect example and embodies the connection, support and activism central to our mission. By hosting gatherings with expert speakers, providing educational sessions on assistive technologies and offering advice for managing interpersonal communication in the workplace, the Arizona Chapter encourages and helps individuals with hearing loss to excel in their work life.

“The ability to be your best on the job is no small matter for many people — including those with hearing loss,” explains Peggy Staples, president of AzWAC. “We recognize that these individuals want support as they strive to reach their full potential in the workplace.” To provide support, AzWAC offers online forums so its members can discuss common concerns and solutions. They also arrange social events where members of the community meet, share their experiences and exchange insights.

By working together with local chapters such as AzWAC, we can reach even more people who need our help, provide them with information and resources which will empower them in their daily lives and advocate at the local and national level so that their rights and needs are met.

We sincerely thank everyone who participated in the 2021 Giving Campaign and who are helping to continue to spread the joy of this community. After 42 years of supporting and advocating for people with hearing loss, we know that belonging can make all the difference. **HL**

Marilyn DiGiacobbe is director of development and Alissa Peruzzini is development manager at HLAA. Reach out to them at development@hearingloss.org.



HLAA Arizona Working Adults Chapter

*Front row (left to right):
Connie Hancock, Karin Lusk-Rydin, Minerva Gutierrez, Peggy Staples (President), Dave Staples*

*Back row (left to right):
Unknown (guest of Kevin Hsu), Kevin Hsu, Harry Wolfe, Rachael Hedrick, Debra Rohden*

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On the cover: In this issue of *Hearing Life*, Latisha Porter-Vaughn shares her story of sensorineural hearing loss. Photo by Rhaquane T. McAllister (Instagram: Hoova7)

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By Latisha Porter-Vaughn

The author demonstrates that living well with hearing loss consists of persistence, willing to continue learning about it, finding support, staying active and engaged and taking advantage of assistive listening devices. She is the first African American president of the HLAA New Jersey State Association and chair of its Scholarship Committee.

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By Meaghan Thomas

This broadcast meteorologist, a bilateral hearing aid wearer, is the author of *Heart of Hearing*, a true passion project focusing on young children with hearing loss. She also created a nonprofit — The Heart of Hearing — to raise awareness and reduce the stigma associated with hearing loss.

22 **To Hear When Traveling, Educate Your Smartphone**

By Stephen O. Frazier

Don't let age or hearing loss keep you from the grand adventure that travel can and should be. If they've not already done so, traveler or not, people with or without hearing loss should get a smartphone and download some of the great apps now available. They'll face far fewer challenges when traveling and even in their daily lives with the help of a smartphone.

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By Amanda Watson

HLAA is dedicated to bringing you a fun, safe and enlightening in-person Convention in beautiful Tampa, Florida this June at the brand new JW Marriott Tampa Water Street. You'll be busy with exhibitors in the Exhibit Hall, a riveting opening session, fantastic workshops to attend, demo presentations, social events, a symposium presented by top researchers in the field — and more!

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By Bruce L. Douglas

The author shares how it has taken him almost his entire adult life to recognize that he never had normal hearing. He finally emerged from denial when he started college. Looking back, he realizes that his sensorineural hearing loss was unconsciously balanced by some residual cognitive energy that gave him the coping skills to get good grades.

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By Lynne E. Bernstein, Edward T. Auer, Jr., Silvio P. Eberhardt and Nicole Jordan

Lipreading ability is not an inborn trait. Our research on adults who were deaf before learning language and who did not use cochlear implants has shown that most learned to be very good or excellent lipreaders.

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ABOUT HLAA—Founded in 1979 by Howard E. “Rocky” Stone (1925–2004), the Hearing Loss Association of America (HLAA) is the nation’s leading organization representing consumers with hearing loss. HLAA opens the world of communication to people with hearing loss through information, education, support and advocacy.

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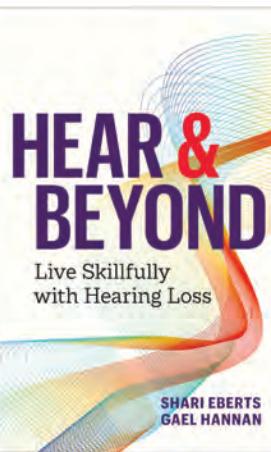
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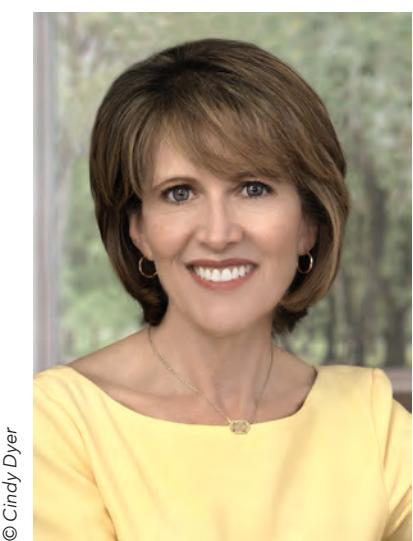
by Shari Eberts and Gael Hannan

"Gael Hannan and Shari Eberts bring two lifetimes of experience to their new book [...] A valuable primer for those new to hearing loss, and a reminder to those with more experience of the many skills, tools and technologies available."

– Katherine Bouton, former New York Times editor and author of *Smart Hearing*

If you have hearing loss, you already know that the conventional approach to treatment is focused on hearing aid technology. Without a handbook to help you figure out how to actually live with it, you've likely been getting by on information pieced together from various sources – and yet, communication often seems incomplete and unsatisfying.

What's missing from this hearing care model is the big picture – a real-life illustration of how hearing loss, its emotions and its barriers affect every corner of your life. Now, hearing health advocates, consultants and speakers Shari Eberts and Gael Hannan offer a new skills-based approach to hearing loss that is centered not on hearing better, but on communicating better.



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**A device can bring
you back into the
world of sound.
HLAA brings
you back to a
world of people.**

It's What We Were Born For

BY BARBARA KELLEY

How do we find the courage and the confidence to act on our own behalf? What is our path to taking the first step toward addressing hearing health, or learning about all the tools — technology, coping and communication strategies — and more? It's hard to isolate ourselves and try to figure it out all on our own. Google helps, but Google doesn't talk back to us or engage us in a way where we find strength and confidence from being with each other.

Investment in technology is through the roof. For people with hearing loss, hearing aids, cochlear implants, hearing assistive technology, aren't just gadgets, they are godsends. The human body is the interface. We all need some handholding with technology, plus mutual support to know that we aren't the only ones going through this.

A device can bring you back into the world of sound, HLAA brings you back to a world of people.

As we look for solutions to a well-defined problem (hearing loss), there is a community that longs to be with each other. It empowers us. In HLAA, you'll find people who respond with heart and enthusiasm as evidenced by these past two years during the pandemic. We found ways to stay connected and now we are slowly getting back to meeting in person in our chapters, at the Walk4Hearing and the HLAA Convention this summer.

As our Founder Rocky Stone said, "Hope flourishes in community, not isolation." That is why the concept of chapters was at our core from the early days. In 1981, Rocky wrote, "We are becoming more aware that diversity is our strength. So, as we organize chapters we must understand and accept diverse interest, points of view and lifestyles, but all these differences can be united around our belief in the basic principles of human dignity and the justice we all seek."

Rocky's words transcend time. Our shared experiences, learning, trying new technologies, getting together, builds self-esteem and confidence. The decision to help ourselves grows into the mature decision to help others. Whether you connect with us through the digital world or attend an in-person event, you are part of a community. What better basis can we have for hope? We are wired for sound, but our hearts and minds are meant to be in a community. **HL**

Barbara Kelley is executive director of the Hearing Loss Association of America. Follow her on Twitter @Bkelley_HLAA.



How Will HLAA Chapters Celebrate Better Hearing Month?



May is Better Hearing Month. HLAA wants to highlight what HLAA Chapters plan to do to celebrate and encourage hearing health and how to live well with hearing loss.

Will chapters host an event online or in person? Will chapters help people with hearing loss through scholarship opportunities, or have a fun game night?

Please email cjohnson@hearingloss.org your promotional ideas and activities, so we can share them from the HLAA website.

We look forward to learning how you plan to acknowledge Better Hearing Month.

HLAA plans to share promotional ideas for Better Hearing Month with HLAA Chapters soon on our website, hearingloss.org.

MAY IS
**BETTER HEARING
MONTH**





I believe that OTC hearing aids will change some important dynamics of how adults buy hearing aids, and how some hearing aid specialists and audiologists sell and service hearing aids.

Hearing Health Care Priorities

BY KEVIN H. FRANCK

Before the Food and Drug Administration (FDA) defined Over-the-Counter (OTC) hearing aids in its proposed rule, before President Trump signed the Over-the-Counter Hearing Aid Act of 2017, before Senators Warren and Grassley wrote the OTC Hearing Aid Act and before the President's Council of Advisors on Science and Technology (PCAST) recommended the OTC effort, the authors of the National Academies of Sciences, Engineering, and Medicine (NASEM) 2016 *Hearing Health Care for Adults: Priorities for Improving Access and Affordability* were working on publishing 12 recommendations to improve hearing health care for adults with history and context for each.¹ Just one of these 12 is OTC hearing aids — Recommendation #7. The Hearing Loss Association of America (HLAA) sponsored what I consider the most comprehensive and best articulated statement of where we are and where we need to be.

I believe that OTC hearing aids will change some important dynamics of how adults buy hearing aids, and how some hearing aid specialists and audiologists sell and service hearing aids. This could be better for both groups. Savvy, technically competent people beginning their hearing health journey might be able to use consumer audio products with hearing aid technology. Others may try a more traditional hearing aid product earlier through consumer channels. Audiologists and hearing aid specialists may be even more successful promoting and selling their services separate from opaque product mark-ups, providing services to people regardless of what product they buy. I don't think this is going to be transformational, but it will evolve the hearing device market in important ways. I hope device and diagnostic manufacturers develop, and that the FDA approves, more self-service hearing technologies. This is because our health care system, in general, has demonstrated its challenges helping many populations in need, including those with hearing loss. HLAA should be proud of its visionary support of the work that started it all almost a decade ago and focused in the next few years on helping to get the work implemented right to best serve the entire U.S. hearing loss population.

But let's not lose sight of the bigger picture. Some of the other 11 recommendations could be quite impactful, too! Staying with the theme of reducing the cost of hearing technology, other recommendations also need attention. NASEM Recommendation #9 sought more transparency in the costs and coverage of hearing products and services. Did you know that a single cochlear implant processor costs around \$10,000? Many hospitals and clinics are now publishing their charges and unbundling their service costs from products. For those who need less service (like a third set of hearing aids for a stable hearing loss) this can be a huge cost savings. But for a first pair when thorough diagnostic and counseling and first fitting services are more warranted, it can cost more.

Soon, you may be able to bring your OTC hearing aid to a hearing professional who unbundles the costs. NASEM Recommendation #3 eliminated unnecessary medical visits before a patient can seek hearing aids. By promoting compatibility standards with other more ubiquitous technologies, NASEM

¹ <https://www.nap.edu/catalog/23446/hearing-health-care-for-adults-priorities-for-improving-access-and>

Recommendation #8 advocates for hearing devices to gain access to the benefits (and cost benefits) of mass production rather than niche or proprietary standards.

NASEM Recommendation #10 implores innovators to try small demonstration projects to break our current logjam and find new paradigms that provide better value and better access.

NASEM speaks to ensuring that those who provide hearing health care service do so consistently and are aligned with best practices in NASEM Recommendation #2. People who provide hearing services should prove that they are achieving their intended benefit and evolve how they do so as new product features and new hearing interventions become available. NASEM Recommendation #4 pertains to your rights to information. For example, if you pay an audiologist for their services (like a hearing test or device fitting), you have a right to this information if you want to take this to someone else and not be charged to do it all over again. NASEM seeks hearing health care to be a routine topic of conversation in well-visits and provided to underserved populations in Recommendations #5 and #6, respectively. By “underserved,” this explicitly includes not only geographic disparities, but cultural and economic ones, too, that lead to systemic health care access inequities.

NASEM continues with promoting stronger efforts to build prospective, population-based data on hearing loss in Recommendation #1 so that we are better equipped with facts of the impact hearing health has on other aspects of health and society to make informed decisions. NASEM Recommendations #11 and #12 seek to engage a wider community with more public information and making good communication relevant to everyone — not just to people with hearing loss.

NASEM said a lot! When I was the director of audiology at Mass Eye and Ear/faculty at Harvard Medical School from 2018 to 2021, I made NASEM my *modus operandi*. Our decisions on how to improve our clinical care were explicitly guided by this comprehensive work. As chair of the HLAA board of directors, I use the document in a similar manner. Our strategy is reflected in NASEM’s perspective. After all — HLAA, as the only consumer-group sponsor of the study, helped pay for the work! **HL**

Kevin H. Franck, Ph.D., is chair of the HLAA board of directors and lives in Concord, Massachusetts. He can be reached at chair@hearingloss.org.

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See you June 23-25, 2022 in Tampa, Florida!

Find out more at hearingloss.org/programs-events/convention/.

My Journey with Undiagnosed Sensorineural Hearing Loss

BY LATISHA PORTER-VAUGHN

In 1986 at the age of 19, when I found out I had been born with sensorineural hearing loss, I didn't know anything about it. My family, primary educators and school audiologist knew something was wrong, but no one ever told me I wasn't hearing well. The only accommodation offered to help me in the classroom was to sit in the front and have the teacher face me. All the while, I was reading lips as a practice which I was never taught but did it automatically. Growing up without a mom who passed away when I was six weeks old and a dad and grandmother who both had hearing loss, reading lips was an easy gesture since I never knew I wasn't hearing well anyway. As a result, I navigated through my early years just like my hearing peers, but the only difference was that I wasn't hearing the same way as they were.

I was inspired to not let my hearing loss identify who I am. I was driven with passion to understand it and live my life with purpose. Here I am today, the first elected African American President of the HLAA New Jersey State Association.

When my mom passed, she left behind our dad and five other small children; she never made it home from the hospital. She never got the chance to nurture me nor finish raising her other three daughters or two sons. I grew up in Hamilton, Ohio, which is a small city outside of Cincinnati. Growing up in the 60s and 70s was a time of change for African Americans and all people across the United States. The Americans with Disabilities Act (ADA) mirrored the Civil Rights Act of 1964 which the ADA led to equal opportunities for people with disabilities. While I don't remember these major legislations happening during that time, I do remember how schools were making changes to prohibit segregation and increase integration. It makes sense now that it was unknown how to provide effective accommodations for students with hearing loss.

As a student, I had excellent passing grades from kindergarten until the third grade. Then one day, my teacher told me I had to report to the nurse's office to take a hearing test. I was scared, embarrassed and determined to pass the test. I was asked to repeat words that I never heard clearly and I tried very hard to fake the

test results. Did it work? I always believed it did, but it did not. Although I was active in school and involved in extracurricular activities at and outside of school, I barely made it through high school or to my graduation due to my low academic performance. It was not because I didn't want to do the work, it was because of my hearing loss that I had, but didn't know about at the time.

Malcolm X said, "Never stop growing and dreaming and always believe education is the passport to the future, for tomorrow belongs to those who prepare for it today." I was determined to be the smartest kid in school, work hard, get all As, etc. I had big dreams go to college, be a professional dancer on Broadway, lead a national corporation, learn many languages so that I could work for the United Nations and make my dad and family proud of me. I wanted to be successful. You can have many dreams and you can always change them.

New Jersey: Where I Accepted My Hearing Loss and Followed My Dreams

When my oldest sister invited me to leave Hamilton, Ohio, shortly after high school and move to New Jersey to live with her, I said yes! Living with my sister was a huge turning point for me. What is a turning point? It is when a very significant change occurs. My sister realized immediately that I had hearing loss. She took me to an audiologist; he tested me and explained that I needed hearing aids from the time I was born and that I had been reading lips all my life. He told me I could not hear high frequency sounds. Well, no wonder I never understood what was said in the cartoons I was watching! Anyway, I cried and was emotionally hurt, but my sister said, "Tish you will get the hearing aids and you will do well." I fell back, but I didn't stay down — I got up! I believed in myself, and my sister's belief in me was a great motivator, too.

As a step toward my goal, I landed my job at Seton Hall University with the goal of completing my college education. I am still working at Seton Hall Law School. Due to the COVID-19 pandemic, more attention was placed on employees with disabilities, which provided me an opportunity to work in the Center for Social Justice as a paralegal. I finally said goodbye to the faculty



“ I was inspired to not let my hearing loss identify who I am. I was driven with passion to understand it and live my life with purpose. Here I am today, the first elected African American President of the HLAA New Jersey State Association. ”

department I worked in for 30 years. Remember, going to college was a dream of mine. I was so excited as I saw my dream manifesting. I was determined to work harder especially after knowing I have hearing loss. I knew I needed additional assistance to learn in the classroom. When you're looking forward to your dreams, you know you have to work hard to get where you want to go.

I advocated for myself, checked the disability support services and sought out my needs. The only accommodation the school offered for students with hearing loss was to record the professor via audiotape. The challenge was that no one signed up to transcribe. I knew college would require me to work harder. I kept my passion burning. Some of my friends took classes with me and took notes for me. The first semester of college I made the Dean's List. As technology advanced, I enrolled in the University of Maryland Online Business Administration Undergraduate Degree program.

I understand the work you must put in to learn online. I didn't let the academic workload stop me — I had faith over fear. I graduated with a 3.53 GPA. I fell back, but I didn't stay there.

Turning Point to Seeking Hearing Loss Community Support

Let us talk about your dreams. I always dreamed about being famous and having a larger impact in life. Dreams are very important since dreams surround goals and more. They give your life a purpose, direction and meaning. Dreams shape your life choices, help you persist and give you a sense of hope. Dreams do not come without challenges. I was overlooked for many opportunities; I wasn't picked to be part of many activities. I know it was because of my hearing loss, but I don't blame anyone.

Hearing loss is an invisible disability that is difficult to understand. I passionately break down those hearing loss roadblocks, which I see as an opportunity to be courageous, confident and go after whatever I put my mind to. It is the development of persistence that will equip you with seeking other ways to reach your goals. Did you know that persistence is the food of dreams? But how do you persist toward your dreams? You stay passionate about your dreams, wants and desires. You set a goal, pray and act. There's no promise without the work. It took me a long time to understand how I heard to learn and comprehend.

One of the best experiences I had was participating in the Gallaudet University two-year Peer Mentor Certified Program. I graduated in May 2021. Through this program, I learned more about audiology, aural rehabilitation, the psychological aspects of hearing loss

and the anatomy of the ear. Know this — living well with hearing loss consists of persistence, willing to continue learning about it, finding support, staying active and engaged and taking advantage of assistive listening devices.

Let me share some of the roadblocks I faced while not knowing I had hearing loss. I took hearing tests but was never told I have hearing loss. I was only told to sit in front of the class and face anyone talking to me. My whole life I had been reading lips and did not know it. Remember when I said I wanted to be a straight-A student? Well, that did not happen while I was in elementary, middle nor high school. I struggled academically from the third grade until I graduated from high school. This was because I did not hear most of the lessons being taught, but I never lost my passion to want to learn and do well.

In high school, a vocational teacher told me I had a bad attitude and would not amount to much. I was angry that I failed my secretarial tests and would argue with my teacher. All the while, I was not hearing the entire lesson. I was never a straight-A student as a young child, but I graduated summa cum laude with a 3.97 GPA when I earned my master's degree.

I recently graduated from the University of Arizona Global Campus receiving my Ph.D. in philosophy. My dissertation, "Perceptions of Deaf and College Students with Hearing Loss Work Readiness and Preparation," will add to the missing body of literature to enhance academic training and accommodations for this marginalized population.

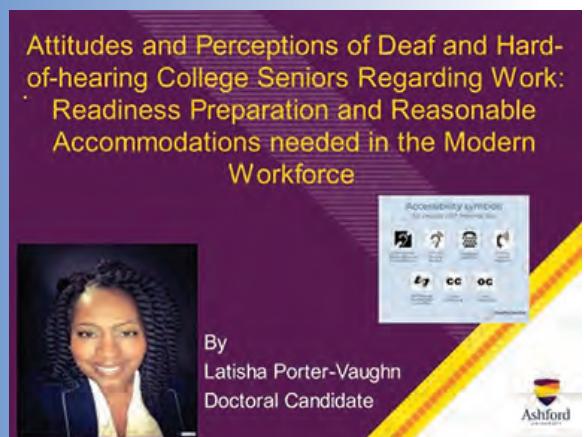
What kept me moving forward despite some setbacks was that I never stopped believing in my dreams and working toward them. I fell back, but I got back up. **HL**

Latisha Porter-Vaughn, Ph.D., is a paralegal at Seton Hall University Center for Social Justice. She is also the president of the HLAA New Jersey State Association and chair of its Scholarship Committee. She is co-founder of the HLAA Essex County Chapter and a Deaf Snapshot Mentor of SPAN New Jersey. She is soon to self-publish her book, Sounds of the Heart: The Story of a HearStrong Champion Persisting Against All Odds. Latisha hopes to become a researcher for the National Deaf Center on Post-secondary Outcomes to continue contributing to literature that will help improve education and employment outcomes for students who are deaf or have hearing loss. If you're interested in reading Latisha's research proposal, you can contact her at portermia@aol.com.

“ What kept me moving forward despite some setbacks was that I never stopped believing in my dreams and working toward them. I fell back, but I got back up. ”



Latisha's husband and son celebrated with her when she received her Leadership & Dedication Award from the HLAA New Jersey State Association in 2019.



Latisha's dissertation will add to the literature to enhance academic training and accommodations for this marginalized population.



Latisha received her master's degree in strategic communications from Seton Hall University.



Effective Communication in Medical Settings: Your Rights Under the Law

BY ANDREW WEBB

When seeking medical care, people who have hearing loss often encounter unique challenges and barriers. But if you have a hearing disability, the law can help ensure you receive care comparable to those with other disabilities, and that your hospital or doctor's office takes the necessary steps to effectively communicate with you. Following is a brief overview of your rights when seeking medical services and some options for you to pursue legal relief if you experience health care discrimination.

The Americans with Disabilities Act (ADA) helps ensure that people with disabilities have meaningful access to medical services. In the context of health care, Title II of the ADA applies to public hospitals, clinics and health care services operated by state and local governments, whereas Title III applies to privately-owned and administered hospitals and other health care providers. Additionally, Section 504 of the Rehabilitation Act prohibits disability discrimination by any institution or program receiving federal financial assistance. These laws apply to all types of health care providers, regardless of their size or specialty area.

Providers have a legal obligation to ensure effective communication for people with hearing loss. This includes furnishing auxiliary aids and services you might need to communicate and understand information shared with you. Your provider must tailor accommodations to your unique communication needs, giving special consideration to your preferences. However, the provider need not give you the specific aids you request if they are unduly difficult or expensive, and can furnish you with different aids as long as they allow you effective communication.

If you require Communication Access Realtime Translation (CART) or a similar service which translates speech to text, or if you communicate using sign language, there are situations in which it is imperative that your doctors provide those services. This is true for complex communications, such as discussions of medical history, diagnoses, procedures, treatment decisions or planning for in-home care. But for simpler interactions involving minimal conversations, such as for routine lab tests or regular injections, a provider may be within

its rights to communicate by other means, including through written notes.

Suppose that, in advance of an upcoming appointment, you ask your doctor's office to provide CART. Your doctor's office then has a legal responsibility to furnish either CART or some other auxiliary aid that will enable you to effectively communicate. In no case can a provider require you to locate and bring the aid with you, nor to cover the costs or fees for the aid yourself. These duties extend to companions with disabilities and for whom effective communication is essential for the person receiving care. For example, if you are a parent who has hearing loss taking your minor child to a medical appointment, the doctor's office must provide accommodations necessary for you to communicate effectively and give meaningful input regarding your child's care.

Sometimes providers utilize aids and services that are inadequate for effective communication. For example, for persons with hearing loss who do not use American Sign Language (ASL) proficiently, an interpreter will not ensure accurate communication. For persons who do use ASL, video remote interpreting (VRI) may still be insufficient if a patient has difficulty understanding the interpreter on screen due to a visual disability, because reception or image quality is poor or where the provider's staff are not properly trained to operate the system.

Should a medical provider violate your rights and you are unable to reach a satisfactory resolution on your own, you have a few options to pursue a formal complaint:

- You can file a lawsuit in federal court.
- You can file a complaint with the United States Department of Health and Human Services, Office of Civil Rights (OCR). You can file via OCR's online portal, or via their other filing options as described on their website: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. You should not need an attorney's assistance to file a complaint. OCR does not award monetary damages, but it does investigate allegations of discrimination and can help ensure that the provider improves its policies and practices to prevent future discriminatory conduct.

- You can also file a complaint with the Disability Rights Section of the United States Department of Justice (DOJ). The online complaint portal and other filing options are available on the DOJ website: ada.gov/filing_complaint.htm.
- There may be other administrative complaint options specific to the state in which you reside. Your state may have its own human rights statute prohibiting discrimination based on disability, as well as agencies that investigate and even conduct hearings when you file a complaint under your state's anti-discrimination law. Also, you may be able to file complaints with your state's public health department or with its licensing authority for medical professionals. [HL](#)

Andrew Webb, J.D., is an attorney at Equip for Equality, the protection and advocacy system for Illinois within the National Disability Rights Network (NDRN). Andrew is blind and also has hearing loss. He manages Equip for Equality's Assistive Technology Program and works to ensure the accessibility of health care services and public accommodations for people with disabilities. You can find the protection and advocacy system for your state at NDRN's website: nдрн.org/about/nдрн-member-agencies/.



News and Notes

HLAA Communication Access in Health Care Program Projects:

Participated in the Disability Equity Collaborative documentation work group meeting, January 2022

Met with the American Association of Medical Colleges (AAMC) telehealth equity competencies team, February 2022

Submitted report on telehealth experiences of patients with hearing loss to AAMC. (Thank you to all the contributors to the recent Call to Action who shared stories about their experiences with telehealth!)

Met with the Patient Provider Communication Forum, March 2022

Questions and comments about the work of HLAA's Communication Access in Health Care program should be sent to healthcareaccess@hearingloss.org.

Tips for Communication Access After an Accident

BY WYNNE WHYMAN

"She keeps turning her head." Those were the first words I remember hearing after a pickup truck crashed into me while I was riding my bicycle. Prior to the ambulance arrival, a medically-trained bystander was performing a spinal injury assessment.

Having progressive hearing loss since preschool, once again, I was on my own. My first thought was, "I can't bluff." I responded that I was instinctively turning my head to lipread because of my hearing loss.

The most concerning injury was a type VI tibial plateau fracture requiring surgery.

Health care professionals are caring and knowledgeable, but often do not understand hearing loss. Even with hearing loss noted in my chart, no one inquired whether they were speaking clearly or described how their specialty managed hearing loss needs.

During my hospital stay, I was proactive. I wore my hearing aids 24/7, declined most pain medications to stay alert and initiated questions. (For example, "For the proposed antibiotic, are there hearing loss side effects?" "For surgery, when will I remove my hearing aids?")

However, during surgery, the anesthesiologist's speech was totally unintelligible. Also, I wonder if there was a communication misunderstanding resulting in an early discharge decision.

Since I was tense about communication, I was hyperattentive to all sounds and became mentally and physically exhausted. I tried not to worry that I might not walk normally again, internalized my emotions and became numb. How was my communication burden intertwined in the trauma and healing?

Happily, good news. Last year, I walked a total of 920+ miles. That's what comes with good medical care, following medical advice, my ongoing strengthening and conditioning work and maintaining my efforts toward achieving accurate communication with my health care providers.

Wynne Whyman volunteers with the HLAA Get in the Hearing Loop program committee and chairs the Let's Loop Colorado project. She holds two master's degrees and is a learning architect, developing executive leadership and other courses that focus on organizational and learner needs.



The Heart of Hearing

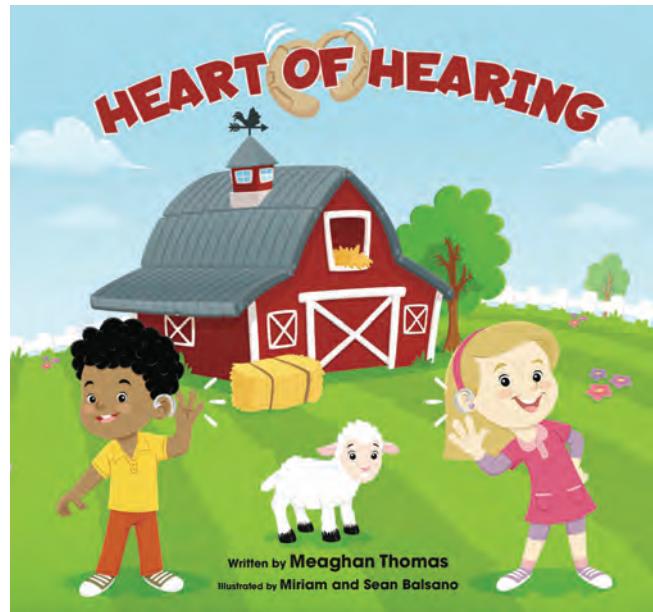
BY MEAGHAN THOMAS

Everyone's hearing journey is unique. Mine is no exception. For many years my hearing loss went unnoticed which is surprising since my father has worn hearing aids for years because he has profound hearing loss in both ears. During my youth, I managed in school by predominantly lipreading since I had tools at home which made hearing easier e.g., headphones for the TV and my mother normally spoke quite loud for my father to hear. Entering college and attending class in a large auditorium, I realized I could no longer clearly see the professor's face, much less his mouth. When the sound began echoing through the room, I realized how much I utilized lipreading. However, at this point, I still did nothing to improve my hearing since I associated hearing loss and hearing aids with the 'older' generation.

Moving forward beyond college and graduate school to my first job in television, my station required the meteorologist position, which I held, be fitted for an IFB (interruptible foldback) device we use to hear the directors and producers. It was during that IFB fitting appointment a co-worker pointed out the technicians had addressed me a number of times while molding my earpiece, yet I never responded. I mentioned to my co-worker I did not hear well, but that I had been able to manage up to this point. My audiologist suggested I have my ears examined. Upon administering the hearing tests, it was discovered I have profound hearing loss in my left ear and severe loss in my right. At this point, I knew it was time to acquire hearing assistance. Unfortunately, as many of you may know, currently hearing aids are considered cosmetic, thus not covered under insurance. As a young professional, I did not have the funds to buy a pair of hearing aids. Thankfully, my parents were able to intercede and purchase one for my left ear.

As time moved on, my audiologist suggested I start aiding my right ear because my issues were not improving. I really needed the additional hearing assistance. This is when I acquired my own first pair of aids. WOW! What a difference it made. It's amazing how many wonderful sounds I had missed such as birds chirping, car blasters and leaves rustling when it's windy! What a wonderful experience!

At the beginning of each year, I now select a word to embody all that I want to do within that year. In 2021,



Heart of Hearing is an animated and entertaining story for children that encourages them to wear their hearing aids. It highlights aspects of the world around us that would be missed if not wearing hearing aids and helps hearing children understand why hearing aids for some should be worn. A portion of the proceeds go directly to the nonprofit, the Heart of Hearing, Inc., created by the author, Meaghan Thomas.

my word was BOLD. One day at work I took a picture of myself with my hearing aids then posted the picture on social media. This was my attempt at being bold and trying to embrace a part of me that I typically kept hidden. Oh, did I underestimate the power of the internet. The post went viral overnight. The positive comments and support I received in response to my posts, from everyone, has led to one of the most exciting years of my life!

I am a 30-something, broadcast meteorologist who wears bilateral hearing aids and I am proud of it! Shortly after my post went viral, I had national news outlets, hearing aid companies, hearing loss organizations and parents of children with hearing loss reach out to me in response. Reading the words of the parents truly touched my heart. They mentioned how my actions had helped their children with their reality, but little did they know just how much they had enriched mine. I finally felt comfortable in my own skin, if you will, and that

sense of loneliness I often experienced as a young woman with hearing loss disappeared.

HLAA is a wonderful organization I have been afforded the opportunity to interact with. Upon sharing their powerful mission with me, I was asked to be an honorary walker for the Walk4Hearing in 2021. My response was an immediate ‘Yes!’ This past year the event was virtual in the spring, but the outcome was still impactful. Listening to the presenters and connecting with those who also have hearing loss made it so memorable. I am excited to share that Walk4Hearing raised more than \$1 million in 2021 to provide people the tools and resources to live well with hearing loss.

Upon speaking to a few news outlets and organizations, I felt the need to complete my children’s book. The title of the book was coincidentally selected because I misheard someone saying, ‘hard of hearing.’ I understood it to be, Heart of Hearing. My book *Heart of Hearing* is a true passion project focusing on young children with hearing loss. The book encourages them to wear their hearing aids in an effort to assist in hearing the sweet sounds the world has to offer. It reinforces how special they are, just as they are. It is also a great resource for hearing children broadening their awareness and understanding of those who do wear hearing aids. Inclusivity is very important to me and the world we live in today. While in the process of completing my book, I decided to create a nonprofit. The Heart of Hearing is an official 501(c)(3) entity whose goal is simple: to raise awareness and reduce the stigma associated with hearing loss. With our organization’s mission always in mind, we strive to provide hearing aids for those who cannot afford them by hosting events and fundraisers. The Heart of Hearing

team is dedicated to making a positive impact each day to the hearing loss community thus changing lives while making the process of getting hearing tested and aids fitted as seamless as possible.

HLAA and the Heart of Hearing are fighting the same fight. Promote awareness, acceptance and raise money to support those with hearing loss. To find out more about the Heart of Hearing or buy a book, visit: theheartofhearing.org

Mark Twain said it best, “Kindness is the language which the deaf can hear and the blind can see.” And don’t forget, always cheers to your ears! **HL**

Meaghan Thomas is an award-winning broadcast meteorologist in Nashville, Tennessee. She earned her bachelor’s degree in Broadcast News & Geography from the University of Alabama then completed her master’s degree in Broadcast Meteorology from Mississippi State University. Along with meteorology, Meaghan’s passions involve bringing awareness to the community of people with hearing loss! She proudly wears bilateral hearing aids and wants to encourage others that being different makes you special. She created the nonprofit, The Heart of Hearing, Inc. and wrote Heart of Hearing, a children’s book, to raise funding for those who cannot afford hearing aids. Email Meaghan at contact.theheartofhearing@gmail.com.



Follow Meaghan on Social Media:

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GET IN THE HEARING LOOP

It's Time to Get in the Hearing Loop

Many people aren’t yet aware of hearing loops or other technologies that can improve communication access and public engagement, or how they can enrich the lives of people with hearing loss, their families, friends, colleagues and even communities. The Get in the Hearing Loop program is changing that—one loop, one advocate, one ADA request at a time.

Get in the Hearing Loop, a communication access program of HLAA, is dedicated to providing and promoting community education, advocacy on behalf of people with hearing loss and consultation services to help venues of all kinds successfully implement hearing loop technology.

We dream of a world where people with hearing loss can thrive each day with communication access, full inclusion and equal participation in all aspects of life, everywhere they go.

For more information about hearing loops and the Get in the Hearing Loop program, visit hearingloss.org/GITHL or email GITHLinfo@hearingloss.org.



Once the FDA finalizes the rule, adults with perceived mild to moderate hearing loss will be able to purchase OTC hearing aids at retail and online outlets. Until that time, which we believe will not be sooner than fall 2022, consumers should not purchase a device that is advertised to be an over-the-counter hearing aid.

HLAA Weighs in on the FDA's Over-the-Counter Proposal

BY BRIAN MEYER

In 2017 the Over-the-Counter (OTC) Hearing Aid Act was enacted. This new law allows adults 18 and older with mild to moderate hearing loss to purchase hearing devices without the intervention of a hearing health care professional. The Food and Drug Administration (FDA) proposed a rule in October 2021 to implement the OTC Hearing Aid Act.

HLAA filed comments on the FDA's proposed rule with recommendations about labeling, return policy, usability and clarifying that all OTC hearing aids are self-fitting. Ten consumer organizations and the Rehabilitation Engineering Research Center on Technology for the Deaf and Hard of Hearing (DHH-RERC) signed on to our comments. For more information, visit hearingloss.org.

Once the FDA finalizes the rule, adults with perceived mild to moderate hearing loss will be able to purchase OTC hearing aids at retail and online outlets. Until that time, which we believe will not be sooner than fall 2022, consumers should not purchase a device that is advertised to be an over-the-counter hearing aid.

Our Comments

Labeling

Adjunctive Technology (Smartphone or App Required)

In our comments, HLAA and the organizations signing on recommended the FDA require labeling to inform consumers about the product before purchase. This includes informing consumers whether technology such as a smartphone or app is required to be able to use or set up the OTC hearing aid. Without such critical labeling, consumers might be unable to use the device as intended or may not even be able to use it at all.

Compatibility

In our comments, we also recommended the FDA require that information about the device's compatibility with cellphones should be included in the labeling. We noted that cellphones must already be labeled as hearing-aid-compatible (HAC) and, we said that the mobile device is only "half the equation." The other half requires hearing aids be able to interface with cellphones. We recommended the FDA require labeling about a hearing aid's compatibility and provide its microphone (M) and if present, telecoil (T) coupling rating.

Connectivity

HLAA and the other organizations also recommended the agency require labeling providing information about all modes of wireless connectivity to other devices; for example, indicating that the OTC device has a telecoil, Bluetooth or any other coupling method to devices such as a cellphone, computer or listening system.

Free Trial Period

We also recommended the FDA require a free trial period of at least 45 days with the ability to return an OTC hearing aid without penalty. We noted that consumers need sufficient time to adjust to and listen using an OTC hearing aid.

Other Issues

Classify All Self-Fitting as OTC

HLAA and the organizations recommended that the FDA remove “self-fitting” from the hearing aid classification and explicitly define the OTC classification as self-fitting OTC. The agency is proposing that “self-fitting” should be a classification under prescription air conduction hearing aids while also being eligible as an OTC hearing aid. We indicated that these distinctions are subtle and would likely be confusing.

Document Usability

As a condition of approval, HLAA and the organizations recommended the FDA require that manufacturers submit documentation which demonstrate safety and effectiveness especially focusing on usability without professional intervention. Specifically, we pointed out the usability of an OTC hearing aid is critical since it impacts both the user experience and the effectiveness of the device.

Other Perspectives

More than 1,000 comments were filed with the FDA regarding OTC hearing aids, providing input from different perspectives.

Numerous comments came from the hearing health community recommending technical specifications such as a maximum output level of 110dB and a full-on gain limit of 25dB. Many noted the importance of proper fitting and adjustment of hearing aids.

National Association of Attorneys General (NAAG)

NAAG submitted comments signed by 43 state attorneys generals (AGs) addressing consumer protection laws and preemption of state laws by federal law and FDA regulations. The AGs also asked the FDA to explicitly state the type of state requirements that the final rule would not preempt.

Federal Trade Commission

The Federal Trade Commission (FTC) submitted comments supporting the proposed rule. It noted the proposal would reduce regulatory costs for a significant

range of hearing devices. Since these proposed rules remove barriers to distribution channels, the FTC said, “...that should lead to lower average prices for hearing aids.” FTC staff also discussed the preemption of state laws in the proposed rule. It agreed that most of the current state exemptions to federal law granted previously by the FDA should be rescinded since, “many [exemptions] expressly permit state restrictions that would impede or even bar the sale of OTC hearing aids.”

Sens. Warren and Grassley

Senators Elizabeth Warren (D-MA) and Charles Grassley (R-IA), sponsors of the OTC legislation, supported key provisions in the proposed rule. They noted that the maximum output limit of 120db SPL (sound pressure level) is appropriate based on guidance from the American National Standards Institute (ANSI), National Institute for Occupational Safety and Health (NIOSH) and the National Academies of Sciences, Engineering, and Medicine (NASEM). The Senators also supported the FDA’s conclusion not to include a gain limit for OTC hearing aids, consistent within NASEM’s 2016 report, *Hearing Health Care for Adults: Priorities for Improving Access and Affordability*.

The Senators also noted that the proposed rule is in alignment with congressional intent concerning federal preemption of certain state and local laws as it does not preempt a state or local government’s ability to establish or continue in effect professional licensing requirements.

Conclusion

The FDA’s proposed rule represents a major milestone in making OTC hearing aids a reality for adults with mild to moderate hearing loss. Over the next several months the agency will review more than 1,000 comments on file. It may be months before the final rule is published and OTC hearing devices are available.

In the meantime, if you think you have hearing loss, don’t wait, get tested now. Once the FDA final rule is in place, even if you have mild or moderate hearing loss, you might still want to see a professional for assistance selecting the best device. Others will be empowered by the new rules to take their hearing health care in their own hands. The choice will be yours. **HL**

Brian Meyer is public policy associate at HLAA. Reach out to him at bmeyer@hearingloss.org.



To Hear When Traveling, Educate Your Smartphone

BY STEPHEN O. FRAZIER

*The sounds heard
when traveling
can be part of
your memories
with the help
of a smartphone.*



I've come to agree with Mark Twain when he remarked that, "Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do," so I don't let age or hearing loss keep me from the grand adventure that travel can and should be. I grab my trusted smartphone and head out on new adventures.

My trusted smartphone is actually now my super smartphone. I've educated it with so many apps that it should qualify for an advanced degree. It knows so many things to help me overcome a serious hearing loss. If they've not already done so, traveler or not, people with or without hearing loss should get a smartphone and download some of the great apps now available. They'll face far fewer challenges when traveling and even in their daily lives with the help of a smartphone.

There are many different Bluetooth devices and applications available to help a traveler. If that traveler has hearing loss, Bluetooth-enabled hearing aids can be paired with a compatible smartphone for use with a variety of terrific apps. Not all hearing aids are Bluetooth-enabled, though. For those who have telecoil-equipped hearing aids, most of those apps will work with varying degrees of quality, by connecting a neckloop to their phone. But what are telecoils and neckloops?

Telecoils are small copper coils available in a majority of hearing aid models available to residents in the U.S. and all but one model of cochlear implant (CI) processors. Telecoils act as receivers for silent electromagnetic sound waves that carry sound generated by a hearing loop or neckloop. A neckloop is a version of earphones for the person with hearing loss. Plug it into a smartphone instead of earbuds and it will silently transmit the sound from the telephone to the telecoils in hearing aids or cochlear implants. If you're a person with hearing loss and your hearing device has a telecoil, a neckloop is worth much more than the \$50 to \$75 it costs. It's best to buy a neckloop with a built-in microphone and amplifier as you will need that extra boost with some apps, and the mic also makes it possible to talk hands-free on the telephone. For those without hearing loss, they can use earphones, earbuds or Bluetooth-enabled earbuds for the same purpose.

My old hearing aids did not have Bluetooth, so I used the old devices and an amplified neckloop when first testing and using some of these apps. I own an Android phone so I cannot speak to the actual performance of any iPhone apps mentioned here — I'm only relaying the information posted by their developers and found at Apple's App Store.

Speech to Text

When traveling, as well as in everyday life, Google's **Live Transcribe** is the most heavily used app in my now highly educated Samsung phone. It converts speech to text and also identifies some background sounds and their intensity. I've used it to communicate with travel agents and with various airport and airline personnel both on the ground and in the air. I've even used it to understand what others were saying around the table at a meeting I recently had at Starbucks and when meeting with my doctor who I've nicknamed Doctor Mumbles. At Apple's App Store, the **Speechy** app is available for converting speech to text. It can go one step further and also translate that text into a different language. Touch a link and voilà—le texte est en français (Translation: The text is in French).

Personal Sound Amplifier

Next on my list of needed travel apps is a personal sound amplification app. In these days of COVID-19, social distancing can put us six feet way from someone speaking to us and some masks reduce the important higher frequencies in that person's voice by up to 12¹ decibels — perceived as more than a 50% reduction.² Even those with good hearing could sometimes need help. Further, hearing aid microphones are really effective only for sounds coming from six feet or so away.³ I have my old Pocketalker but I don't need it with my smartphone and the **Ear Scout** app. With this app you can not only hear what's being said to you, but you can also record it and email that recording to yourself or someone else. Ear Scout has a fine-tuning feature that lets the user control which frequencies get boosted, a little or a lot. If you have a telecoil in your hearing device, this app works best with a neckloop. Be careful, though, if you're listening to a speaker some distance away and then someone right next to you speaks, that voice will blast you. iPhone users can turn to EarMachine. *Note: The Ear Machine app is no longer being updated and hasn't been for five years. It may work perfectly fine, but there should be no expectation of future enhancements or bug fixes.*

These apps allow individuals to use their phones as remote microphones for closer pickup of a speaker's voice and additional control for boosting higher frequencies.

¹ Martin, BSc, *Hearing Journal*, Oct. 2020

² Dave Meniccuci, Sandia National Labs, Noise Primer, 2005

³ Jinghao Medical, August 2021

There's some latency so it works best if you use the telecoil only setting on your hearing device rather than the mic/telecoil setting and focus on the sound coming from your phone rather than any unaided sound.

Background Sound Reduction

Sometimes amplifier apps pick up too much background noise, making it difficult to identify the sounds that make up actual words such as the noise in an airport concourse or a hotel lobby. Believe it or not, there are apps that get rid of a good deal of that unwanted sound. They can actually identify those sounds of a person speaking and reproduce them without reproducing the unwanted background sounds. Again, using Bluetooth, earbuds or a neckloop and the telecoil (t-coil) setting on hearing aids, the creators of **Chatable** claim it can erase most of the background sounds. It identifies the voice of the person speaking and creates a new audio signal that sounds almost identical to the original while it removes the background sounds. Although it's on Google Play Store's list when I search on my desktop computer, it's not there when I do so with my Samsung smartphone, so I haven't been able to download it and can't attest to its performance quality.

AmiHear Hearing Amplifier is a similar app and unlike with Chatable, Google didn't play with me, it let me find and download this app. It's marketed as a Pock- etalker wannabe that is "perfect for people with hearing loss who do not want to use prescription hearing aids!" They say AmiHear turns your headphones into hearing aids and also provides unlimited recording, something that traditional hearing aids cannot provide. Using your phone's microphone to pick up sound, AmiHear can denoise, amplify and record sound around you simultaneously. Use it for a doctor visit as I have, and when you get home you can review what was said and write it down to help you remember. Use it to hear a tour guide and you'll have the "official description" of the sites you visited and snapped photos you took. This app can reduce background sounds to some degree so I use it in certain settings where ambient noise is a problem but, otherwise, I use Ear Scout because it works with either a neckloop or Bluetooth while AmiHear will work only with my neckloop. The latter are working on a revision to the app that will allow it to recognize Bluetooth hearing aids as well as Bluetooth earbuds or earphones. With Ear Scout I've found it best to use Bluetooth rather than a neckloop and let the person I'm talking to hold the phone which can be challenging if using a neckloop.

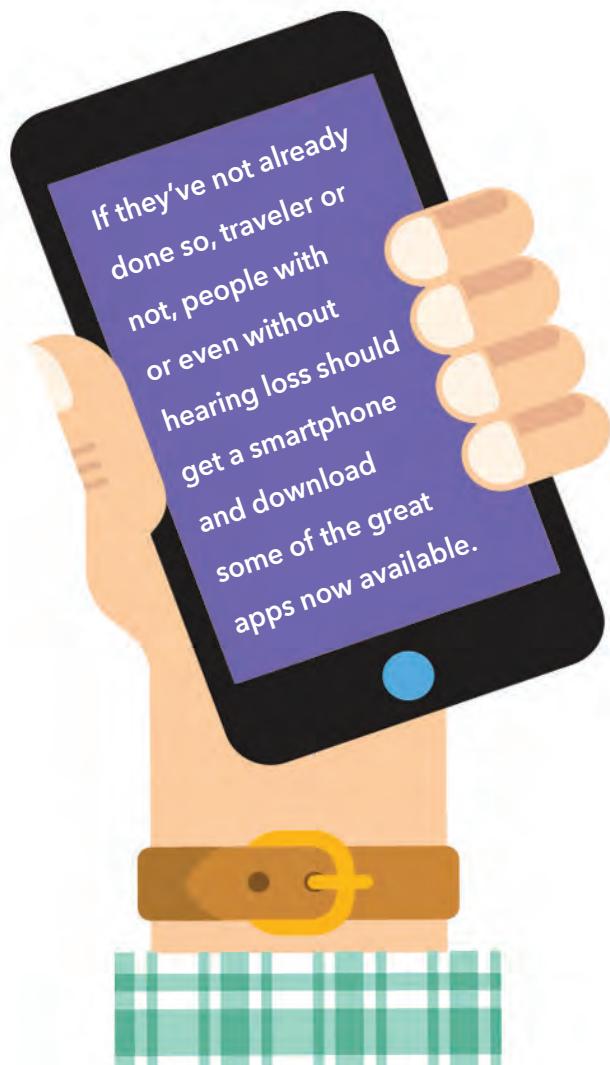
Watching TV

Long layovers can stretch a traveler's patience even if there's a nearby TV providing entertainment. Often the

captions are not turned on and ambient noise makes it nearly impossible to understand the dialog. Well, the **Tunity** app can sometimes solve the problem. Tunity allows users to hear live audio even from distant or muted TVs. It identifies a live video stream and its exact timing, syncing the audio with the user's smartphone. Use it at bars, gyms, restaurants, waiting rooms, airports and even at home. Hear with your smartphone connected to hearing aids via Bluetooth or a neckloop/t-coil option. Point your smartphone's camera at the TV screen and Tunity will do the rest. I didn't believe it could really work until I tried it. It took a little practice but then it somehow determined exactly where I was located, what program I was watching and, unbelievably, it provided the actual sound for that program. For us lipreaders it even lets us sync the sound to the lips of the speaker if they are not already in sync. Available for Android or iPhone devices, some users have reported problems with it but I found it has worked fine for me. After downloading the app, users are allowed to use it free for a short time and then there is a charge to use it.

Safety Alerts

Safety alert apps could be especially welcome when you're traveling. **Sound Alert**, available for both iOS



and Android smartphone operating systems, hears the smoke alarm going off in another room when you don't. It will alert you via notifications, vibrations and flashing lights on your smartphone or tablet when any preprogrammed sound goes off in the house or hotel such as a smoke alarm, a doorbell, a ringing phone, etc. Smoke and carbon monoxide sounds are installed in the app. For a doorbell, a ringing phone or other sounds, you record the specific sounds in your environment, and it recognizes them. There's a free Android or iPhone version of this app that's not terribly highly rated or there's a "full" version that's \$36.99 for the iPhone and \$54.99 for the Android version. At those prices, one would hope it works well but there were no user reviews posted for these versions and I have not tested it.

SOS Alert is another free emergency app that helps you out whenever your safety is at risk by reaching out to your emergency contacts and providing them with your current location. It has no ads, a user-friendly interface and the widget for sending SOS Alerts works with just one tap. Why would you want this when you can use that same cellphone to call for help? OK, you're hiking in the mountains in New Mexico and realize you're lost, or you've strayed from your friends on a visit to Paris (and you don't speak French). In the case of an emergency like that, a link of your current location on Google Maps is sent as part of your SOS to your emergency contacts so that they can locate you accurately. The emergency contacts and the SOS message are stored on your device so only you and your listed contacts have access to it, others do not. You can edit what the SOS message says and add other useful information regarding your emergency.

For iPhone users, **My SoS Family**, too, connects to a "first responder" family and friends list you create which keeps them informed in an emergency. Contacts are alerted instantly via the app, not your phone. It calls and texts your emergency contacts using Apple's Find My Device feature.

WiFi Audio Streaming

WiFi-based audio streaming is becoming more prevalent in places of worship, sports bars and gyms in this country. It uses a venue's WiFi system to silently transmit sound directly to your smartphone IF you have the right app installed. That app can vary from one venue to another, and you might have to download it on the spot to access their system but there's one free version that may interest the hearing as well as those with hearing loss. It's usually found in gyms but could be used elsewhere and, by having the app installed on your phone, if you get into such a setting and can't hear what the speaker is saying, what's on the TV or whatever, turn it on and see — it may be available on WiFi that matches your download of

MYE Fitness Entertainment that's been integrated into leading health club mobile apps. It may also be the app used in sports bars to hear the TV. To hear the audio, you can use Bluetooth or a neckloop connected to your smartphone. I'm hoping my gym will be using this app when I end my COVID-19 sabbatical and return to my cardio rehab routine there.

Language Translation

Foreign language translation was already mentioned as a feature of the iPhone Speechy app. There's a plethora of such apps available for Android phones. My pick is Google's **Translate**. It and other such apps enable travelers, students, business professionals, employers and medical staff to read, write and speak in more than 100 languages, anywhere in the world. Just start speaking and Translate recognizes your voice and translates to your desired language. I recently used it to communicate with an elderly Chinese gentleman in a local oriental supermarket when I found he did not speak English. Turned out I was in the Japanese aisle and the hoisin sauce was in the Chinese aisle. Next time I'm in Paris I won't need to seek out an English speaker when I get lost in the subway — French is one of the many languages my smartphone speaks almost like a native.

Quiet Places

Last, but not least, on my list of "must have" apps is **SoundPrint** — an app that helps you find a quiet place to relax and talk with your traveling companion about the new sights and sounds you experienced that day. This app has not been around for a long time, so I was surprised by its length and variety when I did a search for quiet restaurants in my hometown of Albuquerque the first time and found a list of more than 40 quiet to very loud eateries posted. SoundPrint is a free app available at Google Play and the App Store. It gives users access to the huge and only public database of sound levels taken at more than 100,000 venues worldwide. Easy to use, the app is a valuable tool for finding a quiet restaurant, bar or cafe wherever you are, based on the ambient sound level experienced by others. It also allows you to rate and review places based on their service in addition to the sound levels you experienced on your visit there. Because SoundPrint's engineers have found that, unlike iPhones, not all Android smartphone microphones are up to the standards necessary to take really accurate sound level readings; the built-in sound meter in the app currently works only with certain Android phones. If that's the case and it won't work on your phone, you can still submit a rating for the place you want to add to the SoundPrint database by offering a subjective rating for the sound level such as quiet, moderate, loud or very loud.

If that doesn't suit you, you can, as I've done, download one of the many sound level meter apps available to take an objective reading you can use in submitting your evaluation of the venue or location.

As made clear by the creators of SoundPrint, the quality and ability of smartphone mics varies as does the available volume from the phone so performance will vary from one phone to another with these apps.

Some of the apps reviewed here are free, some are not. Some of those free ones have an advanced version for which there are charges. Especially for each of the free ones, you've got nothing to lose and a lot to gain so, as Mikey said to his brother in the long-running Life cereal commercials, "Try it, you'll like it."

The ancient Chinese philosopher and writer Lao Tzu said, "A journey of a thousand miles must begin with a single step." That single step can be the decision not to let hearing loss deprive you of the opportunity to explore the tremendous variety in people, places and practices that travel can afford those brave enough to take that step. Travel offers the reward of being able to experience everyday things as if for the first time where very little is familiar, and much is waiting to be explored.

Tried and New Travel Tips

Over the years I copied, pasted and saved travel tips that I would come across on the internet or through my reading that were intended to help people with hearing loss. Some are just good common sense, but others have information that was new to me and may very well be new to others so, in addition to educating their smartphone, readers might want to review the old or possibly, to them, new ideas in these travel tips.

If you are a person living with hearing loss, obviously the first thing you need to do is acknowledge that fact and adjust your behavior to compensate for your inability to sometimes hear well enough. Few people will recognize that you have hearing loss unless you alert them and let them know what accommodations you require to communicate with them. After that, consider these tried-and-true strategies that will make travel and the subsequent exploration of strange and exciting new places and experiences more meaningful.

In Preparation

- If you have and are experienced with a computer, book hotel and other travel reservations and your ticket online. You won't have to struggle to hear and understand a fast talking, accented agent and you'll receive email confirmations that give you a written record of just what arrangement you've made.
- If you have a smartphone, download a speech-to-text app described earlier to help communicating with

ticket agents and others during travel when hearing them is difficult.

- If you have telecoil equipped hearing aids, have a neck-loop to take along and download the Sound Amplifier app at Google Play or a similar Apple app. It will turn your smartphone into a pocketalker for added flexibility in communicating with others.
- Sign up to have flight delays or gate changes sent to you as text messages instead of phone calls or emails.
- Download a captioned phone app so you will have captioned access during your trip for placing and receiving calls.
- Batteries may be hard to find after you arrive at your destination and your many devices need power to work so be sure to pack fresh batteries for each of them. Check also that all your chargers are working well and bring an extra if available.
- Should you have one, pack an extra set of hearing aids for the trip.
- If your hearing aids are rechargeable, be sure to take the charger and put it in your carry-on in case your checked luggage doesn't arrive with you. There are small, almost credit card sized portable chargers available for those rechargeable hearing aids with removable batteries from Poweronebatteries.com.
- Take a pen and notepad with you to communicate with ticket/gate agents if needed.
- Download the SoundPrint app (soundprint.co/) for its quiet list that identifies restaurants and bars in cities that are less noisy and more conducive to conversation.
- Print your ticket and boarding pass at home or send it to your smartphone.
- Apply for a Transportation Security Administration (TSA) Notification Card about your hearing condition — get one at tsa.gov.
- If you're traveling by train or bus, instead of or in addition to air, most transportation companies offer their own apps that will give you access to timetables and provide alerts for gate changes or delays. Familiarize yourself with these and any other apps in advance so you don't have to learn their operation under pressure.

At the Airport

- Show your TSA Notification Card to the agent at the security check-in to facilitate communication. It might even get you moved over to an express line.
- If available, take a seat near the agent's counter at the gate and alert the attendant to your hearing loss. Request that you be notified of any emergency or other announcements. Often the agent will add you to the group allowed to preboard.

- Have your smartphone handy to use as a remote microphone personal sound amplifier via a neckloop or Bluetooth and the appropriate smartphone app.
- As you board the aircraft, alert the flight attendants about your hearing loss so they will know to pay attention to your communication needs and read the safety instructions in the pocket in front of you — you may have difficulty hearing verbal instructions from the flight crew.
- In the event you're on a long flight where music or other entertainment is offered, keep your neckloop accessible — it will plug into the sound on most aircraft and provide you with better quality sound than the earbuds handed out by the airline. If you want to be safe, get a two-pronged adapter for your neckloop — some airlines still use them instead of the typical single pronged jack.

At Your Hotel

- Once you reach your destination, if staying in a hotel, alert the desk clerk to your hearing loss as you check in and request an ADA kit for people with hearing loss. (It's a good idea to make this request when you make your reservation.) It will include such items as an alarm clock with signaler, a bed shaker and built-in flashing strobe light to alert you if the alarm clock goes off, the phone rings, someone knocks on your door or if a smoke/carbon monoxide alarm goes off in the room. It could also have a telephone in-line handset amplifier that plugs into the hotel room's existing room telephone line to amplify all callers, making it easier for guests who have trouble hearing on the phone to hear their conversations.
- Have documents and identification cards you will need ready to show at the desk either in printed form or on your smartphone to help speed up check-in. Keep voice communication limited to avoid some things being repeated or having any misunderstandings.

Out and About

- Again, advocate for yourself. Let your tour guides and fellow travelers know about your hearing loss and provide specific suggestions on how they can help you hear your best.
- Tell the guides that you will try to stay close to them so you can better hear them and see their face for lipreading.
- If requested, many tours offer assistive listening devices so you can hear the docent or tour guide even when you're not right close by so make such a request. If the device offered comes with earphones, check to see if you can connect your neckloop into it instead.

That way you'll hear ambient sound that would otherwise be masked by the earphones, and you'll escape the danger of damage or loss with your hearing aids. Many theaters, concert halls and places of worship also have such systems so, if not offered, ask about their availability.

- Again, keep your smartphone or other assistive listening device handy to hear others using a neckloop or Bluetooth in the event such devices are not offered on loan. If you have a remote mic for your hearing aids, ask the docent to wear it around the neck to help you hear comments being said.
- People are inclined to forget that they've been alerted to your hearing loss. You can silently remind them of it by simply placing your hand behind your ear so you'll hear them better and they'll remember your disability.

Travel offers the reward of being able to experience everyday things as if for the first time where very little is familiar, and much is waiting to be explored. When memories are stored to be relived in later years, in addition to the sights seen, the sounds heard can be part of those memories with the help of a digital traveling companion called a smartphone. Bon Voyage! **HL**

Disclaimer: HLAA and the author of this article do not endorse any specific product or app. This article isn't all inclusive of all the apps available to people with hearing loss.

Stephen O. Frazier is a hearing loss support specialist and freelance writer with more than two decades of experience as an adviser to and advocate for many of the estimated 48 million Americans with hearing loss. He has been sought out to present on various hearing loss related topics to groups and conventions at the local, state and national levels. As an organizer of advocacy groups, he has led efforts for noise control, improved hearing access and other laws addressing the needs of people with hearing loss at the local and state levels. His work as a writer has appeared in most of the major hearing related magazines in addition to such publications as Sound & Communications, Technologies for Worship and many others. Many of those published pieces can be read at sofnabq.com and Steve can be emailed at intheloop@juno.com.



Why I Like the HLAA Rochester Chapter

BY CARLA BEYER-SMOLIN

What makes a successful HLAA Chapter? I was invited by the Rochester Chapter to their February online meeting. The Rochester Chapter has been meeting for almost 40 years. The chapter has grown to be a highly organized, vibrant and successful chapter with great programs and many loyal members. During the HLAA 2019 Convention in Rochester, I saw the dedication of chapter members working together to help make the Convention a great success.

Now back to the online meeting, Why I like the Rochester Chapter. I asked the chapter members: What is it about the chapter that you like? Why do you keep coming back?

Here are some responses from the meeting:

Marlene Sutliff: I came to HLAA because I was angry and frustrated. I walked in the door and for the first time, in a long time, I was included. That was the first impression. I didn't have to sit at the back of the room and smile and not know what the heck was being talked about. I was included from the minute I walked in the door and that has not changed. And I think that a big draw for me is that we are treated as capable human beings, not helpless.

Fred Altrieth: So many people don't realize, once you get a hearing aid, that doesn't solve all your problems. You're going to run into situations where you might need a little portable microphone or something where you're talking to somebody at the store.

When I first joined the chapter, I heard about the loop system and one of our members showed us how to build one; it took us a couple of meetings, but we all wound up having a neckloop and I'll tell you, that was the greatest thing that was ever done for me.

The friendship that I've gained from belonging to this chapter for a long period of time has been great. So, I just got to hang in there for a few more years to see the way we develop. (Note: Fred is 93.5 years old! The chapter is planning his 100th birthday party.)

Brian Fox: I stopped teaching because of my hearing loss and there were other things that facilitated my change

from education. But I was looking for a group because I've had hearing loss since 1979 when I got my hearing aids. When I joined the group, I got to say it was the most incredible group of people that are so intelligent and so driven and so committed to working together.

Janet McKenna: I joined HLAA in 1983 and that was because I heard Rocky Stone speak. He was a phenomenal speaker. He was at the American Library Association Convention, which was my profession at the time, and which I had to ultimately resign from because of the profoundity of my hearing loss.

I came all the way from Grand Island, 170 miles round trip, because I had met the Rochester people when I was involved with committees and confirmed they were intelligent and dedicated. There's no question that HLAA saved my sanity because I was a young person who didn't know anybody else with hearing loss. There were all these old people, and then there was me. I was 35, and going down, down, down the audiogram real fast.

There was also a matter of personalities. I felt that it was worth these 170 miles back and forth to deal with folks whom I had something in common with, and that I could contribute to by participating in committees.

What made you get involved?

Barb Law: We have Sue Miller, and she asked, "Would you ever be willing to consider whatever?"

Sue has a way of getting to know everybody and she sees what their strengths are, and she tries to match the person to the task. I think it's important. You don't try to push people into something that they're really not ready for. But on the other hand, if you give them a mentor, like I had Marcia Dugan as my mentor when I was vice president and president, and she helped me so much how to lead a group and develop leadership skills. I would never have met her or so many of you had I not been talked into joining back in the 90s. I think the great thing is there's so many people from many different walks of life. We all have hearing loss in common, but we all have different sets of skills and it's a wonderful blend of people. I think we all like each other. The thing I miss

most is being able to get together without masks and having all those good refreshments and parties and things that we enjoy doing together.

Barb Rice: I feel that I missed an awful lot because I didn't find out about this organization till about five years ago and I happened to read something in the newspaper, and thought, well, that certainly would help me, because I've had trouble with hearing loss all my life. But I have to say that these are the most wonderful people. Thank you all for being a wonderful group.

Pete Fackler: I'm going to change the question a little bit, because I think Carla is trying to figure out how she can work with chapters and help them grow and sustain themselves. It is about the people. We have outstanding people. We have quality and quantity, and there's just a lot of exciting things happening.

But I think that begs the question. The question is how do you make that work? Barb Law hit the nail on the head. It's involving people. They show up on our doorstep or we learn about them, and we initiate a discussion, and Sue gets the credit. She does. She's been so effective, and we've all learned from her.

She's saying, "Would you ever consider?" She and others have been so good about accepting the answer. Some people don't want to do much. They just want to take a little niche place, and then they may grow. And it depends on our lives. Who is working and who's not?

I think there's another piece though that's really important. Some of this group, Carla — this is like a full-time job. It fills the day. There is so much work.

So that's an issue in terms of growing, sustaining, developing, carrying it on. It has required people who want to and can really devote the time that's needed, as well as the inspiration and all that.

Michelle Gross: Well, actually I've thought about this, and I can give some practical input.

Hearing people see you wear hearing aids and they don't want to say anything, but here, people jump right in. We're always looking forward. We're looking to be more inclusive, which feels very worthwhile. We welcome newcomers and discuss their hearing loss.

Sue has a very unique ability to find a person's interest and hone in on that. She and all of us can accept a "no." So, if somebody says no, you're not hammered, you're not badgered. Instead, you're encouraged. People are encouraged to come to any committee meeting. They don't have to join. People don't want commitments and they're afraid of them. You're told you can come, just see

what it's like. If you like it, fine. You don't have to do anything. You don't have to participate and before you know it, you're with a group of like-minded people and you can't wait to do something. You take on a small task and the next thing you know, you're taking on another task and another.

The other thing is that also a function that Sue has done and others to a little bit lesser extent, Sue belonged to every committee, and if you look at our table of organization, we have many of them.

She devoted herself to that, and that allowed for good communication among committees, because that often doesn't happen, and when you have a group with a lot of committees, you could be working at cross purposes, or two or three committees are working on the same thing.

This way there is good communication, so solving that communication issue of how one group communicates with another, maybe it's through a board, needs to be addressed.

If you're a small group, you can't do everything, so you work toward a common goal.

The other thing is there isn't any back biting in the chapter. Like everybody else, we all have our personalities, and some of us are easier to get along with than others. But that's taken into consideration. Everybody's treated well. Everybody's treated fairly. We're not talking about people behind their back. You approach somebody by getting to know them and getting to know how to work with them, rather than fighting or talking about them.

So, I think all of those things make people feel welcome and productive and not put upon.

Bruce Nelson: You need to find the right leadership, and to have deep leadership. You need to find people who know how to lead a group. When the newsletter needed an editor, Sue asked, can you do one issue? Now I'm doing my 18th.

Sue Miller: When we first started, and many of you probably don't realize, when we first started, instantly we had someone leave, but then we also had a vice president, and I can still remember the expression on Vern [Thayer's] face when we were writing the bylaws.

He said, "I know the vice president is really the president-elect." From the very beginning, we had a vice president who would go on — you could serve for, initially it was only one year and then it went for two years. The vice president was being groomed to move on up. So, we've always had a series of vice presidents, and then other people waiting in the wings who were good leaders.

Do you think that one of the key things that this chapter has had is that you socialize with each other and get together? Your chapter has a long history together. You're almost like a second family.

Art Maurer: I just wanted to say that there's one other quality that Sue has, and some other folks who are involved have, and it's persistence. They don't give up, and so even when Sue says would you ever consider, and you say never, she will still come back around a year or so later and say maybe you can do that now.

The thing about socializing, that's one thing I worry about in our now era of Zoom, because we aren't getting together interpersonally as much as we did. So as soon as we can, we want to get more things going. We're planning our annual dinner. We have a summer picnic. It's getting together and rubbing elbows that's so important in this organization.

Bob Slocum: What brought me to the meeting was a little flyer. My wife, Trudi, who tolerates my hearing loss, said let's go see what's happening. We walked in, we were attacked by this woman, this blond, named Sue Miller, shaking our hand, saying welcome, welcome.

After about two years, she asked, "Would you like to volunteer to take care of our information phone line?"

So, we've been doing that, and actually we have a member from Colorado and they became a member because of that line. What happened is she had hearing loss and she saw one of our Zoom sessions, and called the help line. I contacted her, not knowing where she was from, and told her to come to the meeting and become a member. She replied that she was from Denver, Colorado, and that she sent her membership money to Rochester. It's really nice helping people.

Also, it's great to be able to call on other members of the group, who have much more information or understanding or capabilities who were willing to take questions and talk to people.

Sue Miller: Everyone is a team member. It's a team effort. **HL**

You can watch the video replay of this meeting on YouTube at youtu.be/6Es5y5xkucw.

Carla Beyer-Smolin is chapter and membership coordinator at HLAA. Reach out to her at cbeyer-smolin@hearingloss.org.



Join a Chapter *Learn that you're not alone in your hearing journey!*

Find an HLAA Chapter near you by visiting hearingloss.org/chapters-state-orgs/find-a-chapter/. For more information, including how to start a chapter, contact Carla Beyer-Smolin, HLAA chapter and membership coordinator, at cbeyer-smolin@hearingloss.org.

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Go to hearingloss.org. Scroll down on any page (other than the homepage), and look on the right for the box that says, "Subscribe to receive HLAA News and the Hear This Blog!" When news is published, it goes right to your email—no need to log in.

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SUBSCRIBE TO HLAA NEWS



BY AMANDA WATSON

HLAA is dedicated to bringing you a fun, safe and enlightening in-person Convention in beautiful Tampa, Florida. There is still time to plan your trip! All workshops, plenary sessions and the Exhibit Hall will be located in the brand new JW Marriott Tampa Water Street. Make sure to stay up to date on all Convention activities at hearingloss.org/programs-events/convention/.

JW Marriott Tampa Water Street

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Tampa, FL 33602
813.221.4950

Book your room at this brand new hotel in the heart of Tampa. Don't forget to mention the HLAA room block when you call to make a reservation or book online at

<https://book.passkey.com/go/2022HearingLossConvention>. Reservations must be made by **Tuesday, May 31, 2022**.

There is still time to register for HLAA 2022 Convention. We are again offering a quick and easy online registration option through Cvent. To register online just go hearingloss.org/programs-events/convention/hlaa-2022-convention-registration/. Register now! Registration closes on **Friday, May 20, 2022**

If you are a state organization or chapter leader, veteran or speaker please register offline by downloading your corresponding form and filling it out. You can find the forms with further instructions on how to submit them on the registration page of the HLAA website.



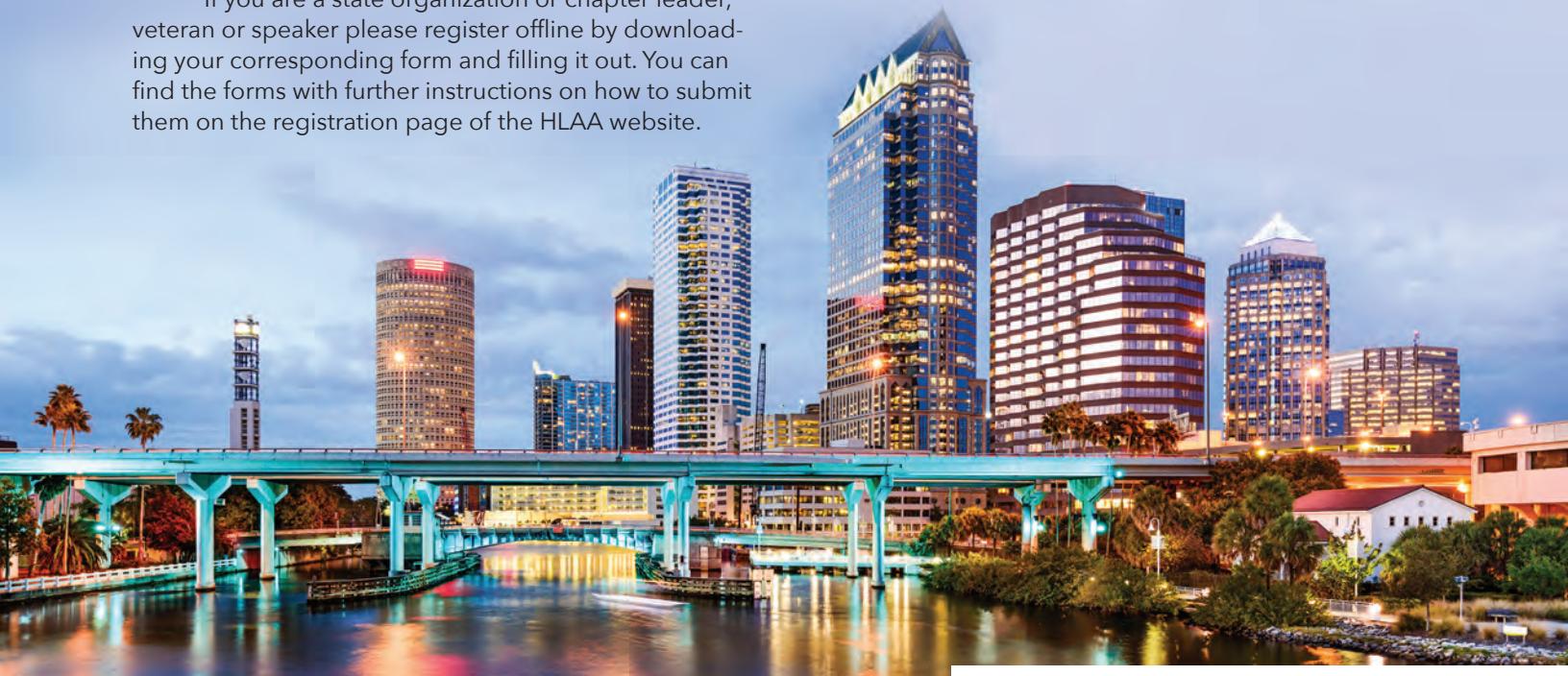
Health and Safety Protocols

The health and safety of our HLAA 2022 Convention attendees is of utmost importance to us. HLAA is closely monitoring guidelines for health safety measures from the Centers for Disease Control and Prevention, Florida and Hillsborough County. HLAA will follow applicable federal, state and local laws, adapting our plans accordingly and sharing updates with our attendees. As we went to press, these are HLAA's current health and safety protocols for HLAA 2022 Convention:

1. All attendees are required to be fully vaccinated against COVID-19 according to the CDC. Vaccination status is required when registering for the Convention, but please also bring your card on-site.
2. At this time, HLAA will require masks be worn at all HLAA Convention-related activities inside the JW Marriott Tampa Water Street. We will provide clear masks to all attendees.
3. Social distancing will be practiced at all HLAA 2022 Convention activities.

Vaccination Requirement for HLAA 2022

HLAA has made the decision that all participants at the in-person HLAA 2022 Convention at the JW Marriott Tampa Water Street, whether a presenter, attendee, exhibitor, staff, guest, or vendor, will be required to be fully vaccinated. Participants must provide proof of vaccination to register for the in-person event. For information on providing your proof of vaccination, visit the Convention web page.



**HLAA 2022 Convention
is Fast Approaching!**



SCHEDULE OF EVENTS

Open Board of Directors Meeting

Wednesday, June 22
4:30-6 p.m.

Come and hear about the state of HLAA, meet the directors and enjoy a question and answer period.

Exhibit Hall Grand Opening

Thursday, June 23
11 a.m.-1 p.m.

The HLAA 2022 Convention will officially open at 11 a.m. on Thursday, June 23. Make your way into the Exhibit Hall to visit exhibitors and explore all the newest technology for people with hearing loss. The Exhibit Hall will be open until 4:30 p.m., so feel free to explore until then or attend one of the afternoon workshops. A complete list of exhibitors and sponsors will be available in the *Program and Exhibit Guide*, the Convention mobile app and on the Convention web page.

Newcomers Session

Thursday, June 23
Noon-1 p.m.

Calling all Convention first-timers! This session will be helpful in getting you started at your very first HLAA Convention. Learn how to make the most of your first Convention experience.



Opening Session

Thursday, June 23
4:30-6 p.m.

We are excited to welcome our keynote speaker for the HLAA 2022 Convention, Achin Bhowmik, Ph.D. Dr. Bhowmik is the chief technology officer and executive vice president of engineering at Starkey. He is responsible for the organization's technology strategy, global research, product development and engineering departments.



Prior to joining Starkey, Dr. Bhowmik served as vice president and general manager of the Perceptual Computing Group at Intel Corporation. There, he was responsible for the R&D, engineering, operations and businesses in the areas of 3D sensing and interactive computing, computer vision and artificial intelligence, autonomous robots and drones and immersive virtual and merged reality devices. We are looking forward to learning how emerging technologies will benefit the hearing loss community.

Welcome Back Bash!

Thursday, June 23
7-9 p.m.

Come celebrate being together again! Mix and mingle with familiar and new friends and acquaintances in person while you enjoy cocktails and a light fare. Don't miss out on this year's Thursday night event.

2022 HLAA Research Symposium *Cochlear Implants: What's new? What's next?*

Friday, June 24
8:30-11 a.m.

The first cochlear implants (CIs) were introduced in the 1970s, but the technology remains relatively poorly understood and underused in the hearing loss community. This year's Research Symposium will address the knowledge gap around CIs, explore who is a potential candidate for implantation, what's involved in treatment and how CI technology has changed and will change further in the future. A mix of clinical information and science, this session is a "must attend" for anyone with hearing loss. The 2022 Research Symposium is supported, in part, by a grant from the National Institute on Deafness and Other Communication

Disorders, National Institutes of Health (Award Number R13DC017913).

A Big Thank You to Our HLAA Hear for Life Partners!

Research Symposium Presenters:

Christine Dinh, M.D., Associate Professor of Otolaryngology, University of Miami

Justin Golub, M.D., Associate Professor of Otolaryngology, Columbia University

Candace Hobson, M.D., Assistant Professor of Otolaryngology Head and Neck Surgery, Emory University

Diane Martinez, Ph.D., Cochlear Implant Audiologist, University of South Florida

2022 Awards Ceremony and Reception

Friday, June 24

5:30 – 7:30 p.m.

Join us as we recognize volunteers, state and chapter leaders from across the country who work to make a difference in their communities and for their commitment to HLAA. Come in your best cocktail attire as we enjoy heavy hors d'oeuvres and spirits. Cheers!



An Evening with the Filmmakers— "We Hear You | Now Hear Us"

Saturday, June 25

4:30 – 6 p.m.

We Hear You is an award-winning documentary about hearing loss, the invisible disability that impacts 430 million people worldwide, including 48 million in the United States alone. By shining a light on the hearing loss experience, it strives to build awareness, community and a more inclusive world for all.

This session will be the first of its kind for HLAA, bringing the typical film festival experience directly to the HLAA community. We will screen the 45-minute film and then open the floor to the community for an additional 45 minutes of questions with filmmakers Roxana Rotundo, Shari Eberts, Holly Cohen and Toni Iacolucci. Together we can help raise awareness, create change and improve lives for people with hearing loss.

LEADERS



Hear better. Live better.

CHAMPIONS



ADVOCATES



SUPPORTERS



FRIENDS



Transportation

The Tampa International Airport (TPA) is less than a 20-minute drive to the JW Marriott Tampa Water Street.

- **Parking:** Valet parking at the hotel costs \$32 per car, per day. The hotel is next to the Pam Iorio Parking Garage and on non-event days the rate is \$12 for 24 hours.
- **Shuttle:** Guests can arrange their own transportation via Blue One Shuttle for \$15 per person.
- **Uber/Lyft:** Use Uber (uber.com) or Lyft (lyft.com) for another convenient way to get to and from the airport and around the city. All you have to do is upload the app on your smartphone, enter your destination, confirm the number of seats you need and confirm your pickup location.



A Saga of an Older Adult with Hearing Loss

BY BRUCE L. DOUGLAS



It has taken me almost my entire adult life to recognize that I never had normal hearing. I don't think I emerged from denial until I started college. I must have had some unexplainable skills in high school to get the drift of what my teachers were saying, and then to work hard, study hard and pick the brains of my classmates to keep up with my schoolwork. Looking back, I've come to realize my sensorineural hearing loss was unconsciously balanced by some residual cognitive energy that gave me the coping skills to get good grades.

t has taken me almost my entire adult life to recognize that I never had normal hearing. I don't think I emerged from denial until I started college. I must have had some unexplainable skills in high school to get the drift of what my teachers were saying, and then to work hard, study hard and pick the brains of my classmates to keep up with my schoolwork. Looking back, I've come to realize my sensorineural hearing loss was unconsciously balanced by some residual cognitive energy that gave me the coping skills to get good grades.

There were times when I thought there was something wrong with my brain that interfered regularly and periodically with my powers of concentration, causing gaps in my lecture notes. In a way, the same thing happened in conversations when more than a few people were present. It took me years to recognize that this problem impacted on my personality. It made me uneasy with people who spoke too fast or had accents, which led to impatience and impulsiveness; but the type A personality that accompanied it apparently had its productive side as well.

Since I was succeeding with my schoolwork in spite of this dilemma, I just took it for granted that I had "second-nature" intellectual skills that helped me to finish high school with a high enough grade point average to qualify for admission to a top-notch Ivy League college. I dealt with my problem as a kind of prowess that I never discussed with anyone. It was my silent weapon that enabled me to "do it," a la Frank Sinatra, "my way," and look proudly in the mirror, congratulate myself and move on. It was simply rationalization, to accept my prowess with equanimity and move on from there — not allowing myself to accept the reality that I was a person with hearing loss!

What I've come to realize is that my problem existed only in the part of my world where I had no control, where my perceived concentration lapse, like mandatorily sitting and listening in a lecture hall. But I used aggressive behavioral skills to influence the environmental conditions in my less structured life, where I could control the physical and sensory environment around me. I have to admit, in retrospect, that it did not always contribute to my popularity in my social circles!

Coming to Grips with Hearing Loss

I think that I unconsciously started to come to grips with my hearing loss when, belatedly, I stepped back to my father's relationship with my family. He annoyed us by constantly saying, "What?" when people spoke to him. I think that his hearing loss was at the bottom of the stressful relationship he sometimes had with my

mother, who would say, in response to his "What?" "You just don't listen when people speak to you!" We were so busy concentrating on his hearing issue, that it never occurred to me that I might be starting to succumb to my own genetic inevitability. After months of nagging, he acquiesced to having a hearing test. I went with him, first to an otolaryngologist (there were very few audiologists around in those days), who tested his hearing and wrote a prescription for hearing aids. I couldn't help but notice that the ENT doctor had hearing aids, himself, that were sitting on his desk as he spoke to us!

Needless to say, the hearing aids, which were cumbersome and very primitive (which we didn't know at the time — this was in the 1930s!) also ended up in the drawer in my father's dental office. The fact that my father was a dentist is particularly relevant to this story, because he had no trouble communicating with his patients as they sat in the chair only inches from his ears. He loved his work. He only complained about his telephone, so he had an extension put in that my mother could answer, upstairs from his office. He had no dental assistant, so, as I learned to do in my early life, he had created an environment where he had complete control. He had very long and late visitation hours. He happened to have had a good singing voice and his patients dubbed him "the humming dentist," with his ears only inches from their mouths. He had complete control over any conversations he had with his patients. He was the master of his own little universe, within which he had no problem communicating with his patients. He rarely had to say, "What," because his patients' mouths were open, and he monopolized the "conversation!" Feeling very comfortable about his conversational ability, he would then come up the stairs to his living abode and confront his family naysayers, all of whom, he was quite sure, mumbled or swallowed their words when they spoke!

A Family History

While I was aware of Mendel's inheritance chart, I never had any formal training in genetics, and it took me a while to recall that my paternal grandfather also had hearing loss. It took another good number of years to come to terms with my own hearing loss. In college, I became convinced that because there were always gaps in my lecture notes, as I said earlier, I had concentration problems. It even took me a while to recognize why I almost always sat at the front of the room or assemblies when it was permissible to choose your own seat. In elementary or high school, that was never a problem because most of the students preferred the back of the room where it was easier to cheat on exams! I didn't

even realize that I was learning to read lips and I ignored the many occasions when friends would say to me, "Why are you staring at me?!"

My college roommate, who had remarkable recording skills, would help me fill in the holes in my notes on a regular basis. He was a straight-A student, and through those evening conversations, I learned that his skills were conveniently contagious. The 1940s were almost all war years. I was fortunate to have qualified to remain in college as a Navy apprentice seaman, with the understanding that I would owe those years back to the Navy when I graduated. By that time, I definitely knew that I had hearing loss, but the world, by and large, still failed to recognize hearing loss as a pathological entity and hearing aids remained in a primitive state. Also, since they were cosmetically unattractive, few people would wear them.

Serving My Country

I didn't mention my hearing loss when I went from the reserves to active duty in the Korean War, but I didn't have to. Shortly after being assigned to the U.S. Marine Corps Base at Parris Island, South Carolina, an acoustic traumatic event changed my life forever! During my one week of basic training, I spent one memorably destructive day on the firing range where an M1 rifle played havoc with the hair cells in my middle ear and gave me a lifelong affliction called tinnitus. That was the dramatic explosive event that changed my mild to moderate hearing loss to a descending case of presbycusis. I didn't know it at the time, but I was suddenly on my way, without intervention, to a hearing loss that would be close to deafness.

Off to College

In retrospect, two years as a Fulbright professor in Japan, where I had to converse in a foreign language much of the time, worked out well because my wife or I had that control that I needed to be able to communicate on my own terms. And I managed a final year of formal education at the University of California School of Public Health, where I was allowed to bring a recording machine into my classrooms.

A very open-minded dean invited me, after receiving my public health degree, to start a program in

My cochlear implant speaks its own language! It has taken one and a half years for my cochlear implant and traditional hearing aid to learn to communicate with each other through my brain.



community health in the University of Illinois College of Dentistry and invited me to give lectures to the dental students in oral medicine, a subject which brought dentistry and medicine together. It would also give meaning to my admonition to the dental students that oral health was a part of the overall field of general health. A dental student named George Osborne, who entered dental school with a Ph.D. in audiology, came to me after a lecture one day and said that I had influenced him to think of his profession of audiology in a similar vein as I depicted dental and oral health and that he had come to the conclusion that he didn't really want to be a dentist, after all.

That was a dramatic decision in his third of four years, but we stuck it out together, because I admitted to him that I also really never wanted to be a dentist; but fate led us down similar paths, so we both ended up deciding what to do after we received our DDS degrees. He simply went back to audiology, where he became a giant in his field, and I took my former professor, Donald Tewksbury's advice and used my dental degree as an "international currency," to travel the world and ultimately find myself a niche in the specialty of oral and maxillofacial surgery, which was as far as I could go to get away from digging holes in teeth, referred to by my fellow naysayers as "building monuments to my manual dexterity." Oral surgery was a good escape for me because minor errors in non-dental structures in and around the mouth, which is where I did most of my surgery, healed themselves, as was not the case with teeth themselves. In all fairness, I must comment that dental science has long since entered a broader world of oral health and my chosen profession has expanded accordingly into a highly respected member of the health professions.

The Osborne Phenomenon

Before Dr. Osborne took off on his audiology adventure, the pinnacle of which was the founding of the first major institution of higher learning that specialized in awarding doctorate degrees to audiologists, he and I found ourselves on the staff of a Chicago hospital, where we both headed departments in our own specialties.

One day, in 1983, he brought me into his small laboratory and made me my first set of hearing aids. He warned me that all those little hearing assistive devices, as he called them, would do to magnify sounds; but he reassured me that big changes were in the making in his field, where advanced devices would be connected directly, through the cochlea in the middle ear and the auditory nerve, to the brain. It took 33 years for the “Osborne phenomenon” to play a dramatic role in my life, when a cochlear implant was placed in my right ear to accompany a significantly upgraded left-side hearing aid.

A moment on my cochlear implant: it speaks its own language! It has taken one and a half years for my cochlear implant and traditional hearing aid to learn to communicate with each other through my brain.

But, and it's a big “but,” I have to admit that I'm still a long way from “normal” hearing. I can manage very well in a small group setting, especially with friends, relatives and students who are familiar with my hearing limitations, but groups, restaurants, telephones, outdoor conversations and other venues are not my cup of tea.

My Auditory Progress

Despite the continuing inevitable trials and tribulations of my hearing affliction, the last few nonagenarian years have been among the most gratifying of my life. In large part because of my auditory progress, I felt comfortable accepting an invitation to return to the University of Illinois School of Public Health, an institution for which I am credited as its “founding professor,” to undertake research on the “the effect of senescence on the quality of life of older adults, with an emphasis on hearing loss.”

The founding professor title was a result of my having a resolution introduced in the Illinois House of Representatives to study “the need for a School of Public Health in Illinois,” and then, in 1970, as an elected member of the House, I was responsible for the initial moves that led to the school's beginning in a deserted convent on the grounds of the University of Illinois at the Medical Center in Chicago. I was its first faculty

member, as my university professorship was transferred to the new school instantaneously, and I taught a course in “The Politics of Health,” as I remained a state representative until 1975.

The senescence study evolved from my growing interest in the science of aging after retiring from the field of oral and maxillofacial surgery in 1989. Its auditory component was a natural result of my receding auditory capabilities and a progressive subjective involvement in the art and science of hearing loss. I began to realize that my auditory system was running out of time. The hearing aids worked in the intimacy of small rooms with carpets on the floor, but with my wife's and my audiologist's help, I decided to acknowledge my wife's role in dealing with a problem that I never would have recognized if it weren't for her. I acknowledge the role of my spouse of almost 50 years in supporting me through the troubled waters of hearing loss, and pointing out the necessary role of “partners” in dealing with this essentially “invisible” malady.

Jan is British. We met while we were both on World Health Organization consulting assignments in Bangkok. From that time on, we worked very hard in resolving the inevitable conflicts that occasionally entered our relationship. We had gradually become aware of significant differences in our views on many issues of a psychosocial nature. She practically never complained about anything (except my behavior!). **HL**

Bruce L. Douglas, DDS, is chair of the outreach committee for the HLAA Veterans Across America Virtual Chapter. He has worked with HLAA to encourage major veterans organizations, primarily DAV and VFW, to place greater emphasis on the two numerically most frequent service-connected disabilities — tinnitus and hearing loss.



Hearing Life e-News is delivered to your inbox twice per month. **Hearing Life e-News** keeps readers up to date on the latest news and information on hearing loss. Each issue features high-interest content such as recent legislation and advocacy efforts, technology, new products for hearing loss, human interest stories, webinars, updates on the Walk4Hearing, Convention and information on HLAA Chapter happenings.

Sign up today at hearingloss.org/news-media/e-news/.

Walk4Hearing Reunites This Spring

For the past two years, Walk4Hearing spring events were held online and participants were encouraged to raise awareness by walking in their neighborhoods. This May and June, we are thrilled that spring locations will reunite in person! Walk4Hearing is bringing attention to hearing health and raising funds to support people with hearing loss. Gather your teammates and celebrate with us in a city near you!

Meet some of our team captains who are excited to be together again and reconnect with the community. Join us on Walk Day to offer support, share stories and experiences, meet hearing care professionals and learn about hearing technologies and resources.

Team Avery walked in their neighborhood after the 2021 Online Celebration.



Team Soundwave, now known as Keegan's Super "hear"oes, at the 2019 Connecticut Walk

"We were so impressed with the online celebrations, but we're looking forward to in-person events, meeting and reuniting with other walkers and having fun! Can't wait to see everyone this spring!"

— Jennifer Violette, Connecticut Walk

"We can't wait to connect with others who are impacted by hearing loss and cheer each other on! My kids are excited to participate in all the fun activities on Walk Day!"

— Caprice Shular, Bay Area Walk

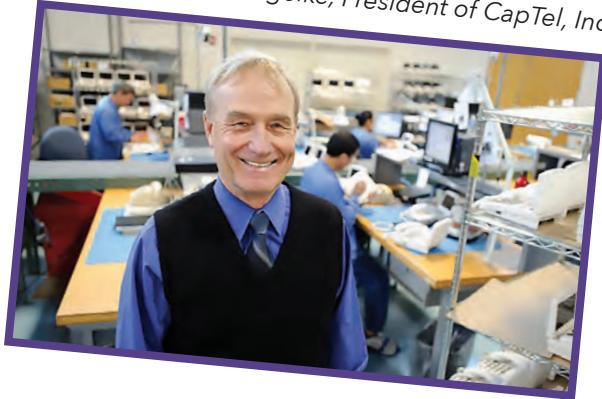


Team CART Attack at the Long Beach Walk

"Nothing is better than gathering in person to see teammates and friends and meet new people. I cannot wait to reunite this year with a community of people who genuinely care for one another – that is what makes this event so meaningful!"

— Teresa Russ, Long Beach Walk

Rob Engelke, President of CapTel, Inc.



Walk4Hearing Welcomes Honorary Chair

“In these times of social isolation, what could be more powerful than coming together in recognition and celebration of hearing loss awareness? Year after year, Walk4Hearing gives people nationwide the opportunity to reconnect, to support one another, to call attention to hearing loss concerns and to raise funds for hearing health advocacy. CapTel shares HLAA’s goal of advancing access and opportunities for people with hearing loss, and we are proud to be a long-standing supporter of the Walk4Hearing. We invite you to join us to Step Up for Hearing Health!”

— Rob Engelke, President of CapTel, Inc.

2022 Walk4Hearing Schedule

May 15	Westchester/Rockland
May 21	Michigan
June 4	Milwaukee
June 5	Bay Area
June 11	Nashville
June 25	Long Beach
September 18	Connecticut
September 24	Florida NEW
October 2	Florida NEW
October 8	New York City
October 9	Buffalo
October 15	Chicago
October 16	New England
November 5	Kentucky
TBD	New Jersey
	North Carolina
	Washington DC
	Pennsylvania
	Arizona
	San Diego
	Houston

Ronnie Adler is Walk4Hearing senior manager at HLAA. Reach out to her at radler@hearingloss.org.

Ann Rancourt is Walk4Hearing manager at HLAA. Reach out to her at arancourt@hearingloss.org.



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Register at walk4hearing.org.

Better Speech Recognition with Vision

BY LYNNE E. BERNSTEIN, EDWARD T. AUER, JR., SILVIO P. EBERHARDT AND NICOLE JORDAN

In these days of digital hearing aids and cochlear implants, it may be easy to underestimate the benefits of looking at people when they are talking. But being able to use their visible speech, particularly when you are in a noisy social setting, can be very helpful. A hearing aid or a cochlear implant can improve speech in noise by about two or three decibels, but many scientific studies show that visual speech combined with hearing speech is equivalent to about 12 or more decibels of noise reduction.

The ability to comprehend speech by watching someone talk is referred to as “lipreading” or “speech-reading.” Lipreading is possible, because when we talk, the motions and shapes of our lips, jaw, tongue and cheeks

that form speech sounds also form speech “sights.”

Unfortunately, most adults who have had good hearing throughout a large part of their lives are not skillful in recognizing the visible speech sounds. In our experience, many adults with hearing loss would like to improve their lipreading abilities and some have even managed to train themselves to better recognize visible speech. Others might have tried learning through a class or perhaps a website that offers lipreading practice. However, learning to lipread better is notoriously difficult. Previous research efforts suggested that lipreading cannot be trained: You were either born with it or you were not. We suggest otherwise in our research.

Lipreading ability is not an inborn trait. Our research on adults who were deaf before learning language and who did not use cochlear implants has shown that most learned to be very good or excellent lipreaders. This tells us that lipreading is learnable and that there is information to be learned by focusing on the talker’s face.

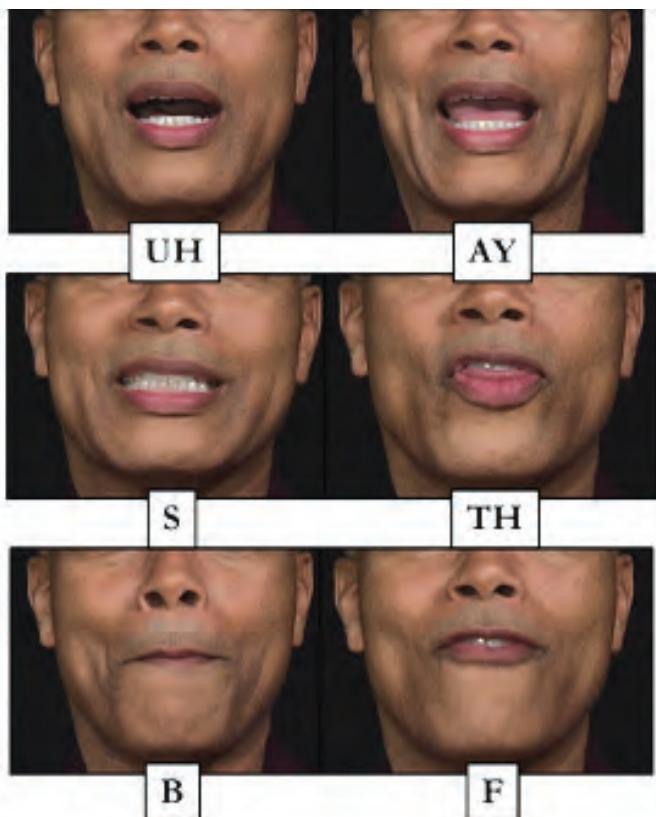
However, in order to make the most use of visual speech information, adults need more than reminders to look at the face of the person who is talking. They need structured training experience with feedback. In our research, we have found that the type of feedback is critical to learning to lipread more accurately and with better lipreading skills comes improved audiovisual speech recognition in noisy situations. In other words, the correct type of lipreading training can also improve an adult’s ability to use the combination of listening and looking when there is a lot of noise.

Speech in noise without a hearing aid or cochlear implant.

Speech in noise with a hearing aid or cochlear implant.

Aided speech in noise while looking at the talker.

Speech



What are the keys to successful training? Well, we probably do not know all of them, but one of the keys is giving feedback based on what the lipreader actually thought the talker said, as opposed to merely revealing the correct answer. Another key is doing the correct type of training task.

With the internet and powerful home computers, it is now possible to self-train on lipreading and audiovisual speech recognition at home. The new training methods we are developing are based on the neuroscience of perceptual learning. That science tells us that for adults to improve their lipreading, they need feedback that corrects their lipreading errors on consonants and vowels but not through drills on separate speech sounds such as “b” or “f.” The most effective training we have studied uses words and gives feedback for lipreading errors within words. We have developed software that analyzes errors and focuses training on “near misses.”

Our research tells us that many adults who attempt to lipread make errors but these lipreaders may be surprisingly close to lipreading correctly. A favorite example of ours is a lipreader who saw the sentence, “Proofread your final results,” and thought the talker said, “Blue fish are funny.” Obviously, the lipreader completely misunderstood the words in the sentence. But our software program shows that this lipreader committed several “near misses.” The software used its algorithms to line up the correct and the incorrect sentences to show the problems. The sounds “r” and “l” in “proof” and “blue” are actually visually different, and training with feedback can improve recognition of these sounds.

Talker said:	Proo f read your final results.
Lipreader reported:	Blue fish are funny.

There remains much for us to learn about the best methods for guiding adults with hearing loss to become better lipreaders and better at comprehending audiovisual speech in noise. We are presently carrying out research on several different training techniques. If you might be interested in participating, please contact us using one of the methods listed here. **HL**

NOTE: This article is based on two articles: Bernstein, L. E., Auer Jr, E. T., & Eberhardt, S. P. (2022). During lipreading training with sentence stimuli, feedback controls learning and generalization to audiovisual speech in noise. *American Journal of Audiology*, 31, 57-77. doi:10.1044/2021_AJA-21-00034; and Bernstein, Jordan, Auer, Jr., & Eberhardt, S. P. (in press). *Lipreading: A Review of its Continuing Importance for Speech Recognition with a Hearing Loss*.

Lynne E. Bernstein, Ph.D., Edward T. Auer, Jr., Ph.D., Silvio P. Eberhardt, Ph.D. and Nicole Jordan, Au.D., are faculty in the Speech, Language & Hearing Sciences Department at George Washington University, Washington, DC. They have been working together for quite a while to understand lipreading and audiovisual speech recognition and to develop approaches to ameliorate speech recognition difficulties in adults with hearing loss. Reach out to Lynne at lbernste@gwu.edu.

If you are interested in participating in research funded by the National Institute on Deafness and Other Communication Disorders (NIH) on lipreading and audiovisual speech recognition in noise, please email study@seehear.us, or use your browser to go to seehear.us/study or use this QR code.



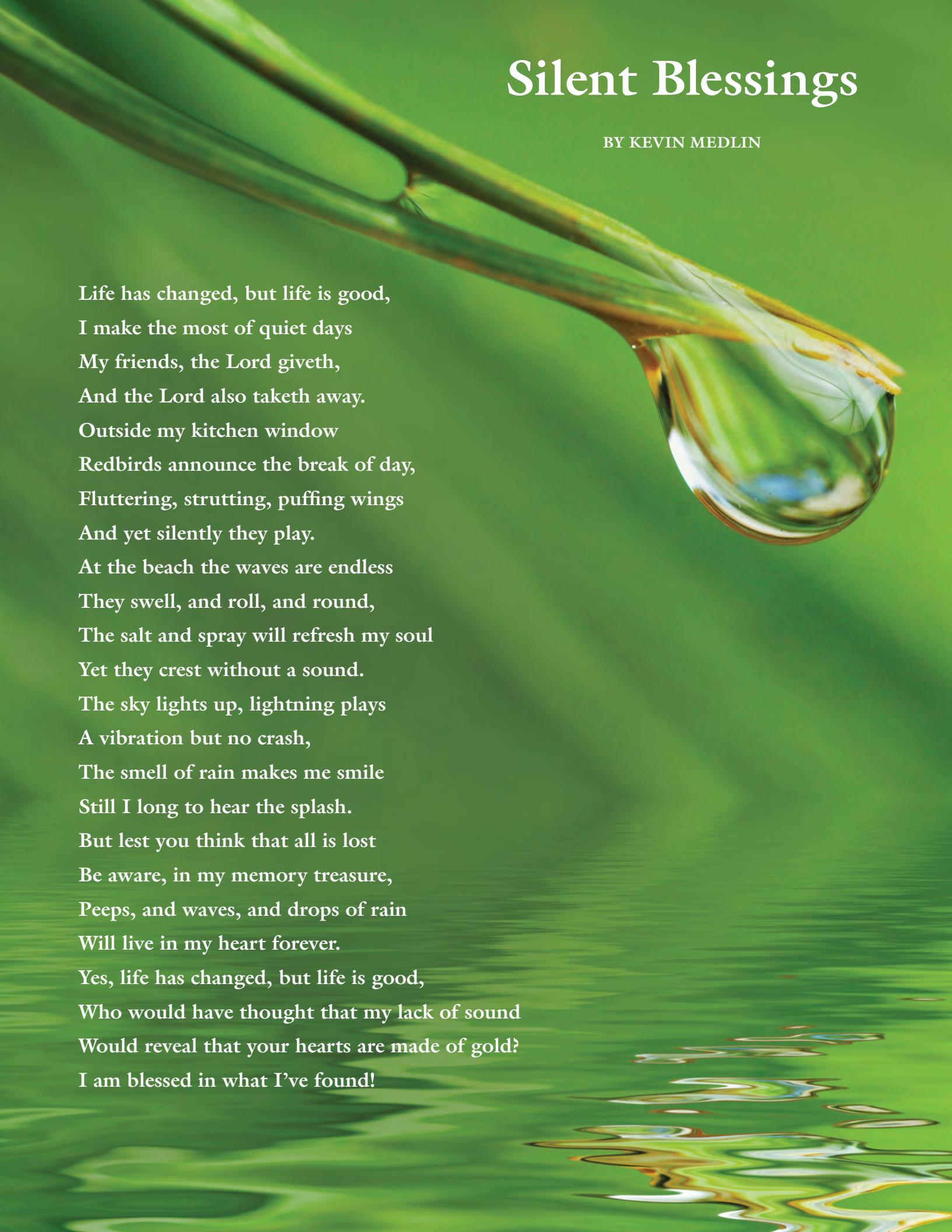
HLAA MISSION CIRCLE

A monthly online giving program offering convenience while supporting work for people with hearing loss.

hearingloss.org/make-an-impact

Silent Blessings

BY KEVIN MEDLIN



Life has changed, but life is good,
I make the most of quiet days
My friends, the Lord giveth,
And the Lord also taketh away.
Outside my kitchen window
Redbirds announce the break of day,
Fluttering, strutting, puffing wings
And yet silently they play.
At the beach the waves are endless
They swell, and roll, and round,
The salt and spray will refresh my soul
Yet they crest without a sound.
The sky lights up, lightning plays
A vibration but no crash,
The smell of rain makes me smile
Still I long to hear the splash.
But lest you think that all is lost
Be aware, in my memory treasure,
Peeps, and waves, and drops of rain
Will live in my heart forever.
Yes, life has changed, but life is good,
Who would have thought that my lack of sound
Would reveal that your hearts are made of gold?
I am blessed in what I've found!



InnoCaption

"When I first discovered the InnoCaption app, I was blown away by its potential to completely change my life and the lives of many other deaf and hard of hearing individuals."

Joe Duarte

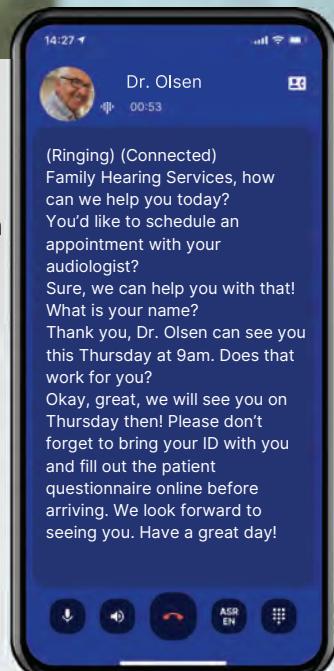
Co-CEO and daily user of InnoCaption

Who We Are

InnoCaption is owned and led by two Co-CEO's whose partnership and collaboration led to the launch of the first mobile-focused real-time call captioning service. We are a passionate, purpose-driven team on a mission to provide an empowering accessibility solution for the deaf and hard of hearing community.

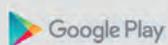
The InnoCaption Difference

Our mission and mindset make our service unique. We focus solely on smartphone technology while our industry mainly offers landline phone solutions. We utilize live stenographers (CART) to provide faster and more accurate captioning despite the higher cost it entails. We are the only captioned phone service provider to offer users the choice between automated speech recognition technology or live assisted captioning on every call. All because we care about our users and put their needs first.



Hearing Healthcare Professionals

Download our app and register for a demo account if you would like to test our service before recommending it to patients. If you have any questions regarding our service or require assistance, please contact us at healthcare@innocaption.com.



Disclaimer: InnoCaption is ONLY available in the United States. FEDERAL LAW PROHIBITS ANYONE BUT REGISTERED USERS WITH HEARING LOSS FROM USING INTERNET PROTOCOL (IP) CAPTIONED TELEPHONES WITH THE CAPTIONS TURNED ON. IP captioned telephone service may use a live operator. The operator generates captions of what the other party to the call says. These captions are then sent to your phone. There is a cost for each minute of captions generated, paid from a federally administered fund. No cost is passed along to the InnoCaption User for using the service.

*911 Calling Advisory: Calling 911 from a landline remains the most reliable method of reaching emergency response personnel.

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