SUMMER 2022

hearing life

HLAA Public Policy and You

A PUBLICATION OF THE HEARING LOSS ASSOCIATION OF AMERICA

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advocacy

to change "what is"
to "what should be"

hearing life
THE MAGAZINE FOR BETTER HEARING

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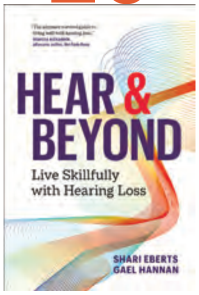

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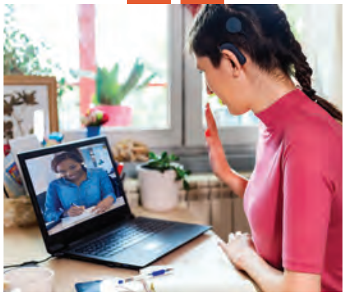

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On the cover: Lise Hamlin, director of public policy for HLAA, graces the cover with her hearing assistance dog, Shine. *Photo by Cindy Dyer* (cindydyerphotography.com)

features


555-1234
Jul 15 2:36 pm
Call Time: 00:01:56
Hi Dad we had a great time fishing last weekend Jordan caught his first fish
Warning! Loud Volume Use With Caution
Federal law prohibits anyone but registered users with hearing loss from using this device with Captions on.
CapTel
REDIAL
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SPEAKER

about HLAA

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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Hearing Loss Association of America

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I Am Here... but I Cannot Hear

BY JILL BASKIND

The lights were dimmed, and the popcorn purchased. I was sitting at the Showroom Theater, a tiny neighborhood venue in Asbury Park, New Jersey. Surrounding me were six of my closest friends, excited for an afternoon off to indulge in a movie and lunch.

After the film, at the Brickwall Restaurant on Cookman Avenue, everyone chatted about the excellent show we had just seen, but I could only hear the clattering of dishes and little of the conversation.

I was aghast — I was not able to hear much of the dialogue in the movie just an hour before going to the Brickwall. I knew my hearing was in jeopardy, but this was the moment I knew I needed help. I made an appointment with an audiologist; just as I suspected, I needed hearing aids. I waited impatiently for the aids to arrive.

Before they arrived, I had the rare opportunity to have dinner with my two adult children and their spouses. This did not happen often, as my son lives on the west coast, and my daughter on the east. Although the food and wine were delicious, I returned home and sobbed most of the night.

I loved seeing Lee and Julia laugh and gossip with each other, catching up and giggling about old times. Or so I assumed. I could hardly hear what they were saying...only the piped in music, banging of dishes, and the muffled noise of patrons in the restaurant were clear. My heart truly ached with the isolation I felt.

I am now a few years past that night and the hearing aids are now in place and finally paid for. (Most people do not know that very few insurance plans pay for hearing aids.) My life has definitely improved but there are still so many challenges.

I live by the beach, but I rarely wear the aids there — wind, water and sand are not a good combination for hearing aids. I have a nice group of women who gather at the beach, but I need to place my beach chair strategically, and even then, a lot of the conversation is lost. Restaurants and other crowded spaces are a constant struggle. Now I can hear those sitting close to me, but if they are across the table, I still must deal with the never-ending restaurant commotion — music, dishes, muffled conversations.

Last week, after months of COVID isolation, I attended a play at the Showroom — the same venue where the acknowledgement of my hearing issue started. And yes, it was much improved. But anytime the actors turned away from me to speak to another character across the stage, I was clueless and had to ask my friend what was said. Although she is a good friend, I could tell she was getting impatient with my questioning.

I think my hearing is getting worse and I hope the aids can be adjusted. My audiologist never mentioned that the aids do not last a lifetime. I suppose I must save up for a new pair. I am sincerely grateful for many things in my life, but I do wish I could be really present more often, not just sitting on the sidelines. HL

Jill Baskind is a retired school teacher with two children and two granddaughters. She loves to knit, but please don't picture a dowdy grandmother in a rocking chair, knitting her life away! She was divorced at 58 years of age and that brought many new adventures. She has tried everything from karaoke to studying Buddhism. When she retired, she moved to the Jersey shore and is literally steps from the beach.

She is part of a wonderful musical group called "Jamily." They are a large group of mostly divorced women and men who have formed a community around the amazing music right next door in Asbury Park.

She loves New Orleans music especially, so she has a washboard and plays in a band called "The Hot Flashes." She loves reading and writing. She is in a book club, a film club, and she tutors children in Israel all via ZOOM, which became her best friend during the pandemic. She can be reached at jilly7266@gmail.com.

a note from our executive director


© Cindy Dyer

A lot has happened since 1979 that has made hearing loss and hearing health an issue of national concern—regulations, legislation and awareness about this issue. But we can't let up on pushing forward. HLAA will keep working for you.

Is Hearing Loss an Issue of National Concern?

BY BARBARA KELLEY

Advocacy is the act of speaking on behalf of or in support of another person, place or thing. When Rocky Stone founded our organization in 1979, he said that for anything to get accomplished hearing loss had to become an issue of national concern. In fact, "Make hearing loss an issue of national concern," became a tag line we used frequently. Rocky said there needed to be five elements to our approach with advocacy.

1. Confidence in our philosophy; i.e., we provide credible information so people can be empowered to make their own choices about their hearing loss, then turn around and help others.
2. Knowledge of what is important to our federal lawmakers and regulators; i.e., our government.
3. A sense of history yet know where we need to be.
4. A sense of timing, knowing when to fight.
5. Creativity. Ability to devise program and advocacy approaches suitable to the social/political climate of our time.

Hearing Health Front and Center

Since the beginning of 2021, hearing health and HLAA were in the news. We appeared in local and national TV news, major newspapers, podcasts, radio and niche publications with a wide reach like the *AARP Bulletin*. Why did this happen? More than ever hearing health was front and center. The World Health Organization issued the *World Report on Hearing* which globally broadcasted the importance of hearing health across a life course.

HLAA has advocated for many years for hearing aids to be added to Medicare, but we finally saw coverage concretely written into proposed legislation.

There were also two issues that received attention in the U.S. The first was the proposed expansion of Medicare to cover hearing aids and services. HLAA has advocated for many years for hearing aids to be added to Medicare, but we finally saw coverage concretely written into proposed legislation. In addition to meeting with Congress, we were asked to speak in the media on our position and why Medicare expansion is critical to ensuring that hearing health is managed across a life span. HLAA had direct impact on proposed language in the bill to ensure that the benefit would be meaningful to people over age 65. Unfortunately, the provision which was included in the Build Back Better Act didn't move forward because the proposed bill didn't move. We are playing the long advocacy game on this issue and will have a strategy on Medicare expansion. A sense of timing and knowing when to fight as well as knowing what is important to our lawmakers is critical here.

Another issue was the FDA's overdue proposed rules for over-the-counter hearing aids. President Biden publicly urged the FDA to publish their rules. When a president speaks on any issue, especially one that could affect or benefit consumers, it makes the news. HLAA was one of the first to be called by media to comment on this new category of hearing aids for adults with self-perceived mild to moderate hearing loss. We also advocated for the passage of the Over-the-Counter Hearing Aid Act of 2017. We knew when to fight. We will continue to provide unbiased and solid information to people with all levels of hearing loss, including those who might benefit from an over-the-counter product.

Together, We Did It

A lot has happened since 1979 that has made hearing loss and hearing health an issue of national concern—regulations, legislation and awareness about this issue. But we can't let up on pushing forward. HLAA will keep working for you. **HL**

Barbara Kelley is executive director of the Hearing Loss Association of America. She can be reached at bkelley@hearingloss.org. *Follow her on Twitter* @Bkelley_HLAA.

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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**.

Hearing Life e-News is delivered to your inbox twice per month. and 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/

Spring Walks Begin on Sunday!

This weekend, Walk4Hearing spring season begins with the Westchester/Rockland Walk! Join us this spring as we celebrate getting back in communities after two years of gathering virtually. Events will take place in eight communities across the country in May and June.

It's Time to Talk About Hearing Health!

One in seven people in the U.S. have some level of hearing loss. Are you or a loved one experiencing hearing loss? Walk4Hearing encourages you to Step Up for Hearing Health.

"If you notice a sudden change or a decline in your hearing, there are things you can do. Get your hearing screened or have a complete evaluation with a hearing health care professional such as an audiologist, an Ear, Nose and Throat (ENT) physician, or a hearing aid specialist. Come to the Walk4Hearing and find ways to manage your hearing loss" said HLAA Executive Director Barbara Kelley.

Learn the signs of hearing loss and how to begin the conversation — let's get started.

The Hearing Loss Association of America (HLAA) mission hasn't changed. It's "to open the world of communication to people with hearing loss by providing information, education, support and advocacy."

Strategic Plans

BY KEVIN H. FRANCK

A central role of a board of directors of a nonprofit organization is to build a strategic plan. A strategic plan enables an organization to achieve its mission. The plan has a freshness date of two or three years. After then, strategic plans are revisited and adapted to reflect a changing reality.

The Hearing Loss Association of America (HLAA) mission hasn't changed. It's "to open the world of communication to people with hearing loss by providing information, education, support and advocacy." But America is quite different than it was before in important ways that shape our strategy.

Three years ago, we didn't know what Over-the-Counter hearing aids were going to be. We knew they were coming, as the FDA Reauthorization Act of 2017 (FDARA) compelled the FDA to begin the process of defining them. Today we have a clearer picture. Three years ago, we hadn't heard of George Floyd, and the nation hadn't gone through the largest protests in United States history against systemic racism.

These events (and others) shape HLAA's board of directors' work on setting our current strategic plan. In this column, I'd like to focus on our first of five themes in the plan — to "Expand our Engagement." This strategic theme calls out HLAA's need to represent everyone with hearing loss. Stereotypically, I think of HLAA's constituents as being mostly older, mostly Caucasian, mostly communicating using spoken language and mostly with more severe amounts of hearing loss. This stereotype is confirmed in the 2022 HLAA membership survey results. Demographically, this stereotype indeed represents a large group of people. But it underrepresents other important people.

In this column, I'd like to focus on our first of five themes in the plan — to "Expand our Engagement." This strategic theme calls out HLAA's need to represent everyone with hearing loss.

The 2020 Census reported that the population of non-Hispanic whites in the U.S. has gotten smaller in the past decade, and for the first time, most of the population under age 16 is nonwhite. While there are epidemiologic studies that show differences in hearing loss by skin color and race (less hearing loss with more skin pigmentation), nonwhites are underrepresented in health care, hearing health care and HLAA's representation of people with hearing loss.

The first *World Report on Hearing* from the World Health Organization (WHO) on deafness and hearing loss calls out one billion young adults at risk of hearing loss due to unsafe listening practices. While there are fewer younger people with hearing loss than older people, younger representation is crucial to the vitality of the organization. WHO estimates that by 2050, nearly 2.5 billion people will be living with some degree of hearing loss.

Expanding our engagement as an explicit strategic theme means that HLAA will focus on race and age diversity. This isn't in the exclusion of other forms of diversity (such as LGBTQ+, multiple disabilities, etc.) but focuses on these two. In truth, HLAA has been working on this for some time. But such explicit inclusion in the strategic plan raises the importance of and accountability to the work.

Members of the HLAA board of directors themselves have already been active in increasing race and age diversity within HLAA. The board recently recruited a member who expressed his interest in serving because his Black and African American community did not talk about hearing loss, and he wished to help change this. Another board member's nonprofit work and research has shown the success of urban (largely Black and African American) Baltimore community-contextualized hearing health care. Another's advocacy focuses on content availability in Spanish. At this year's convention, board members organized a medical symposium led by physicians with diverse racial backgrounds. As it pertains specifically to a younger demographic, younger members of our board have helped to set up and contribute to the Young Adults Hear (YAH) Chapter which is developing resource guides for school to college, and college to employment transitions. A board must recruit new members. We are explicitly seeking nominations of interested individuals who identify as people of color, including individuals who identify as Black or African American.

Michael Meyer, vice chair and incoming board chair of HLAA, summed this up well: "At its heart, HLAA is all about inclusivity. We're trying to make the world a more inclusive place for people with hearing loss. In other words, every person at HLAA with hearing loss knows what it's like to feel left out, to feel left behind, to feel misunderstood, to be perceived as something less than we are. That experience should give us empathy with lots of people who go through the same thing because of their race, gender, etc. Today, our organization does not look like the universe of people with hearing loss. That's true of our board, our supporters, the people who go to the convention, etc. We're not aiming to exclude anybody, of course, but how hard are we trying to reach everybody with hearing loss? Some of our board members are motivated to do this and we should follow their lead."

Well said, Michael! **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.

Are you a veteran living with hearing loss, tinnitus or other auditory issue?

HLAA stands ready to help our nation's veterans live successfully with hearing loss and related issues. In addition to a complimentary Online Membership and first-time convention registration, you can participate in the HLAA Veterans Across America Virtual Chapter.

The mission of the HLAA Veterans Across America Virtual Chapter is to provide education, be an advocate for veterans with hearing loss and to provide a support system to help them return to civilian life.

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Veterans Across America Virtual Chapter

For more information, go to hearingloss.org/Veterans or email chapters@hearingloss.org.

Over-the-Counter Hearing Aids and You

BY LISE HAMLIN

For years, consumers who need them have balked at the cost of hearing aids. The very devices that, we are told, are vital to our very basic need to communicate with friends and families, help us hold down our jobs and remain vital in our communities, devices that just might stave off dementia and help prevent falls, these hearing devices cost an arm and a leg. With few private health insurance plans covering hearing aids and no coverage under traditional Medicare (although, some Medicare Advantage plans do cover the costs of hearing aids) many of us find ourselves caught between a rock and a hard place. For those of us who have a mild or moderate hearing loss, cost alone might be the reason to delay getting any hearing device at all.

The problem has not gone unnoticed. In 2016, the National Academies of Sciences, Engineering, and Medicine (NASEM) published the report, *Hearing Health Care for Adults — Priorities for Providing Access and Affordability*. In that report, they told us:

> Hearing is a vital human sense that is important to communication and health and can affect quality of life. Yet for a variety of reasons, many people with hearing loss do not seek out or receive hearing health care. Estimates of hearing aid use are that 67 to 86% of people who may benefit from hearing aids do not use them, and many hearing assistive technologies as well as auditory rehabilitation services are not fully utilized. Long seen as an issue for individuals (and to some extent their families and friends), there is a growing recognition that hearing loss is a significant public health concern that can be addressed by actions at multiple levels. https://www.nap.edu/resource/23446/Hearing-RiB.pdf

After the NASEM report was released, Congress passed, and the president signed into law, the Over-the-Counter (OTC) Hearing Aid Act. Under this new law, OTC hearing aids are defined as devices that use the same fundamental scientific technology as traditional, prescription air conduction hearing aids (not bone conduction) hearing aids. These devices are intended only for adults and only those adults with perceived mild to moderate hearing loss.

The use of the phrase "perceived hearing loss" was intentionally included in the statute. The intent is to allow adults to purchase these OTC hearing aids without requiring the additional step and the expense of seeking out a hearing health care professional for a hearing evaluation.

OTC hearing aids will be able to allow the user to control and customize the device to his or her own needs without the supervision, prescription or other order from a hearing health care professional, that is, a doctor, audiologist or hearing instrument specialist. That means consumers may choose to eliminate the task of searching for, finding and paying for a hearing health care professional who meets their needs.

In addition, OTC hearing aids will be available to consumers through a wider range of sources than traditional hearing aids: via in-person transactions in a professional's office if they choose, in a big box store or pharmacy, or online. That range of choices will be particularly helpful for consumers who live in rural areas or others with few hearing health care professionals nearby.

Congress gave the Food and Drug Administration (FDA) authority to provide oversight for OTC hearing aids. The FDA drafted a proposed rule that looks at the technical specifications as well as specific instructions for labeling to ensure consumers receive basic information before purchase of these devices. When introducing the proposed rule, the FDA said, "We believe the proposed actions will, in combination, promote and protect the public health by, among other things, providing reasonable assurance of safety and effectiveness of OTC and prescription hearing aids."

In October 2021, the FDA released the proposed rule. The FDA received more than 1,000 comments from a range of stakeholders including consumer organizations, hearing health care professionals' associations, members of Congress and many individuals. The FDA is reviewing those comments and will issue the final rule when they have completed that process. The rule will become effective 60 days after it is published.

I am an adult with mild to moderate hearing loss. Practically speaking, what does all this mean to me?

- Until the final rule is published, nothing changes. OTC hearing aids will not be legally available. HLAA's advice to consumers who see advertisements for devices claiming to be OTC hearing aids are to be very skeptical. At a minimum they are not correctly identifying their product: the FDA has made it very clear that this classification won't exist until after the rules are finalized by the FDA. https://www.fda.gov/medical-devices/consumer-products/hearing-aids
- If you want and need hearing aids, don't wait. Go to your hearing health care professional to find the best solution for your hearing needs.

Once the FDA issues final rules, if you have a mild to moderate hearing loss, you have options available to you:

- You will still be able to turn to a hearing health care professional to guide you in the process of selecting a hearing aid. We expect that many hearing health care professionals will be ready and able to fit consumers with OTC hearing aids. If you are an adult with mild to moderate hearing loss and would prefer to work with an audiologist or hearing instrument specialist, ask the professional whether they sell and fit OTC hearing aids.

- If you feel confident doing the research needed and comfortable selecting your own OTC hearing aid, you will have the option of following that path. If you are on your own, be sure to research both the products and companies that make these devices to ensure that the product you purchase works for you. Also be sure to understand the return policy and how to return the device in case it does not work for you.

I am an adult with greater than a moderate hearing loss. Practically speaking, what does this mean to me?

- The law that provides for OTC hearing aids does not change a thing for people with greater than moderate hearing loss: you will still need to turn to a hearing health care professional licensed in your state to dispense a "prescription" hearing aid. Still, it pays to do your homework before purchasing hearing aids. Know what questions to ask your hearing health care professional, know what you want from your hearing aid and what's realistic for that hearing aid to deliver. There is a wealth of information on the internet to help you, including information on our own website: Hearing Aids (hearingloss.org)

Lise Hamlin is director of public policy for HLAA. Email Lise at lhamlin@hearingloss.org.

HLAA is in the business of providing informaton, education, support and advocacy to people with hearing loss, their friends, families, and communication partners. We provide the tools needed to empower people with hearing loss to be the version of themselves they want to be.

Information, Education, Advocacy and Support

BY LISE HAMLIN

"…knowledge is power … knowledge is safety, and … knowledge is happiness."
—Thomas Jefferson, 1817

HLAA is in the business of providing information, education, support and advocacy to people with hearing loss, their friends, families, and communication partners. We provide the tools needed to empower people with hearing loss to be the version of themselves they want to be.

In the coming weeks and months, we will have lots of information to share with you. Our newest program, ICAAT (Industry-Consumer Alliance for Accessible Technology) will provide a forum for consumers to share their experiences with developers of technology our experiences, our needs, our pain points, so these developers know early on that their products will hit the mark. The phrase, "Nothing about us without us" will be made concrete by ICAAT.

Later this year, we expect to see the FDA (Food and Drug Administration) issue the final rules for Over-the-Counter (OTC) hearing aids. HLAA will be on top of that, providing information to help guide consumers. We are also here to support chapters providing guidance to people in the community who seek their advice about OTC devices. Watch our website and our *Hearing Life eNews* for more in the coming months.

At the end of the year, HLAA's work on the HAC (Hearing Aid Compatibility) Task Force will come to a conclusion with a final report we will deliver to the FCC (Federal Communications Commission). HLAA serves as co-chair on the Task Force and is actively involved.

Alliance for Telecommunications Industry Solutions (ATIS) convenes the HAC Task Force on behalf of stakeholders, including the Competitive Carriers Association (CCA), CTIA – The Wireless Industry Association, the Hearing Loss Association of America (HLAA), the National Association of the Deaf (NAD), Telecommunications for the Deaf and Hard of Hearing (TDI) and the Telecommunications Industry Association (TIA). The Task Force is collecting data relating to current technical and market conditions involving wireless handsets and recent innovations in hearing improvement technology. The goal of this work is to deliver recommendations to the FCC by the end of 2022 that could serve as the basis for future FCC rules in this area.

Both consumer and industry members of the HAC Task Force take this work seriously. We recently learned some manufacturers and a number of wireless carriers such as AT&T, T-Mobile and Verizon have gone beyond FCC requirements: some are offering almost 100% hearing aid compatible handsets. Industry deserves credit for working to ensure so many of their wireless phones are compatible with your hearing aid or cochlear implant easier. That's great news for consumers.

HLAA also sits on the FCC's Disability Advisory Committee (DAC). This year alone, we have grappled with and provided recommendations to the FCC regarding:

- Real-Time Text (RTT) Deployment in Wireline Networks
- Telecommunications Relay Service (TRS) Use on Videoconferencing Platforms
- Concerns and Lessons Learned Regarding Communication Access for People with Disabilities During the Pandemic
- Identification of Emerging Technologies and Their Associated Accessibility Opportunities and Considerations

These are just some of the ways HLAA seeks to advocate for people with hearing loss. The goal of all this? We do not engage in advocacy for advocacy's sake. The goal is to give you the tools you need to take control of your hearing loss to live your life fully, equally: the life you want to live.

It's important not only to have the information about changes in technology or public policy. It's also important to understand your rights under the law. The Americans with Disabilities Act (ADA) of 1990 provided the watershed civil rights law that turned the concept of disability dependence on its head. The ADA supports changing the environment we live in, not the person: we seek wheelchair ramps and Braille signage and assistive listening systems and captioning. The ADA does not stand alone: many state and local laws also seek to protect the civil rights of people with disabilities.

But as Justin Dart, Jr. wrote in 1991, "… Civil rights are not a guarantee of the good life, but an equal opportunity and responsibility to participate in producing the good life for oneself and for all."

People with hearing loss are often acutely aware of all the things they cannot do, particularly if they once had the ability to hear and find it diminished. What we need to recognize is that we hold the power to change our own lives in our own hands.

Empowerment means we don't sit alone and wait for someone else to show up with the answer. Sometimes it means doing our own search, asking the right questions to find an OTC hearing aid that works. Sometimes it means filing a complaint with the FCC when the TV captions go astray. In the end, that search or the complaints we file can lead us not only to the best outcome in the moment, but those successes also empower us to realize we can make change happen.

Our dearest hope at HLAA is that you take the wealth of information we provide through our website, our *Hearing Life eNews*, our Chapters, our conventions, our Walk4Hearing and our webinars, and use it to empower yourself to live your best life. We know you can. **HL**

Lise Hamlin is director of public policy for HLAA. Email Lise at lhamlin@hearingloss.org.

HLAA Expands Online Community and Calendar

HLAA
Hearing Loss Association of America

Did you know that HLAA has new, branded HLAA Groups Online Communities? In addition to joining our Facebook Official Community & Support group, we have added six special interest subgroups. They are HLAA Advocacy, HLAA GITHL—Get in the Hearing Loop, HLAA Leaders, HLAA Newsletter Editors, HLAA Tech and HLAA Veterans Across America Virtual Chapter. Through each subgroup, you will connect to a nationwide community for support and sharing of ideas. To join a group, scroll through the subgroup list and click on the group you wish to join, then click on +Join This Group.

We have a new calendar feature on the HLAA website. You can find HLAA Chapter and State meetings by clicking on the Find HLAA Chapter and State Meetings Here button. For more information about these Groups, email Carla Beyer-Smolin at **cbeyer-smolin@hearingloss.org**. Learn more at: **https://hlaagroups.hearingloss.org/g/HLAA**.

Improving Communication Access in Medicine

BY JOSEPH MONTANO

A trip to the emergency room can be a great source of stress for everyone. Patients are faced with a medical condition requiring treatment, health care staff are trying to help multiple patients at the same time, families are anxious as they wait to find out the result of their loved one's care and all activity seems to be fast-paced. Add to that equation a person with hearing loss and you have a situation that can be catastrophic. Will the patient be able to hear and understand the medical information being provided? Will the physician have the time to be able to make necessary accommodations? Will the family be able to effectively communicate and participate in the patient's care plan? These dilemmas are occurring every day in emergency departments and physician's offices for people with hearing loss. In most situations, communication access is either unavailable, insufficient, or the worst-case scenario, unidentified as an essential determinant of the health care outcome.

Individuals with hearing loss have been fighting this battle for access for many years. While there have been great achievements in many areas such as entertainment, improvements are few and far between in health care provision. To combat this inequity, the goals of accessibility, accommodation and action need to headline our advocacy.

Accessibility

Communication accessibility refers to the ability of a person with hearing loss to be provided with the same communication information that is available for all individuals despite interference because of the loss. It requires that all individuals have the same opportunity for their interpretation of communication information, interactions and services that may be provided to others.

When we examine the typical medical interaction of a person with hearing loss, we find that most attempts at improved communication are either not at all performed or cryptic efforts are made such as writing parts of what is being said, repeating only some information, or reducing content to make the situation easier. In order to ensure communication accuracy during these encounters, we need to encourage the use of accommodations.

Accommodations

Accommodations for people with hearing loss are meant to facilitate communication by removing the barriers and enhancing the environment to allow information to be presented completely without alteration. In some situations, it might be as simple as moving the conversation to a quiet room or providing an assistive listening device to increase audibility. But at other times, it might require live transcription or technological interventions. For individuals with profound hearing loss who might use American Sign Language, the use of interpreters is probably better understood by most in health care provision than the need for accommodations for those people with hearing loss who do not use ASL. Since communication access needs to be available for all regardless of the level of hearing loss, there needs to be a call for action to make this happen.

Action

Communication access for people with hearing loss is not going to happen by itself. Members of hearing loss advocacy groups such as HLAA have been working tirelessly trying to improve medical communication in hospitals and health care facilities. This advocacy must be a group effort not only performed by the individual with hearing loss but their friends, families and hearing health care providers. A group effort is necessary to spread the word to health care providers. Consumers and family members can educate their physicians, clerical and professional staff, every time they go for an appointment. Audiologists can help provide assistive technology options to medical offices, provide community in-service education and work with hospital and health care facilities administrations.

Individuals with hearing loss must be proactive and visit their health care providers already prepared with hearing solutions. If you wear hearing aids, take the time to inform your providers that you use them and instruct them on the best practice for communication in their environment. Live speech-to-text applications are becoming more and more popular on smartphones. Download the app in advance and instruct your physician in its use. Request your health care provider to use a remote microphone if you have that available technology with your hearing aids. It is important for you, the person with hearing loss, to determine what best works for you in communication situations and instruct those around you.

When I turn on captioning on my television, the words appear on the screen, music notes indicate there is music in the background and birds tweeting indicates the sound of nature in the scene. It shows the entire message, the whole picture and lets the person experience the complete event. Let's bring this same concept to medicine. Together, the person with hearing loss, their families and their hearing health care providers need to join forces to continue to educate the medical providers in hospitals, clinics and private offices about the importance of access, accommodation and action to allow communication to be completely available to all; and yes, with music notes when applicable! **HL**

Joseph Montano, Ed.D., CCC-A is a professor of audiology and director of Hearing and Speech at Weill Cornell Medicine. He served as ASHA vice president for Standards/Ethics in Audiology, past president and holds Honors of the Academy of Rehabilitative Audiology (ARA) and served twice as coordinator of ASHA Sig 7 Aural Rehabilitation and its Instrumentation. Dr. Montano is a past member of the HLAA Board of Directors. He volunteers in an advisory capacity on the boards for the Hearing Rehabilitation Foundation (HRF), Hearing Education and Awareness for Rockers (HEAR), Children's Hearing Institute (CHI), the Acoustic Neuroma Association (ANA) and the Hearing Loss Association of America (HLAA)—New York State Association (NYSA). In addition to numerous presentations and publications, he is the co-editor of the book Adult Audiologic Rehabilitation, *now in its 3rd Edition. Email Joseph at* jjm2003@med.cornell.edu.

Program Update — Summer 2022

HLAA has been breaking down barriers in health care communication access for years. We now invite all stakeholders — providers, administrators, staff, researchers, policymakers and patients — to collaborate in replacing existing barriers with consistent, systemic solutions for effect communication in all medical encounters.

Join us at our new web pages for program updates and calls to action, an archive of Communication Access in Health Care columns from *Hearing Life* magazine, information on relevant research, educational materials, the Guide to Effective Communication in Health Care and most importantly… to read your stories which help us understand the issues and inspire us to achieve results. For more information, email healthcareaccess@hearingloss.org.

Patient Access and Communication Access Realtime Translation (CART)

BY HALEY BRUCE

Individuals with hearing loss continue to meet challenges to access adequate patient-provider communication. Medical facilities provide interpreter services for health care professionals to converse with patients in their primary language; however, there is a lack of services for patients with hearing loss to effectively communicate with providers. In turn, the extra effort and burden of facilitating communication falls largely on the patient or caregiver. With the introduction of mask mandates, patients and caregivers with hearing loss are faced with a greater disadvantage without lipreading. These frustrations experienced by individuals with hearing loss are poorly understood across the health care setting.

The cochlear implant team at Weill Cornell Medicine focuses on each individual's unique communication needs—providing written materials, typing information as we deliver it, using clear face masks, preparing the patient with information ahead of time and utilizing patient's speech-to-text apps. However, obstacles such as time constraints, technical limitations and speed at which information is delivered may limit the discussion.

I recently incorporated a service called Communication Access Realtime Translation (CART), also known as real-time captioning, into a cochlear implant activation appointment as a method to provide reliable and effective communication with the patient. CART translation is provided by a captioner who translates spoken words and environmental sounds in real-time onto a screen, thus remaining effortless for the provider while maximizing communication with the patient and limiting stress. CART services can be beneficial in all health care settings, from office visits to operative care.

Unfortunately, there are still a complicated set of barriers within the health care system which limit awareness and access to CART services. Audiologists and health care providers should continue to advocate for a broader application of communication access and accommodations, such as CART services, across the health care setting in order to improve the patient/provider experience. **HL**

Haley Bruce, Au.D., CCC-A is a clinical audiologist at the Hearing and Speech Center, Department of Otolaryngology at Weill Cornell Medicine in New York City. Email Haley at hab9053@med.cornell.edu.

HLAA Employment Research Results

BY CARRIE JOHNSON

Americans with hearing loss often actively search for work but are less likely to be employed.

While the challenges of looking for a job, securing a position and building a career apply to everyone; hearing loss can add additional barriers and challenges. HLAA wants to increase the number of employment opportunities for people with hearing loss as well as improve communication access in the workplace. Therefore, HLAA founded an Employment Task Force to spearhead change. The mission of this task force is to provide insight into business challenges, benefits, and solutions for employing people with hearing loss and is composed comprised of people representing diverse roles in the community. To initiate this process, and better understand the needs and perceived priorities of people with hearing loss, the task force helped HLAA create an Employment Survey, which was conducted in the fall of 2021. By better understanding the issues people with hearing loss face while searching for employment and/or in the workplace, HLAA can offer relevant help and support.

We are pleased to share the results in *Hearing Life* magazine. A big thank you to those who completed this survey and to members of HLAA's staff and the Employment Task Force for spearheading this effort. The Employment Research results will also be shared online at hearingloss.org/hearing-help/communities/employees/.

Below is a quick snapshot of the 581 surveys we received.

239 are employed full-time
61 work part-time
48 are self-employed
62 are unemployed and seeking work
22 are unemployed and not currently seeking work
13 are students
164 are retired

We also gained insight into which types of resources are most helpful and which employment related topics respondents would like to learn more about. In brief, respondents indicated that the following resources are (would be) extremely or very helpful: (1) advocacy at the policy level for hearing friendly workplaces (67.6%), (2) website resources (65.2%), (3) employer education on hearing loss and accommodation (62.7%), (4) *Hearing Life* magazine articles (54.0%), and (5) virtual/online webinars (49.1%). Topically, respondents are extremely or very interested in learning more about: (1) requesting/negotiating accommodation (53.6%), (2) DHH friendly workplace policies and practices (51.5%), (3) using workplace technology (50.7%), (4) employment law (50.0%), and (5) common workplace accommodations (49.5%). HLAA has already begun providing additional information about these topics using different approaches to meet the needs of people with hearing loss.

To learn more and get involved, please visit HLAA's Employees web page: hearingloss.org/hearing-help/communities/employees/. HL

Carrie Johnson is the senior communications manager and Editor-in-Chief at the Hearing Loss Association of America. Email Carrie at cjohnson@hearingloss.org.

HLAA Employment Task Force Members

Kelly Tremblay, Ph.D., FAAA, CEC, HLAA Employment Task Force Chair, neuroscientist/consultant/advocate, clinical audiologist and professor

Marilyn DiGiacobbe, HLAA director of development, HLAA staff liaison to the task force

David Baldridge, Ph.D., MBA, professor of management, Oregon State University

Carmen Bruce, vice president, diversity recruiting adviser, PNC Bank

Shari Eberts, member, HLAA board of directors, founder, LivingWithHearingLoss.com, co-author, *Hear & Beyond: Live Skillfully with Hearing Loss*, executive producer, *We Hear You, Now Hear Us*

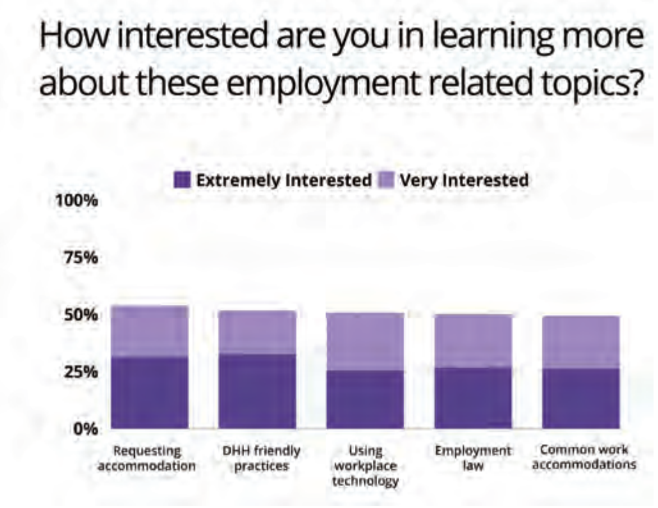
Zina Jawadi, member, HLAA board of directors, M.D. candidate, University of California, Los Angeles (UCLA), B.S. and M.S. in Bioengineering, Stanford University

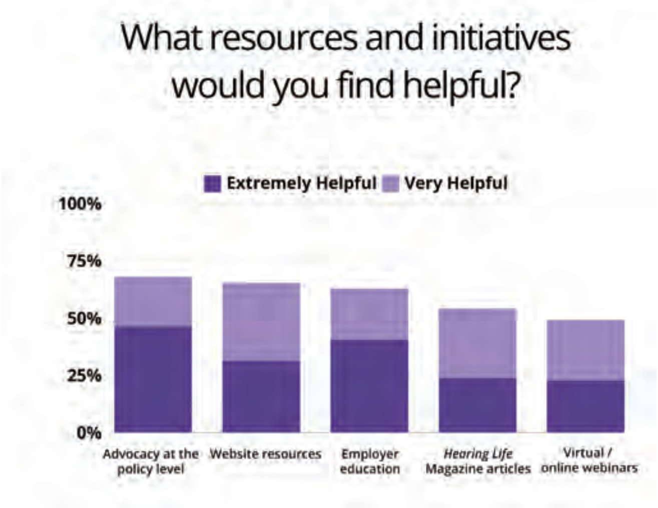
Cheri Perazzoli, assistant treasurer, member, HLAA board of directors, founder, Let's Loop Seattle, president, HLAA-Washington State Association

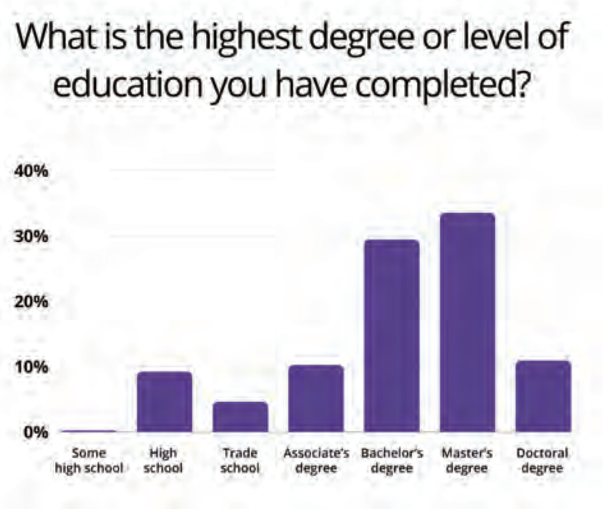
Theodore Shomsky, business systems analyst, PNC Bank
Lisa Yuan, press officer/public health analyst, National Institutes of Health

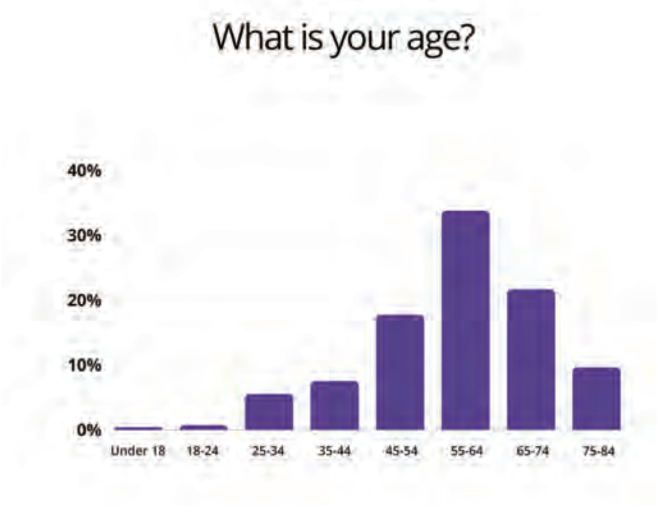
Lisa Yuan, press officer / public health analyst, National Institutes of Health

Are you interested in joining the HLAA Employment Task Force? Email Dr. Kelly Tremblay at drkellytremblay@gmail.com.









Thanks to Tim Browning, HLAA Digital Communications and Web Specialist, for all his work creating the survey, these graphs and for his support of HLAA's Employment Research.

Hear & Beyond: Live Skillfully with Hearing Loss

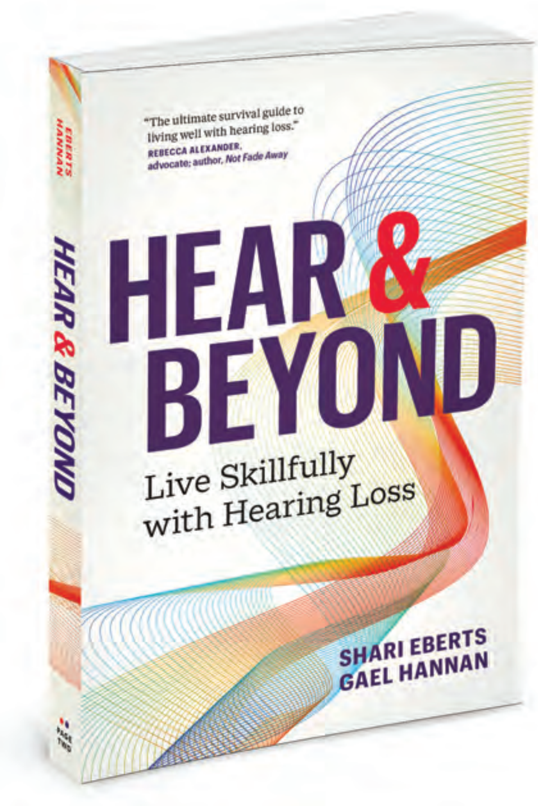
BY CARRIE JOHNSON

I interviewed Shari Eberts and Gael Hannan about their new book, *Hear & Beyond: Live Skillfully with Hearing Loss*. The book is now available anywhere you buy books.

Shari and Gael's Hearing Journeys

Shari and Gael saw a need to develop a how-to-guide to help people live more skillfully with hearing loss. Shari first noticed her hearing loss in her mid-20s in graduate school, but her hearing loss journey began many years before as she watched her father struggle with his own hearing loss. Shari's role as a self-advocate turned into advocacy for the hearing loss community. She writes a weekly blog at LivingWithHearingLoss.com where she shares her tips and tricks for living her best life with hearing loss. During the pandemic, she co-executive produced the documentary We Hear You, Now Hear Us to raise awareness about the hearing loss experience. Shari also writes and blogs about person-centered care for the Ida Institute. Person-centered care is about taking the time to build a treatment plan that is catered to each person specifically. Shari is a member of the HLAA board of directors. She also serves on HLAA's Employment Task Force.

Gael was born with hearing loss, but it wasn't until she reached the adorable toddler stage that her mother, a nurse, realized that something was going on. At age 20, in a life-changing moment, she switched doctors and had a hearing aid within a month. Over the next two decades, her hearing worsened but hearing aids just got better. She had developed superb speechreading skills, as well as the bad habit of bluffing her way through challenging listening situations. Gael also had a lot of negative attitudes relating to her hearing loss — she didn't want to have it! At age 40, in one of the best moves she ever made, she reached out to other people with hearing loss for the first time. She walked into a Canadian Hard of Hearing Association conference as one person and walked out another. Her negative attitudes faded away. She was stunned to learn that she was not alone. Gael writes articles and blog posts for HearingHealthMatters.org. Her first book was *The Way I Hear It* and now, she has a joyous partnership with Shari Eberts to create and co-author *Hear & Beyond*.



The "Big Picture"

One of the reasons Shari and Gael and wrote the book is that few people are given the "big picture" of hearing loss by their hearing care professional. *What should I expect? How do I live my life well with this new challenge? Why do I have all these emotions? What do I need to do now?* Many hearing care professionals limit their focus to hearing aids. Hearing aids don't always work right out of the box — it can take time to adjust to them.

While each person's hearing loss journey is unique, most pass through a sequence of five stages which Shari and Gael lay out in the book. Getting the diagnosis is Stage 2. Yet, most people's journeys begin well before — an average of 7–10 years — as they wonder why communication has become so difficult, and debate with themselves about what to do or not do about it.

Shari and Gael encourage readers to partner with hearing care professionals who can provide this "big picture," although they might not use that exact term.

How Does One Communicate Better With Hearing Loss, Not Just Hear Better?

People with hearing loss may hear better with devices, but it is unlikely they will ever hear “normally.” So, if hearing well or even better is their only goal, they may be disappointed. Once Shari and Gael shifted their focus to communicating better, these friends and co-authors immediately started living more successfully with their hearing loss. By focusing on an achievable goal — and one that is under their control — they were able to take the steps needed to stay engaged with the people and activities they love. And that is what matters most.

The Three-Legged Stool

Shari and Gael developed a trio of strategies that they compare to a three-legged stool that never wobbles, even on bumpy ground. Hearing aids cannot do it all, they are best supported with other tools.

When you read the book, you’ll learn more about: The first leg of the stool is attitude change, something Shari and Gael call MindShifts.

The second strategy is utilizing a full range of technology tools (traditional and nontraditional).

The third is an array of interpersonal, non-technical skills such as learning to advocate for yourself, using visual cues, not bluffing and Shari and Gael’s tool to transform any listening situation called HEAR. **HL**

Carrie Johnson is Senior Communications Manager and Editor-in-Chief at the Hearing Loss Association of America. Email Carrie at cjohnson@hearingloss.org.

Learn more about the book, and Shari and Gael!

www.HearAndBeyond.com
www.ShariEberts.com
www.GaelHannan.com
Email: shari@livingwithhearingloss.com
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Shari Eberts

Gael Hannan

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Nearly 1 out of every 3 people over the age of 65 are affected by hearing loss.[1] Hearing aids help many people by making the sounds they hear louder. Unfortunately, as hearing loss progresses, sounds need to not only be made louder, they need to be made clearer. Hearing implants may help give you that clarity, even in noisy environments.[2]

Connect with us!
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References
1. Who.int. WHO | 10 facts of deafness [Internet: Cited 10 Jun 2019].
2. Hirschfelder A, Gräbel S, Olze H. The impact of cochlear implantation on quality of life: The role of audiologic performance and variables. Head Neck Surg. 2008 Mar;138(3): 357-362.

Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

Views expressed are those of the individual. Consult your health professional to determine if you are a candidate for Cochlear technology.

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A New Way to Advocate for and Have a Say in Better Technology Access

BY LINDA KOZMA-SPYTEK,
VICTORIA LENNON AND LISE HAMLIN

When the designer, and the maker, and the user are all in the same place talking to each other you get designs that work. *–Alistair Parvin, systems designer and co-founder of the U.K.-based Open Systems Lab*

ICAAT
Industry-Consumer
Alliance for Accessible Technology

For many people who are deaf or have hearing loss, the reason for frustrations around, and even avoidance of, certain technologies is simple: Whether it's poor caption quality for live television or inadequate communication at telemedicine appointments, their needs go unmet. But what if there was a place where consumers could connect with tech developers to advocate for and inform more usable, accessible products? Soon there will be, with this summer's launch of the Industry-Consumer Alliance for Accessible Technology — ICAAT (pronounced "eye-cat").

Working from the idea that an ongoing program could help build relationships between consumers and industry, we started working on building out ICAAT in October 2019, thanks to a five-year grant from the National Institutes on Disability, Independent Living, and Rehabilitation Research – NIDILRR (grant #90REGE0013) under the Department of Health and Human Services. As what we believe is the first of its kind for people who are deaf or have hearing loss, ICAAT provides an online space for organizing around purposeful action. **Our vision** for ICAAT is for consumers and industry to work together for mutual benefit to ensure that new and current technologies improve the quality of life for people who are deaf or have hearing loss. **Our mission** is to inspire more accessible, innovative and responsive products *from the ground up* that meet the needs of these consumers.

We've created an online space that can be accessed through HLAA's website, hearingloss.org/programs-events/icaat/. An interactive user experience and accessible design are central to ICAAT's features and functionality. So, who can join ICAAT? Anyone interested in our core mission should consider joining ICAAT. Whether you are a person who is deaf or has a hearing loss, a consumer advocate or ally, or an industry professional designing and developing hearing assistive technology or mainstream consumer electronics, you are welcome.

ICAAT offers a variety of opportunities for consumers and industry to share and engage with one another. These include:

- **Tech Forum** — an online community for consumers and industry to share resources and information, post events and have discussions with other members in groups organized by topic.
- **User Stories** — a series of short narratives that document real people's everyday experiences and can be used by industry to inform, inspire and jump-start creative solutions to the problems that consumers face.
- **CoDesign Connect** — a marketplace where consumers can find product research opportunities and industry can recruit consumers to participate in product testing, product review, market research and design research; consultations with hearing loss experts may also be requested by industry.

- **CoDesign Essentials** — a collection of practical information for consumers and industry wanting to learn about best practices for collaborating with one another.
  - For consumers, these topics include understanding product design, development and testing, what makes a good product review and considerations when participating in these activities, such as consent, privacy and data usage.
  - For industry, topics include understanding identity, communication preferences, and personal hearing technology use and options and best practices for providing communication access.

We've intentionally designed ICAAT to meet people where they are, so whether you are a consumer interested in diving deep and contributing resources to share with others or are wanting to test products in development, or a product designer or tech developer seeking to increase the utilization and accessibility of your products, **there is a place for you here at ICAAT**! **HL**

Linda Kozma-Spytek, M.A., CCC-A, is a consultant and professional adviser to HLAA on technology. She currently co-leads the ICAAT project under the auspices of the Deaf/Hard of Hearing Technology Rehabilitation Engineering Research Center (DHH Tech RERC) at Gallaudet University. Before coming to HLAA, she was a senior research audiologist for more than 20 years at Gallaudet University. She co-directed the DHH Tech RERC and co-led the Network of Consumer Hearing Assistive Technology Trainers (N-CHATT) project in cooperation with HLAA. She is active in standards and policy work on telecommunications accessibility, wireless connectivity for hearing devices and over-the-counter hearing aids. Email Linda at lkozma-spytek@hearingloss.org.

Victoria Lennon is a senior communications specialist at the American Institutes for Research (AIR) and co-leads the ICAAT project. She has worked in public health communications for nearly 20 years, providing communication planning, communication strategy, materials and message development, and writing and editing services to clients including the Centers for Disease Control and Prevention, Agency for Healthcare Research and (per website) Quality, and the National Institutes of Health. Email Victoria Lennon at VLennon@air.org.

Lise Hamlin is the director of public policy for the Hearing Loss Association of America (HLAA). Lise, who has a hearing loss herself, has worked as an advocate for people with hearing loss for more than 25 years. She serves as the HLAA project manager for ICAAT. Email Lise Hamlin at lhamlin@hearingloss.org.

Ways to Get Involved When You Join ICAAT

- Take part in CoDesign Connect by posting or participating in technology design, development or testing activities
- Share information and resources with other members of the Tech Forum's various discussion groups
- Read and react to User Stories and contribute your own story
- Explore CoDesign Essentials practical information designed to support consumer and industry collaborations

Join Our Mission

We’re grateful to our members, volunteers, donors and sponsors, and the support they provide that keeps our work going.

You can become involved.

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Submit a Letter to the Editor of

hearing life

Starting with the fall 2022 issue of the magazine, HLAA is pleased to publish select Letters to the Editor in *Hearing Life* magazine!

Letters to the Editor should include your first and last name, city and state and email address. Letters should be 150-250 words or fewer.

Email your Letters to the Editor in a Microsoft Word document, or submit other feedback on the magazine, to *Hearing Life* magazine Editor-in-Chief Carrie Johnson, cjohnson@hearingloss.org.

All issues of *Hearing Life* magazine are online here:
hearingloss.org/news-media/hearing-life/issues/

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Chapter on a Mission: Whatcom County Chapter

BY CARLA BEYER-SMOLIN

The 2022 HLAA Chapter on a Mission Award was awarded to the Whatcom County Chapter, WA at the 2022 HLAA Convention in Tampa, Florida due to their extraordinary advocacy activities. Two members of the Get in the Hearing Loop (GITHL) Committee, Cheri Perazzoli and Ann Thomas, have worked closely with the Whatcom County Chapter and submitted the following nomination that helped the chapter earn the Chapter on a Mission Award.

HLAA Whatcom County Chapter hearing loss advocates — 80 members (!) — are quietly building hearing-friendly communities wherever they go.

Led by President Larry Wonnacott (also an HLAA Washington State Association board member), Past President Mike Sweeney, Jerry and Joanna Olmstead, and Lou Touchette, this chapter is a star in the HLAA sky.

With monthly support and education meetings and a regular presence at community events, the chapter connects with people, building advocacy at the grassroots level. Mike Sweeney and others presented to the Bellingham City Council to advocate for hearing loops, and the crew has given several presentations to Western Washington University audiology departments.

These advocates generously share their own time, resources, and expertise. Advocate Lou Touchette created a guide for installing home hearing loops (and has installed several), and Lou and Mike installed a loop in Christ the Servant Church. Lou regularly donates equipment, too, and shared his hearing loss journey in a video for CaptionCall. “Loopin’ Lou” has looped several local hearing health provider facilities.

This phenomenal chapter donated $1,500 to the Western Washington University Foundation to establish a hearing aid bank, and they continue to work closely with the university.

In 2019, the chapter piloted the Get in the Hearing Loop toolkit, helping us refine and target our materials for the very people who will be using them in their advocacy.

Thanks to a multi-year effort by the Whatcom County Chapter, the beautiful Lincoln Theatre in Mt. Vernon, Washington is looped. Led by Jerry and Joanna Olmstead, this group even stepped up to help the theatre with fundraising for the loop. The now-looped theatre hosts not just movies, but community events, school recitals, meetings, and live performances.

I posed some questions to the chapter leaders to get some background information and learn about recent updates on their inspiring advocacy efforts. Here are their responses.

Why did the Whatcom County Chapter get started in advocating for loop installations? What was the motivation?

The early motivation was from Cheri Perazzoli and her “Let’s Loop Seattle” initiatives and the looping successes of Jerry and Joanna Olmstead in Anacortes.

How were the advocacy efforts received by the facilities personnel where you advocated for loop installations?

The reception has been positive. We have advocated for proper signage, training of personnel involved, and information being disseminated through web pages and mailings.

What were the challenges presented by the facilities personnel?

The challenges are often the cost of installation, who is going to do the work, and is this the best solution for access to hearing accessibility.

What successes stand out the most to you? What are some recent successes you’ve had?

The City of Bellingham Council Chambers loop started everything. With assistance from Cheri Perazzoli and Ann Thomas, we presented an outstanding PowerPoint presentation to the city. Lou set up a temporary room loop with hearing loop receivers and headphones. It was very well received.

It led to counter hearing loops being placed in 14 city venues in Bellingham: Bellingham Library, City Hall Council Chambers, City Hall main reception, City Council, Finance service counters, Permit Center, Parks & Rec reception, Police Department, Legal Prosecutor's Office, Municipal Court, ITSD, Human Resources, Public Works and the Whatcom Museum.

Some other recent loops that were advocated by our chapter: Anacortes Library and Senior Center, Burlington Library, Skagit County Emergency Management Facility. Mt. Vernon Woodside Lodge, Mt. Vernon Audiology & Burlington, Lincoln Theatre, Mt. Vernon Lutheran Church, Senior Center Bellingham, Christ the King Bellingham, and many homes in Skagit and Whatcom counties. Soon, we are hoping to loop San Juan Cruises—five ships that offer scenic and whale watching tours.

Has how the community responded to the loop installations?

We recently contacted the Americans with Disabilities Act (ADA) Coordinator for Whatcom County and will be included in a Zoom meeting to attempt to get them involved in hearing accessibility. **HL**

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

HLAA 2022 Chapter and State Award Recipients

Chapter on a Mission Award	HLAA Whatcom County Chapter, Washington
Up and Coming Chapter Award	HLAA Indianapolis Chapter, Indiana
Virtual Ambassador Award	**HLAA Virtual Meetings** Holly Cohen, New York Shari Eberts, New York Roxana Rotundo, Florida HLAA California State Association
	Chapter Support Toni Barrient, California Alan Katsura, California Ann Thomas, California HLAA Florida State Association

HLAA CHAPTERS & STATE ORGANIZATIONS

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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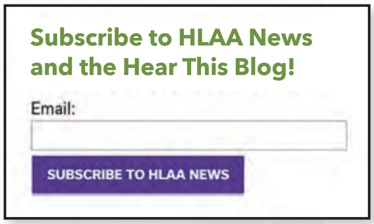


Two Negatives Make a Positive

BY KATHRYN BYXBEE

I love everything about water polo. The water, the swimming, the defense and offense of the game, the goals and the blocked goals. It is such a unique sport, which is one of the main reasons why I love it so much.

On the east coast, the sport is not as popular as on the west coast, therefore the competition is not as skillful. But on the west coast, it's a whole different battlefield. The young women are stronger, faster, and worst of all, sneaky. Water polo is a very difficult sport to referee at a high level. The main reason is because 99% of the brutal action is underwater, where the referees cannot see.

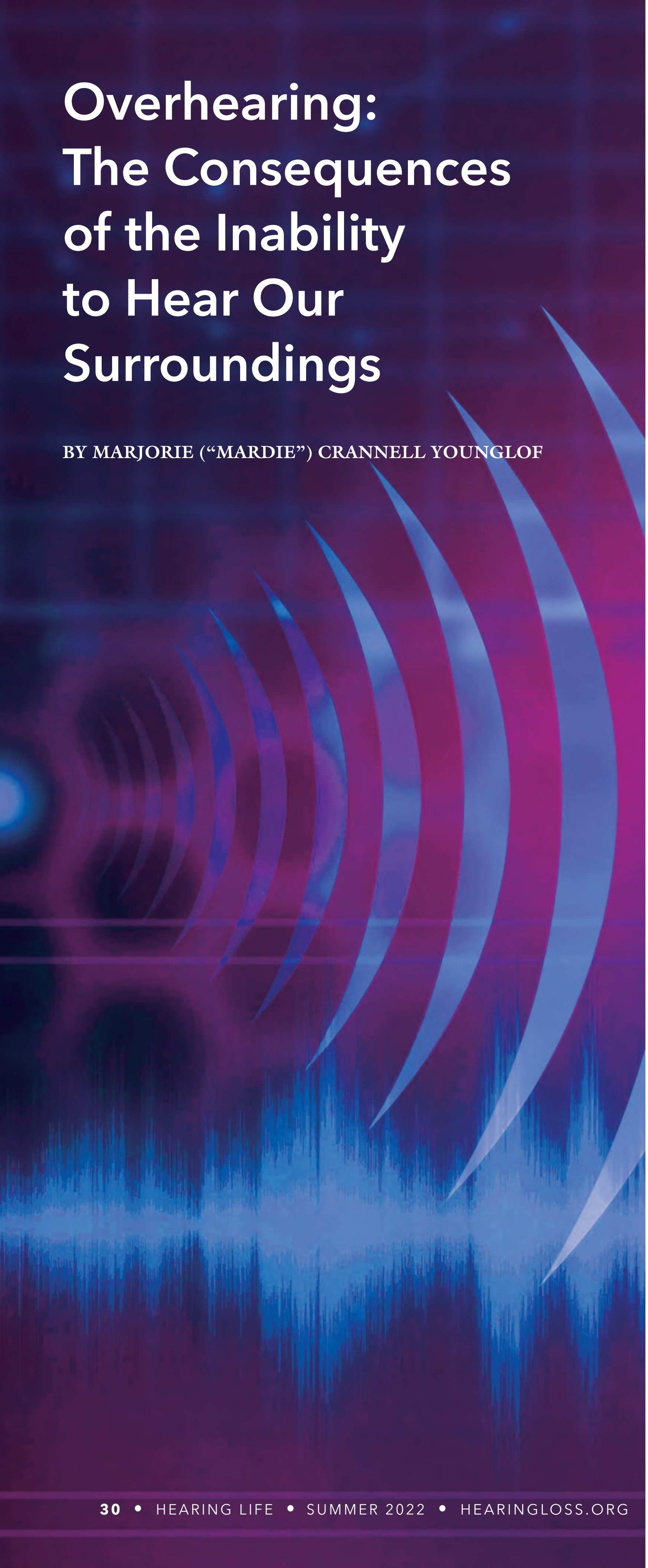
When my team travels to California to play in a tournament, the girls we compete against are discrete with their holding and fighting. Most of the time, the referees do not notice the battles underwater, which can spark anger. What ends up happening is our team tries to fight back. But, not only are the west coast teams good at hiding the brawling, they are great at revealing the counter moves of the other team. This results with my teammates and I being ejected from the game, and the opposing team gaining a goal.

I tend to have more exclusions than most, because I do not always hear the calls or plays. It is hard to play water polo without my hearing aids, but after so many years of playing I learned to adapt. I now have my own tricks that I use to win tournaments utilizing my hearing loss.

One of the many phrases that my coaches say is to keep your head on a swivel. It is a very important thing to do, especially for me because of my hearing loss. The first trick is to communicate before I even get into the water. I always make sure my teammates and I are on the same page. Therefore, I will not have to worry about miscommunication. My second trick is to always have at least one hand on my opponent. That way, I know where my player is at all times. If I do not hear the whistle or call, I can simply make assumptions because I am always scanning the playing field and in close contact with my player. My final trick is to be smart. I know it might sound cheesy, but it is the most important skill. In order to know what is happening without hearing, everything I do must be one step ahead of the other team. I am always aware and constantly thinking of what to do next.

If I am being honest, my hearing loss has helped me be a better player than most. When one does not have a certain sense, they must adapt by sharpening the other senses. This is not only in the water, but everywhere in my life. My training in the water has taught me lots about how my hearing loss does not have to affect me in a negative way. Learning to adapt is the best way to learn to achieve more in life. It brought me where I am today in the water, in school, and at home. I thank my hearing loss for making me so aware. Remember, two negatives always make a positive. **HL**

Kathryn "Katie" Byxbee is entering the 10th grade at the Greenwich Country Day School (GCDS). She was part of the USA Water Polo Olympic Development program in 2021–22 and will be playing in the 2022 Junior Olympics in California. She loves all water sports, polo, kayaking and swimming. Katie is part of the YMCA Greenwich Aquatics water polo team and the GCDS Varsity water polo and swim teams, but what she enjoys most is paddling around in her kayak at Adirondack camp in the summer. She and her sister both have moderate to severe sensorineural hearing loss in both ears. Email Katie's mom Jenny at jlswetckie@yahoo.com.



Overhearing: The Consequences of the Inability to Hear Our Surroundings

BY MARJORIE (“MARDIE”) CRANNELL YOUNGLOF

Having had profound hearing loss all my life (etiology: maternal rubella), I’ve talked with many people about the impact of hearing loss on our lives, read blogs by others who have varying degrees of hearing loss, and discussed my hearing with numerous audiologists. Recently, I realized that one aspect of hearing loss has been overlooked in conversation and in the media: “overhearing”— which is fully part of daily life for people who have normal hearing.

The episode that triggered this realization occurred while I was preparing our evening meal in the kitchen. The TV, located out of my sight about 10 feet away from me, was bleating out a discussion of the news. Since I was accustomed to the habits I’d formed from having lifelong deafness (aided by a hearing aid, then bilateral cochlear implants), I ignored the cacophony of voices emanating from the TV. Suddenly the words “the right to vote” registered on me — I had actually overheard them without paying any attention to the conversation between the TV anchor and the person she was interviewing.

Thus surfaced a new train of thought in my mind: the significance of overhearing. Overhearing means understanding the sounds being heard without actually listening; the words or sounds fall into the ears effortlessly. This is a feat people with typical hearing can accomplish but has never been part of my auditory repertoire. While I’ve always “envied” people who can easily listen to and understand the various levels of sounds they are hearing, I never stopped to think about the consequences on those of us who can’t overhear the noise and voices around us.

When I was younger, I used to say I wanted to be able to eavesdrop on conversations going on around me, in restaurants, parties, class, on the job — anywhere! The ears of people with normal hearing are always “open” and subconsciously taking in the auditory din that envelops them. That ability to absorb ambient “noise” enables them to form clearer pictures of the world they are in. People with hearing loss, to varying degrees, miss the significance of being able to overhear, to listen without having to struggle to decipher ambient sounds. “What is that sound?” is a question I’ve repeatedly wondered.

Some people with typical hearing might feel that we are less “socialized” than our hearing peers, but we have one advantage — a skill — they may not have: due to lack of hearing, we are very

> The best remedy for our difficulties with "overhearing" and understanding the meaning of sounds is reading. Books, magazines, captioning on TV and other media, texting with people, email, etc., all help reduce the size of the "gap" in what we hear with our hearing aids, cochlear implants, and other assistive technologies.

observant about our surroundings and people whom we are in conversation with. We may notice very subtle forms of nonverbal communication that people with typical hearing might overlook: perhaps a slight movement of the head, a hand gesture, facial expressions, eye movements, etc. This visual information becomes part of our way of life, our way of "overhearing"; in other words, we are "overlooking!"

Examples of what we may fail, to varying degrees, to "overhear" include — but are not limited to — slang, foreign phrases, regional or foreign accents, pronunciation, the sounds or cries of animals and insects. The tone of a person's voice (is it friendly, unfriendly, persuasive, wheedling, angry, annoyed?) or the cry of a baby conveys important information that may not be accessible to people with hearing loss. The inability to "learn" via these sounds falling into our ears can impede our efforts to socialize successfully and may lead to typical hearing people feeling uncomfortable around us.

One incident in particular has remained in my memory for decades. One evening when our son was a young baby, I fed and burped him and put him in his crib to sleep. But 20 minutes later, he was yelling vigorously. We couldn't figure out what he was trying to tell us, and holding and cuddling him didn't stop the din. In the midst of this crisis, our doorbell suddenly rang. The callers were the parents of a friend of ours, stopping by to see how we and the baby were doing. The mother, who'd raised four children, immediately heard the crying and exclaimed, "Your baby is hungry!" "But I just fed him a half hour ago," I responded. She said firmly, "He is telling you that he's hungry." She could hear a familiar tone to the baby's cry that I could not hear. As soon as he began to feed, he was at peace. I could not believe the incredible timing of the couple's unexpected visit.

While this kind of event — hearing sounds we can't correctly decipher — makes living with hearing loss stressful at times, there are solutions. The best remedy for our difficulties with "overhearing" and understanding the meaning of sounds is reading. Books, magazines, captioning on TV and other media, texting with people, email, etc., all help reduce the size of the "gap" in what we hear with our hearing aids, cochlear implants, and other assistive technologies. Listening to audiobooks while simultaneously reading the print version is another tool in enabling us to become more familiar with various sounds. Having people write out phonetically how an unfamiliar word or phrase is pronounced is also very helpful. These techniques can help us expand our ability to "overhear" the auditory world around us. **HL**

A long-time member of HLAA, Mardie was born profoundly deaf, the etiology being maternal rubella. She hears with bilateral cochlear implants. She was the first deaf child "taught" by Helen Beebe, using what became known as the Auditory-Verbal Approach. She has a B.A. in English from Syracuse University and lives in Virginia with her husband. Her passion is genealogy, and she has written several ancestral biographies. She also writes a monthly column about genealogy in her community's magazine. Email Mardie at myounglof@gmail.com.

Joy is the Greatest Gift

Our deepest thanks to everyone who helped us to engage more people who need our help by making a gift to the HLAA 2021 Giving Campaign. A total of $415,624 was donated by 831 supporters.

"To get the full value of joy you must have someone to divide it with." – Mark Twain

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2021 Walk4Hearing Surpasses $1 Million

A special thank you to our top teams and fundraisers for leading the way with their efforts. These contributions help to provide resources and services to people with hearing loss nationally and in local communities.

Congratulations to Our Top 10 Teams

Name	Walk Location	Raised
Team Kiki	Pennsylvania	$40,735
Walk New York!	New York City	$24,466
Team Jessica	Westchester/ Rockland	$17,721
Team Nikki	New York City	$16,534
Texas Hearing Institute	Houston	$16,475
Chesco Striders	Pennsylvania	$12,305
Bailey's Besties	Pennsylvania	$10,895
Avery's A-Team	Houston	$ 9,700
Team Avery	Bay Area	$ 7,893
Reach for the Stars	North Carolina	$ 6,935

Hats Off to Our Top 10 Fundraisers

Name	Walk Location	Raised
Kierstyn Kuehnle	Pennsylvania	$40,435
Jessica Nin	Westchester/ Rockland	$17,622
David Kramer	New York City	$16,434
Anne Pope	New York City	$10,120
Kaleigh Meighen	Houston	$ 9,600
Edwin Paschall	Pennsylvania	$ 6,845
Ira Rubenstein	Washington DC	$ 6,381
Avery Shular	Bay Area	$ 6,328
Monica Preuss	Chicago	$ 6,146
Benjamin Tashner	Milwaukee	$ 6,135

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2022 Fall Walk4Hearing

September 18	New York City
September 24	Buffalo and Chicago
October 2	New England
October 8	Houston and Kentucky
October 9	New Jersey and North Carolina
October 15	Washington DC
October 16	Pennsylvania
November 5	Arizona and San Diego

Learn more and register at walk4hearing.org.

Contact us at walk4hearing@hearingloss.org to learn more on how to Step Up for Hearing Health!

LeighAnna's Hedgehogs Continue to Inspire

LeighAnna Thompson has worn hearing aids since she was three months old. Her family was introduced to Walk4Hearing when LeighAnna attended Central Institute for the Deaf in St. Louis. When the Thompsons moved to the Washington DC area, they started their own team and named it after LeighAnna's favorite thing in the world.

Although LeighAnna's hearing aids are covered by insurance, many are not so lucky. The Thompsons have gone to work to help families who need assistance. This year they raised $5,000 and the company at which LeighAnna's mom works matched every donation made to the team.

LeighAnna's Hedgehogs at the Washington DC Walk4Hearing

Young Professional Steps Up for Hearing Health

BY KELLY BRUGGEMAN

As a former college athlete in my late 20s, hearing loss was not on my radar. Once the pandemic hit, people started wearing masks, and I transitioned to remote work, I realized how much I was struggling to hear and understand conversations.

Being diagnosed with bilateral hearing loss was difficult for me in the beginning. Hearing loss is not easy at any age, but it was especially challenging as a young, active adult. I resisted seeking help and getting hearing aids and when I did finally give in, I was very self-conscious. I was also overwhelmed with all the new sounds and noise. Adapting to wearing them took time and patience, but I am so glad I worked through the adjustment period. The positive impact they have had on my life made it all worthwhile.

One of the things that helped me the most was joining HLAA. There was comfort for me in connecting with others who have also experienced hearing loss and could relate to my journey. The HLAA Royal Oak Chapter, in Michigan, has been a wonderful resource for me in navigating life with hearing loss both personally and professionally. They have been particularly helpful with recommending equipment and technology to help me in the workplace.

My audiologist, Hollis, has also played a big role in helping me adapt. She has equipped me with the latest and greatest technology, always takes the time to address my needs and concerns and has encouraged me endlessly along the way.

My hearing aids have changed my life for the better. Looking back now I realize I waited much longer than I should have. My advice to anyone who is hesitant about getting their hearing checked or worried about the stigma behind it is to be brave! Take it one step at a time and surround yourself with people who will support you throughout the process. There is an army of people behind you who want to help, but you must be willing to take that first step. Your life will improve in ways you don't expect and you will be glad you did it. You've got this! **HL**

Please Don’t Be Offended— I Intend to Protect My Hearing

BY CHRISTOPHER AROTIN

The Day My Sister and I Stopped Talking

Thanksgiving 2021. I mean, we talk now as in I still have her number and all that; we just aren't friends anymore. It all started because my niece, my sister's youngest, had a temper tantrum in the living room.

It was a full on fit with no end in sight. Rubber body on the floor, screaming, kicking, you get the idea. One parent, my sister, is gently watching over this fit. The other parent, my brother-in-law, is trying to engage me in small talk that I can barely hear over the ear-piercing exclamations of a 3-year-old. Here's where I made a mistake.

I walked right on over to that kid and I told her to stop it. I even followed up with some consequences, if her screams continued, I would take her into another room to scream. I know, I know — maybe the only thing that gets you alienated faster than telling someone how to raise their kid is actively doing it for them. I could have handled myself better, I should have, but I didn't.

In the days to come, I apologized for overstepping my bounds. My sister forgave me, my brother-in-law did not (but that's another story). As part of my apology, I also promised that if I needed something from my sister's kids in the future, I would address the parents, not the kids. Bring it up to good old mom and dad and then let them handle it.

I felt pretty good about my apology. I stated the actions I regretted, showed remorse for them, and explained how I would make changes to ensure those actions would not happen again in the future. I did however, ask my sister for something in return.

It Happens to All Parents

You see, this isn't the first time my sister's kids have performed this terrible dance of screaming death. In fact, it happens just about every time our families get together. She's got three kids, all under the age of seven. She believes that telling her kids not to scream will teach them that emotions are not okay. In short, it's okay to have big emotions and big emotions come with big screams.

Now, I can see that logic. I, personally, don't believe that to be the case. But I can see the A to B connection. And you know what? They're her kids; she gets to raise them how she wants. What I asked her for, was to not let those decibel-destroying big emotions blow out my ear drums.

I measured my six-year-old nephew's bedtime screams once, before I was told by dad to put away my decibel meter. His hissy fit was pushing over 100 decibels. To give you some context, a motorcycle engine is about 95 decibels and anything over 70 is dangerous to your hearing over longer exposure. Anything above 110 and you'll have permanent ear injury in less than two minutes.

You ever leave a concert and things sound a little quieter, or funny, on your walk back to the car? It's because the hair cells inside your ear that are responsible for hearing bend too much when you are exposed to loud sounds. They get stuck and all bent out of shape. Your hearing comes back to normal over the next day or so when those hairs straighten themselves out again. But here's the thing, some of them die when this happens. And once they die, well, death is permanent.

We are born with about 16,000 hair cells in our cochlea and by the time you start to get poor results on an audio test, 30 to 50 % of those hairs are already dead and gone. We have laws against striking our fellow humans in the ear, but no one is out there telling your fitness instructor to turn it down. A wind-up punch from a five-year-old in the arm will heal in 30 seconds. That same 5-year-old can produce an audio bombardment to your hearing that will last 30 years.

How Can We Protect Our Ears?

Well, in the case of a rock concert, your favorite fitness class, or a screaming child, the solution is the same. Throw in some earplugs, put on some noise-reducing earmuffs, or limit your exposure by finding a quieter part of the concert venue or home to be in. I wanted to make sure my sister knew that when I was going to hang with her again, I was going to be prepared with some ear protection or, if it got too bad, I would have to leave.

I thought this was reasonable. After all, my sister begs my mother to use her hearing aids to enhance her hearing, why not take measures to protect one's hearing? An ounce of prevention is worth a pound of cure, they say. Not to mention, scream all you want kids, I'm good! And…my sister said no.

You might be asking yourself, okay, what did she say no to? Did she say no, you can't use ear plugs around her kids? Or no, I wouldn't be allowed to leave her house after her kids started screaming? Or maybe no, we won't move the jackhammer child to a quieter place in the home to live out their exorcism in peace? You understood correctly. She said no to all of that. All of those sensory saving solutions are unacceptable as they would, again, teach the child that emotions are bad to have.

And there you have it. I'm unable to protect my hearing around my sister's kids and therefore, I don't see my sister's kids anymore. Considering I have a seven-year-old myself, there aren't many times when sis and I are going to just get together on our own, you know?

Some of you might be twisting your brains a little bit right now. Who's in the wrong here? But this isn't a Marvel movie. It is possible for two people to believe in opposing views or values and both be "right."

Parents of Screamers Have it Hard

I have to say, my sister is a great mom all around. She knows how to protect her kids. I'll give you an example. At the playground those kids are so coated in sunscreen, they look like Mark Zuckerberg on a surfboard. Patagonia hats, shades, and SPF shirts too. All very Colorado. She knows how to use sun protection.

I must also tell you that my sister is a very strong and inspirational woman. In fact, at the end of 2019, just before the pandemic, she was diagnosed with stage three breast cancer. She did chemo, radiation, and surgeries, pretty much all on her own because of COVID. And let me tell you, she was fierce with those mask mandates. And rightfully so! I mean, she was immunocompromised and had every right to be cross with people who refused to follow masking rules. This was a deadly disease, and she knew how to put on a mask to protect her immune system.

Please, don't take it as an insult when I pop my earplugs in next to you and your baby on the plane. It's not meant to make you or your baby feel bad. It's not actually about you at all. It's all about me and my love for my ears.

Do you see where I am going with this? My sister, she's smart. She knows and believes in simple steps to protect her skin from the sun and her immune system from disease. But hearing, why is that one optional for some reason? Maybe it's like sunscreen back in the day. When everyone went to tanning beds and rubbed oil on themselves. Then…Melanoma.

The number of adults in the United States older than age 20 with hearing loss is expected to almost double in coming decades. And hearing loss is proven to lead to other health issues, like dementia.

You Be You, and I'll Be Me

But you know what? I can't change my sister's mind and it's not my place to try and change her mind. Again, I disagree, but her ears and her kids' ears are not mine and she's allowed to teach them, or not teach them, whatever she wants.

But I have to stand my ground, too. My sister can't force me to pay with my hearing, or my son's hearing, as the entry fee to hang out with her family. In fact, no one can make me feel ashamed to use my ear plugs. And I don't think using my earplugs should make anyone else, adult or small child, feel ashamed either.

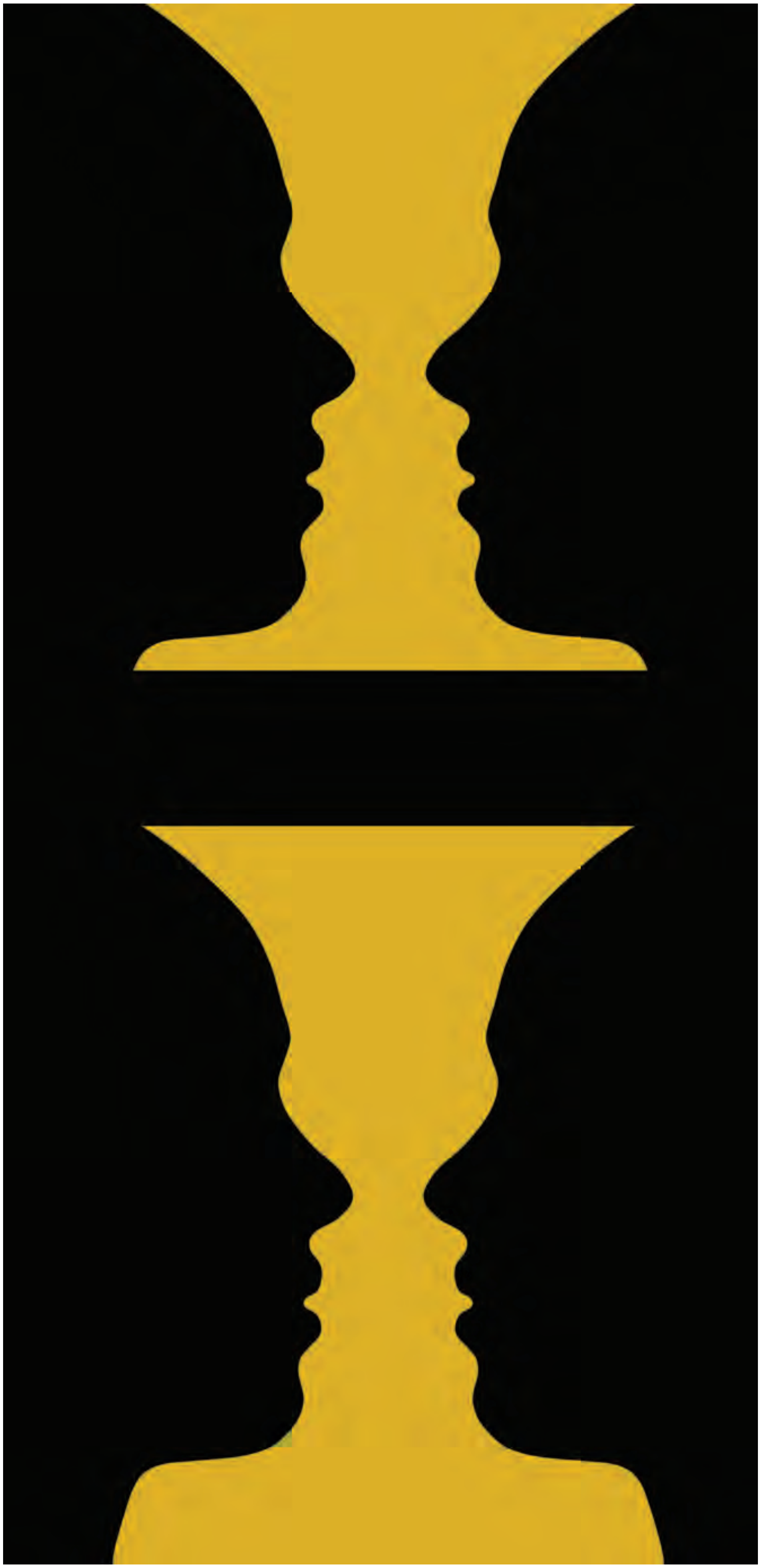
You know where I use earplugs? In spin class; it is loud as all get out and no one ever seems to mind. I use them when I vacuum, so much more peaceful. I even use them during quiet times to get a better night's sleep and right now, while I write this, to help improve my concentration and focus.

And now, I invite you to turn down your headphones a little bit and get yourself a nice pair of drugstore foam earplugs. Just a couple bucks for an ear-saving miracle. Most plugs come with a fancy little plastic case too! Carry them with you; use them when it's loud. Or not, that's cool too. You made it this far; you like reading, right? But please, don't take it as an insult when I pop my earplugs in next to you and your baby on the plane. It's not meant to make you or your baby feel bad. It's not actually about you at all. It's all about me and my love for my ears. **HL**

Chris is a musician and father based in Denver, Colorado. He earned a degree in audio engineering from Musicians Institute in Hollywood, California in 2007. Email Chris at chrisarotin@gmail.com.

Want to Write for *Hearing Life*? We'd Love to Hear from You!

Many of the articles that appear in *Hearing Life* magazine are written by people with hearing loss, educators, professionals in the hearing health care field, or anyone who would like to help others on their hearing journey. *Hearing Life* reaches a broad audience and covers a wide variety of topics. You'll find our submission guidelines at hearingloss.org/news-media/hearing-life/submit-an-article/. Email your Letters to the Editor or other feedback to *Hearing Life* Editor-in-Chief Carrie Johnson, cjohnson@hearingloss.org.



Hearing Loss and the Rubin Vase

BY MICHAEL A. HARVEY

Sue entered my office displaying an odd mixture of jubilance and despair. Before I could ask her my usual "How are you?" question, she recited a quotation she had just found online: 'Hearing loss is so cruel. It cuts you out of everything and makes you feel worthless, unneeded and unimportant.' This is exactly how I feel!"

Finally, someone had put into words her heretofore private torment, feelings that when she had dared to admit them to herself promptly catapulted her into an abyss of shame. "As far back as I can remember, I kept thinking there must be something seriously wrong with me for feeling this way but now I know that I'm not alone!"

I have heard versions of this quotation many times — often voiced to counter society's diminishing the multilevel ramifications of hearing loss as "no big deal." "It certainly *is* a big deal," Sue proclaimed. Indeed, the psychological literature is full of studies about how hearing loss profoundly affects one's self-esteem, identity, and interpersonal relationships. These effects are always more poignant, more stark, when witnessing them firsthand from a live person.

Sue adopted that quotation as her identity mantra, one that finally validated exactly how she had felt "forever." She no longer felt like a pariah. It was vital for Sue to have time and space to openly acknowledge what she perceived as the cruelty of her hearing loss and how it has molded her view of herself and her world. She was, in her words, "on a roll." Later, she brought in two more quotations, both by Helen Keller:

> "Blindness cuts us off from things, but deafness cuts us off from people."
>
> "The problems of deafness are deeper and more complex, if not more important, than those of blindness. Deafness is a much worse misfortune."

I had never seen her so exuberant — proud of herself, like she had finally transformed years of shame into a solidified identity. It was quite gratifying to witness. But alongside my feeling encouraged by her victory, I had a gnawing discomfort. First of all, hearing loss isn't a person so it can't be cruel. But of course, that's a literary metaphor, a personification, not meant to be taken literally. But secondly, hearing loss in and of itself doesn't have the power to sentence one to a life of feeling worthless, unneeded and unimportant. I recall Eleanor Roosevelt's quotation: "No one can make you feel inferior without your consent."

However, it would have been premature to share with Sue my internal "Yes, but" conundrum. Instead, after helping her explore her newfound mantra over a few sessions, I showed her one of my favorite optical illusions: the Rubin Vase (pictured below). You can see it in either two ways — as a vase or as two faces that are facing each other.

The Rubin Vase

"That's very interesting, Mike, but what does the Rubin Vase have to do with what I'm talking about? Have you been working too hard?" She displayed mild amusement.

"Some people see a vase and others see two faces," I continued with a smile. "Neither view is wrong but each one is incomplete. I wonder if that's also true with most things, including your perspective of hearing loss. I recall a woman who said, 'I'm grateful for my hearing loss for the opportunities it has given me. It has taught me compassion and I've met some wonderful people," but then she quickly added, "If there were a medical cure, I'd accept it in a heartbeat. I've 'accepted' my loss and I still grieve.'"

The Rubin Vase has been used to illustrate a social psychology concept called Integrative complexity. It deals with one's capacity and willingness to accept that there is more than one way to look at an issue and to acknowledge that these differing perspectives are all legitimate. For example, a bully who contributes to charity; acknowledging that viewing abortion as murder or as a civil rights issue are both legitimate; or acknowledging the cruelty of hearing loss while being grateful for it.

Now it was my turn to give Sue a quotation:

> *"'There are times in our lives when we have to realize our past is precisely what it is, and we cannot change it. But we can change the story we tell ourselves about it, and by doing that, we can change the future.' (Author Eleanor Brown)."*

I mused at how our therapy sessions had morphed into an exchange of quotations. "If I understand you right," I continued, "once upon a time, you had told yourself a story that there was something seriously wrong with you for feeling worthless, unneeded and unimportant. But you recently changed your story by acknowledging that those feelings are commonly brought on by hearing loss. How might your new story change your future?"

"Rather than hide in shame and isolate myself, I'm seeking out others who are hard of hearing and who'll understand and share my story!" She proudly displayed a flyer for an HLAA Walk4Hearing event.

"I get it. Let's kick this up a notch, shall we? What other stories can you tell yourself about hearing loss?" I asked.

"Uh uh, now wait a minute," she shook her head. "I know what you're doing. You're trying to make me think only positive thoughts but it's not going to work!"

I, too, shook my head and told Sue about a profoundly deaf young man who was attending a "bicultural-bilingual school for the Deaf, one that espoused that deafness is positive and a source of cultural pride. Sounds good so far. But he lamented that "Whereas in oral deaf programs that prohibited sign language, students had to sign secretly in the bathrooms, now I need to secretly grieve my deafness away from my teachers. Feeling bad about being deaf wasn't allowed!"

"Obviously, his teachers weren't familiar with the Rubin Vase," I said. "It's not either/or, positive or negative. Like the vase and faces, grief and gratitude can co-exist."

"Are you saying I should be partially grateful for being hearing impaired?" she winced.

"It's a question. As you said, Nobody, including me, has a right to tell you how you should feel."

We sat silently for several moments, as Sue pondered my question. My task was not to interrupt her thought process. "I can't be totally grateful," she finally said.

"We're not talking about totally *anything*. I doubt it even exists! We're talking about feeling regret, gratitude, hardship, blessing, curse, gift, grief, benefit, The Rubin Vase on steroids! "

More silence. Finally, she said: "Let me get back to you on that."

We met for six months as she put words to how hearing loss had molded her identity and how she could mitigate its negative effects. As she left my office for the last time, I had another gnawing feeling. I wondered whether I had rushed her to create additional stories; whether I was too eager to elicit positive narratives and therefore didn't adequately support her in exploring the cruelty of her hearing loss, an affirmation that she found so validating! Was I inadvertently telling Sue how she should feel? Maybe, in fact, the Rubin Vase had nothing to do with what she was talking about? I knew that she needed time and space to openly acknowledge what she perceived as the cruelty of her hearing loss, but how much time and space is enough?? Grieving doesn't operate on a schedule.

My answers would come soon enough.

* * *

A while after Sue and I ended treatment, she sent me an email. It began with a description of an arts and crafts project, a table she had made. "Why would she be sending me this?" I thought. It wasn't until she described her process of choosing the tiles that it became clear. She said that initially, she planned for the tabletop tiles to be a solid color: chartreuse, her favorite. "But then, thinking of our work, I decided to use some tiles of my least favorite colors and some tiles of my most favorites."

Then she elucidated a verbal version of her tile metaphor:

> "At times, my hearing loss is indeed so cruel that it cuts me out of everything and makes me feel worthless, unneeded and unimportant. But I'm beginning to see that, at other times, it's nothing but a drab, pitiful presence that doesn't warrant my precious attention. And at other times, I'm even realizing that it has given me wisdom to know what's really important in life. And it has also strengthened my spirituality. Most of the time, I can't understand the minister's sermons, so I've learned to take my church with me wherever I go. Still, I wish there I had normal hearing.
>
> "I needed some time to sort all of this out. And FYI, I was at the Museum of Fine Arts a while ago and bought a print of the Rubin Vase. It's prominently displayed over my office desk." **HL**

Michael A. Harvey, Ph.D., ABPP, is a psychologist in private practice in Framingham, Massachusetts. He provides training and consultation on mental health issues having to do with hearing loss, including consultation and training for audiologists regarding motivational interviewing and the psychological aspects of patient care. As a clinical psychologist, he was on the faculty at Salus University, where he taught online courses relating to the psychosocial aspects of hearing loss. He has published more than 50 articles in the field and his latest books are Listen With the Heart: Relationships and Hearing Loss *and* The Odyssey of Hearing Loss: Tales of Triumph. *Email Michael at* mharvey2000@comcast.net.

The HLAA 2022 Convention was June 23–25 in Tampa. Our convention archive, including the recording of our Research Symposium on cochlear implants, will be online at hearingloss.org this summer. We look forward to seeing you at the HLAA 2023 Convention in New Orleans, June 29–July 1, 2023. Registration opens this fall.

Save the Date for the HLAA 2023 Convention in New Orleans!

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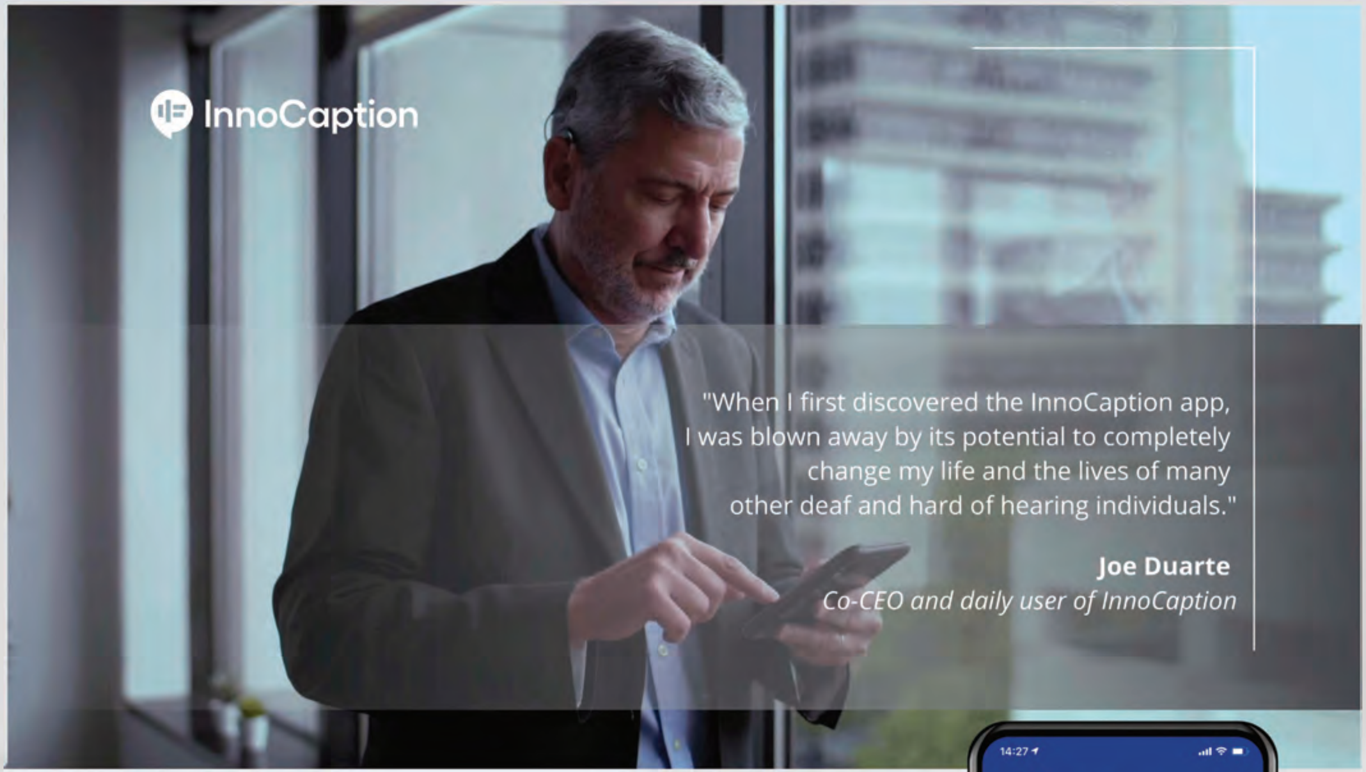
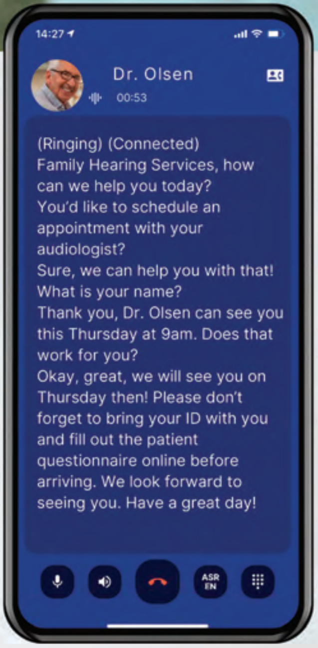


InnoCaption

"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



14:27

Dr. Olsen

00:53

(Ringing) (Connected)
Family Hearing Services, how can we help you today?
You'd like to schedule an appointment with your audiologist?
Sure, we can help you with that! What is your name?
Thank you, Dr. Olsen can see you this Thursday at 9am. Does that work for you?
Okay, great, we will see you on Thursday then! Please don't forget to bring your ID with you and fill out the patient questionnaire online before arriving. We look forward to seeing you. Have a great day!

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.

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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.


10:32
Activity
84
100
January 14, 2021
Steps
9884/10000
Exercise
45/30 min
Stand
12/12 hr
January
Wed
Thu