



*Back to basics*

# Surviving hearing loss

By Penny Allen, Port Orchard

Hearing loss isn't a one-time event; nor is it a one-person experience, since it affects everyone with whom we come into contact. It goes on as long as we live, so we may as well try to figure it out.

At first, it seems that all we can focus on is our hearing aids. Yuk... they're ugly; they're too big; everyone is looking at us; we don't want anyone to know we wear them.

After awhile, we realize there's more to it than hearing aids. Why in the world don't they work when we spent so much money on them? We say stupid things and people roll their eyes; we can't engage in the chitchat and bantering we once enjoyed; we feel lousy when someone says, "Never mind—it wasn't important;" we rarely get the punch lines. Our self-esteem takes a dive, and we want to withdraw from others.

Do we ever get over it? We get over most of it, and, like a long-ago death of a family member or friend, the acute pain subsides. We slowly start easing back into some semblance of a social life, where we feel comfortable. We become less fearful of making mistakes, and eventually become

more assertive about what we need to communicate. Perhaps we finally get up the nerve to make a career change and we discover a whole new world we didn't know existed. Life becomes more interesting and hearing loss is now "no big deal."

This is the way it should happen, but it doesn't always. There are many people who never move past the hearing aids (and in many cases never even get that far!). And there are many others who keep hanging onto old solutions that no longer work.

The secret to surviving hearing loss is to embrace it and never turn our backs on it. We need to find out everything we can about it and then keep looking for new ways to adapt to a hearing world.

This issue revisits some basic ways to cope—things like assistive listening devices and communications techniques. We encourage you to join SHHH. Use the bi-monthly Hearing Loss Journal as another resource. Attend a chapter meeting and learn first-hand from others who have not only survived but, as the President is fond of saying, prevailed.

*Inside this issue!*

Surviving hearing loss.....1  
*By Penny Allen*

Why use assistive listening devices (ALDs)?.....2

Control your listening environment.....3  
*By Lisa Illich*

Implant corner.....4  
*By Ben Gilbert*

New horizons in implantable hearing technology.....5  
*By Douglas D. Backous, MD and Stacey Watson, MS, CCC-A*

A new type of hearing aid.....6  
*By Rick Faunt*

Telecommunications Access Service.....6

HAIL.....6

Newborn hearing screening.....7  
*By Esther Ehrmann*

Chapters.....8

WASA-SHHH.....10

Contributors.....11



Membership in SHHH is \$20 student, \$25 single/family, \$50 professional. Write to SHHH, 7910 Woodmont Ave., Ste. 1200, Bethesda, MD 20814 or join online at [www.hearingloss.org](http://www.hearingloss.org). Check out the newly-revamped website! It's loaded with good information.

# Why use assistive listening devices (ALDs)?

## Better hearing

The problem with hearing aids is that they're in your ears (or possibly your dresser drawer?).

Hearing aids were never meant to pick up sound from a distance, and they function poorly in noisy situations. ALDs bring the desired sound close to your ears, bypassing distance, noise, and reverberation (or echoes).

Theaters and other places open to the public are required by law to

provide ALDs. Many churches, though not required to provide ALDs, do have them. You can also purchase your own to use at home, for the TV, in a car, restaurants, or other places where you can't hear well.

ALDs are not a substitute for hearing aids (or cochlear implants); they should be used in conjunction with them. However, even people who don't wear hearing aids will find ALDs useful.

## What's a Pocketalker?

A Pocketalker is an amplifier. It can be used any place where you want to hear better, but your distance from the microphone (sound source) is dictated by the length of the cord on the hearing accessory. Standard accessories include a headset, earbud, neckloop, or stetoclip (stethoscope-type listening accessory). By using a longer cord on the microphone or listening accessory, you can extend the listening range. It's also possible to substitute different microphones for more flexibility.

## What's an FM System?

An FM system consists of two wireless units that transmit and receive using radio waves. A personal system, depending upon make and model, has a transmitting range of about 150 feet and can travel through walls.

An FM system is useful any place where distance is a factor. On some units, the receiver can be used alone as a Pocketalker if it has an additional microphone (called an environmental mic).

*Editor: Our last issue included a resource list for ALDs. You can also check our website or contact us for one.*

## Use your telecoil

A telecoil is simply a tiny metal rod wrapped with copper wire inside your hearing aid. When switched "on," the hearing aid microphone is switched off. The telecoil creates a magnetic field that picks up only electromagnetic energy and not the extraneous noise that interferes with comprehension.

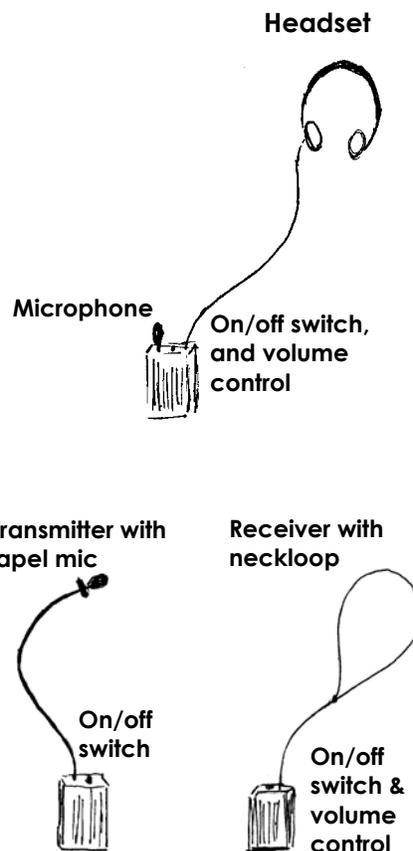
Telecoils can be included in all but the smallest hearing aids. However, roughly only 30% of the hearing aids sold in the US today include telecoils.

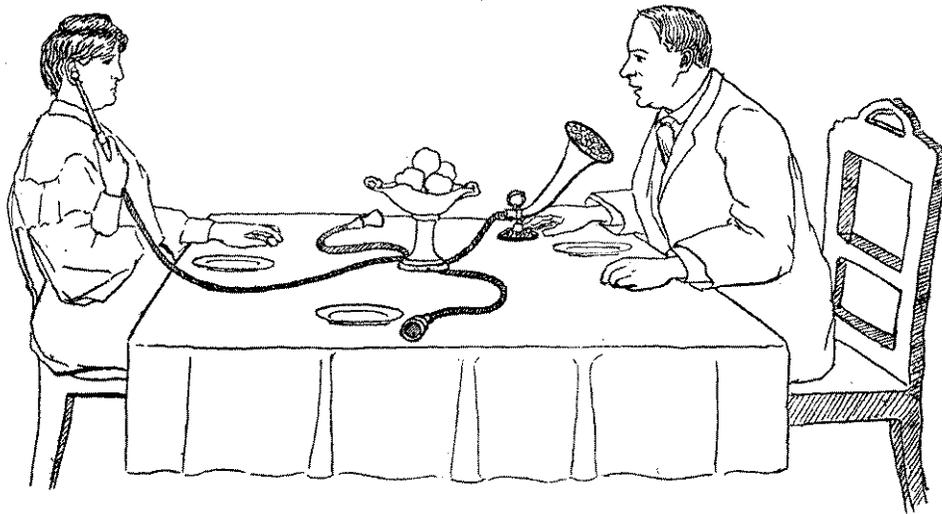
When choosing hearing aids, be sure to get aids with strong telecoils. Ask for telecoils in *both* aids and be sure the telecoils are *programmable*. This allows them to be adjusted separately from the hearing aid volume. The larger the hearing aid, the better the potential of a strong telecoil. Telecoils also vary by manufacturer.

By utilizing your hearing aid telecoils, you don't have to remove your aids every time you want to use the telephone or an ALD.

## Try a neckloop

A neckloop is a loop of wire that goes around your neck and plugs into an ALD (or phone, tape or CD player, etc.), creating an electromagnetic field. It allows you to utilize your hearing aid telecoils. Just switch your aids from microphone to telecoil, and you'll pick up the sound through the loop. By doing this, you'll shut out ambient room noise and hear only the desired sound.





*Conversation tubes, the earliest appearing about 1810, were flexible rubber tubes which channeled the sound to the listener. They often included ornate tabletop designs for use at dinner. Hawksley & Son. Otoacoustical Instruments to Aid the Deaf (1909). John Bale, Sons & Danielsson Ltd, London.*

## Control your listening environment

By Lisa Illich, MS CC-A, Virginia Mason

### Reduce background noise

☞ Select quiet restaurants. If you are not familiar with a particular restaurant, be sure to call ahead and get a description of the dining area. Request the quietest area of the restaurant, away from lobbies, kitchens, doors etc. Make reservations during off-peak hours, which will be quieter. Take along an ALD to aid in comprehension.

☞ Reduce noise in your home environment. Turn off all noises such as radio, television, and running water while conversing.

☞ Move away from rooms with constant noise. For instance, if the dishwasher is running, move to a quieter area for conversation. Use an ALD if needed.

☞ Place your telephone in a quiet area of your home.

### Acoustics

☞ Avoid rooms with a lot of reverberation. These include rooms

with very high ceilings, hard floors, bare walls, and no drapes. Sound bounces off of these hard surfaces, making it very difficult to understand conversation. Dampen reverberation in your own home with sound-absorbing material. Use an ALD if acoustics cannot be controlled.

### Arrange your listening environment

☞ In the home environment arrange furniture that allows for ease in communication. Place your chair close to the person speaking to you.

☞ Request an ALD prior to attending a meeting. Ask if a sound system will be used.

☞ Show up early so you can select a seat close to the speaker. If possible, arrange chairs in a fashion that will allow for ease in communication (circle or semi-circle).

☞ If you are meeting in a room with movable walls, plan ahead

and ask the maintenance personnel to move the walls so that you are not in a big open space.

### Control lighting

☞ Speechreading is a very important part of communication. You must have good lighting to take advantage of visual cues. The light should be on the face of the speaker, not in the eyes of the listener.

### Control distance

☞ Reduce the distance between you and the sound source. Use an ALD if distance cannot be controlled.

*Editor: Lisa's focus at Virginia Mason is adult education and rehabilitation for people with hearing loss. Family members are included. She also teaches ongoing speechreading classes. She can be reached at Lisa.Illich@vmmc.org or call 206-341-0888.*



## Implant corner

*For cochlear implant wearers and those who seek more information about this technology*

*By Ben Gilbert, Tacoma*

### Teaching brain new tricks

It seemed a big deal at the time—and it was for me, although the same-day surgery may have been the easy part. Learning to use the implant and to adjust to new sounds, turned into an exciting adventure for this octogenarian.

As he “mapped” the speech processor, implant audiologist Robbi Bishop explained that the implant would teach my brain new tricks in adjusting to the implant’s sound. He predicted that my progress in recovering lost high frequency sounds and easing conversation would continue as my brain takes graduate and post-graduate courses in interpreting those wonderful new sound signals.

An article by Dr. Douglas Backous about advances ahead in implant technology is featured on the next page. The Medical Director of the Virginia Mason Listen for Life Center has implanted several hundred hearing impaired patients. As one of his patients, implanted two years ago, I wonder now why I waited so long to get it.

Like many implantees, I’ll talk about this subject at the drop of a syllable, but I want to hear from you. As Corner editor, I would like to have your stories. Email me! [bengilbert@wasa-shhh.org](mailto:bengilbert@wasa-shhh.org).

### Two ears vs. one

Hearing aids in both ears make sense. We have two ears, don’t we? Two hearing aids give a more natural sound and enhance directionality, the ability to know just where sounds are coming from.

### Same rules apply

So what about cochlear implants? The same rules of physics apply. Studies of patients with two implants are underway, as Dr. Backous notes on the next page, but insurance coverage poses a major challenge. Obtaining bilateral coverage when surgery for the two implants are done together may be easier than getting a second implant approved at a later time.

Dual implants are likely to eliminate any residual hearing in both ears. Patients will want to take that factor into account.

### Another possible solution

Many one-ear implantees have found another solution: a hearing aid in the non-implanted ear. The combo will show benefit if enough hearing remains in the other ear to justify a hearing aid. Some implant wearers, including this writer, report success doing so, but it takes getting used to.

Sounds from the two instruments can arrive micro-seconds apart, requiring the brain to pull them together. In some difficult sound situations, the wearer may want to turn the hearing aid off. I haven’t found a need to do that very often.

Often, the stronger hearing ear is chosen for the single-sided implant. However, depending on the prospect of success, the weaker hearing ear may be implanted to keep the other free for a hearing aid-implant combo. Since each person’s hearing is different, the issue should be discussed with the cochlear implant team.

## CI web info

### Medical centers

\*Virginia Mason Listen for Life Center:

[www.vmmc.org/dblisten](http://www.vmmc.org/dblisten)

\*Virginia Merrill Bloedel Hearing Research Center (U. Washington) <http://depts.washington.edu/hearing>

\*U. Mass. Sounds of Life Center

[www.cochlearnetwork.com](http://www.cochlearnetwork.com)

### Implant manufacturers

\*Cochlear Corp. Nucleus 24

[www.cochlearamericas.com](http://www.cochlearamericas.com)

\*Advanced Bionics Corp.

Clarion [www.bionicear.com](http://www.bionicear.com)

\*MED-EL Combi 40+

[www.medel.com](http://www.medel.com)

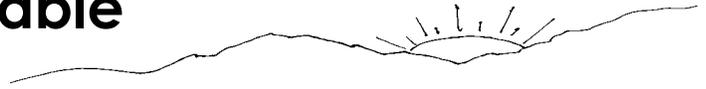
### Who wears implants?

There was the little fellow, barely three, seated in a cart at Costco and chatting away a mile a minute at his mom. Yes, he had a cochlear implant behind his left ear, and it apparently had worked long enough and well enough to give him speech. And he was obviously enjoying his princely perch as his mom wheeled the cart down the aisle.

Cochlear implants work wonders for many wearers, including seniors who have experienced the gradual erosion of their hearing over the years. They often restore lost pitches, particularly high frequencies, but not normal hearing. The hearing aid rules still apply: position yourself to see the speaker's face, sit at a quiet table in a restaurant, use available ALDs in theaters and some meetings, or take your own along, etc. (See Lisa Illich's article on page 3)

# New horizons in implantable hearing technology

By Douglas D. Backous, MD and Stacey Watson, MS, CCC-A  
The Listen for Life Center at Virginia Mason



People living with hearing impairment face difficult challenges trying to thrive in the hearing world. More than 28 million people living in the United States have a hearing loss significant enough to benefit from some form of intervention, yet only one-fourth of them have been treated.

## Baby boomer market

As the “baby boomer” generation matures, investors and technology experts expect the hearing market to reach two to four billion dollars a year. The potential market opportunities will be driven by advances in computer chip technology and electronics miniaturization, resulting in promising developments for people with hearing loss. Ironically, lack of patient awareness and decreasing hearing device insurance coverage prevent access of these medical “miracles” for many people living with the challenges of hearing loss.

## So young and old can hear

Expanding indicators for multi-channel cochlear implants have enabled patients as young as one year and adults who still retain residual hearing as high as 60% (based on sentence recognition test scores) to benefit from devices manufactured by Cochlear®, Advanced Bionics® and MED-EL®. Additionally, seniors beyond age 80 have shown very significant benefit from implants and represent one of the most rapidly expanding groups of implantees in the United States and Europe.

Over 70 people in the United States have received cochlear implants in both ears. Research by

Cochlear® and MED-EL® has shown that bi-lateral implants improve ability to localize sound direction and enhance speech understanding in noisy environments. Currently, patients are paying for their second device, with the majority of bilateral implants being done during the same operation.

## Middle ear stimulators

Implantable middle ear stimulators (another approach) have been the subject of clinical research since 1998. The Symphonix® device has FDA approval and was rescued from bankruptcy by the MED-EL® Corporation in February, 2003. (Editor: *BAHA*, another device, uses a bone conduction implant and an external processor. It is designed for patients whose middle ear is not useable for a conventional cochlear implant. Entific, its Swedish producer, says it is used for chronic ear infections, congestive hearing loss and single-sided deafness. See article on Page 6).

The Otologics device, in the final phases of FDA trials, should be approved soon. The Soundtec® implant has FDA approval and is available for purchase.

All three of these implants leave the ossicular (bone) chain intact but are semi-implantable, requiring external hardware. Please see the individual websites for more details. The St. Croix (Envoy®) device is fully implanted and its FDA study has enrolled seven patients (three at The Listen for Life Center at Virginia Mason and four at Pittsburgh Ear Associates). However, this project is on hold until January, 2004, while

improvements are being made to the internal electronics.

## Hybrid devices under study

What can be done about people who are not quite cochlear implant candidates, but are close to exceeding traditional hearing aid capability? Studies by the Cochlear® Corporation and MED-EL® are exploring short electrode insertion of modified cochlear implants combined with hearing aids in the same ear.

These “hybrid” or “electro-acoustic” strategies use the implanted electrodes to stimulate high frequencies (above 1000Hz) and the hearing aid to amplify hair cells still remaining in the low frequency end of the cochlea. Further clinical trials are planned for late 2003 in the United States.

## Paying for advances

Balancing technological advances with reimbursement struggles looms as the great challenge of the next decade. Once solved, silence can be lifted for nearly anyone who desires to hear sound.

**About the authors:** Dr. Backous, a distinguished ear surgeon, earned his MD at the UW School of Medicine, served his residency at Baylor, and was awarded a fellowship in neurology at Baltimore’s Johns Hopkins. He is the Medical Director of the Listen for Life Center at Virginia Mason in Seattle. Ms. Watson, a member of the Listen for Life Center’s cochlear implant team, received her master’s degree in audiology from the UW. She has performed a broad range of diagnostic and rehabilitative services in hospital settings.

## Telecommunications Access Service (TAS)

If you live in Washington State and have a hearing loss, you may be eligible for an amplified phone, Voice Carry-over phone, TTY, and/or telephone signaling equipment. Cost is based upon income. A contract trainer delivers the equipment and trains. For an application, contact Kelly Robison, Program Mgr: e-mail Robiskd@dshs.wa.gov or 1-800-422-7930/ V; 1-800-422-7941/TTY; or write Telecommunications Access Service, PO Box 45301, Olympia 98504.



## **HAIL** Hearing Aid Insurance Legislation

The HAIL coalition is a statewide grassroots movement made up of individuals and organizations serving people with hearing impairments. Our goal is the adoption of a law that will alleviate the enormous financial burden hearing impaired people of all ages are forced to endure due to inadequate, if any, insurance coverage for hearing aids.

We now have a bill (HB 2281), which will need to be reviewed and approved by both the Senate and House health care committees before it can be introduced into the 2004 legislative session. We have at least one sponsor, Representative Dennis Flannigan from Tacoma, and we will need more. We need you to e-mail and write letters of support to your legislators. If you or your organization would like to be involved in HAIL, please contact Penny Allen, HAIL Chair, at Pallen@wasa-shhh.org. For more information see our website: <http://www.wasa-shhh.org/hail.htm>.



## *Bone anchored hearing aid*

# A new type of hearing aid

By Rick Faunt, Auburn



My hearing loss is caused by a non-functioning Eustachian tube and deterioration of the bones in the middle ear due to too many infections. Over the years, I've had seven surgeries to clean the area, insert tubes and place (and replace and replace, etc.) the prosthesis. Finally, the doctors and I gave up on that approach and decided on a new type of hearing aid. The goal was to remove the hearing aid from the ear canal and allow the ear to drain and dry itself. So we decided upon the Bone Anchored Hearing Aid, or BAHA.

The BAHA has been used in Europe for a while now and has recently made its debut in the United States. Basically, it uses bone conduction to transfer the sound to the inner ear. A titanium post is inserted into the mastoid bone above the outer ear, and an outer processor (miniature computer) snaps onto the post. The processor vibrates and these vibrations are carried through the bone to the inner ear, where the sound is processed normally. The BAHA comes in three styles and several colors. Generally, the BAHA is indicated for mild to moderate conductive hearing loss; however, it is also effective for single side deafness.

Getting a BAHA involves some relatively simple surgery. The level of anesthesia used depends upon the doctor and patient tolerance. I was originally told I would have a general anesthetic, but the

anesthesiologist decided that I was young and robust enough to tolerate a local. I was given what she called the "happy drug," and the procedure started.

First, they prepared the implant area to prevent hair from growing back around the abutment (the titanium stud). I ended up with a quarter-sized area that is bald. Then the doctor drilled a hole, tapped, and "screwed" in the stud (which is essentially a snap on the outside of my skull). Since I was mostly awake and drifting in and out of "never-never land," it was somewhat disconcerting to hear the doctor asking for a high-speed drill and a torque wrench. The whole procedure took about an hour and a half, and I was back in the recovery room for the minimum amount of required time. My ride was called, I was given the prescriptions, and I was sent home. The only complication was nausea, a reaction to being given too much codeine on an empty stomach. Unlike previous ear surgeries, I was able to take normal showers and had no life-style restrictions. In the days following the implant, I didn't have any problems, although if the wind was cold and the stud uncovered, it created one heck of a chill!

After the abutment was implanted, it took about three months before the processor was attached. The reason for this delay was to give the bone a chance to

*(Continued on page 7)*

(Continued from page 6...BAHA)

grow around the implant and make a solid contact for conducting the vibrations.

I am very pleased and excited with my BAHA because I am hearing better than I have in years. The day I got my processor, the audiologist gave me a quick hearing exam and stated that I had near-normal hearing on the implant side. That evening, in a financial meeting held in a hotel room with five other veterans (a raucous group), I was able to hear and follow several conversations.

I have the BAHA Compact with the directional microphone and the telecoil accessories, but there are other available accessories. I can use only one accessory at a time, since they all plug into the same receptacle. The accessory, unfortunately, also blocks the battery compartment and needs to be removed before the compartment can be opened. The accessories have three prongs that fit into the receptacle and they are very small and tight fitting. I don't have arthritis so this isn't a problem (not now anyway), but it may be for those who do.

Other than the above minor inconveniences, I am finding the BAHA to be an exceptional hearing device, and I am very pleased with the results. Since one goal of getting the BAHA was to clear the ear canal, I have not noticed a recurrence of the chronic ear infections and so have discontinued use of the antibiotic.

*Editor: For more information, see [www.entific.com](http://www.entific.com) or e-mail Rick at [RFaunt@wasa-shhh.org](mailto:RFaunt@wasa-shhh.org) or write to WASA-SHHH.*

## Newborn hearing screening

By Esther Ehrmann EHDDI Project Coordinator, Children's Hospital

With an incidence of approximately 3 in 1000 births, newborn hearing loss is one of the most frequently occurring disorders present at birth. Undetected hearing loss can cause significant delays in speech and language development, as well as negatively impact parent-infant bonding, social-emotional development, and educational achievement. The Washington State Early Hearing Loss Detection, Diagnosis and Intervention (EHDDI) Program is striving to ensure that all infants born in our state are screened for hearing loss prior to discharge from the hospital or before one month of age, that all infants that are referred from newborn hearing screening programs receive a diagnostic audiologic evaluation by three months of age, and that all infants identified with hearing loss are enrolled in early intervention by 6 months of age.

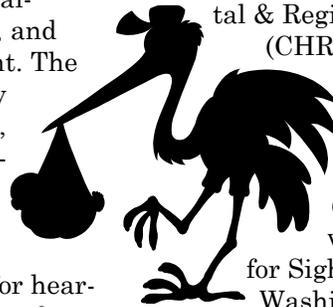
In 1999, only 7% of newborns in Washington State received a hearing screening. That number rose to 23% in 2000, 42% in 2001, and an estimated 62% in 2002. 45 of 70 birthing hospitals in Washington, including the majority of larger hospitals, currently have newborn hearing screening programs. It is estimated that 79% of newborns in Washington State will receive a hearing screening prior to discharge from the hospital in 2003.

Nationally, 80% of newborns receive a hearing screening. 37 states have legislation mandating newborn hearing screening. Washington State does not have legisla-

tion yet; all hospitals in our state that are currently screening newborns for hearing loss have implemented programs on a voluntary basis.

The Washington State EHDDI Program is comprised of a partnership between Children's Hospital & Regional Medical Center (CHRMC), the Washington State Department of Health (DOH), the Lions Early Assessment Program (LEAP) of the Northwest Lions Foundation for Sight & Hearing, and the Washington Chapter of the American Academy of Pediatrics (WCAAP). Free technical assistance and training from Children's Hospital is provided to hospitals in the implementation of newborn hearing screening programs, as well as outreach and education to physicians, audiologists, and others in the community. In addition, statewide Best Practice Guidelines and a statewide tracking and surveillance system are under development by DOH, individual grants are being given to hospitals to assist in the start-up costs of implementing a newborn hearing screening program through LEAP, and outreach and education are being provided to physicians in our state by WCAAP. Working together, we look forward to achieving our goal of screening ALL newborns in Washington for hearing loss.

For more information about this program, call 888-365-7767 or email [unhs@seattlechildrens.org](mailto:unhs@seattlechildrens.org). You may also visit our website at <http://www.seattlechildrens.org>.



## Why do I attend a chapter meeting?

*Louise Smith, Eastsound*

I faithfully attend SHHH meetings on Orcas Island because our president, Susan Kosiur, plans interesting programs for each meeting. In addition, I find it comforting and helpful to relate to others who are hard-of-hearing, in a relaxed social atmosphere.

*Moira Eicholtz, Tacoma*

Gordon Nystedt brought me to SHHH meetings many years ago when we were both early cochlear implantees. I had been isolated from the hearing community for many years. Belonging to SHHH helped ease me back in and built up my confidence.

*Dodie Wood, Former Tacoma resident*

In one sentence: to give and receive—it's a sharing experience.

*Judi Carr, Seattle*

I wouldn't miss going to SHHH chapter meetings. I always learn so many new things. Before SHHH, I didn't have a clue as to what was available for me. Now. WOW!!! Thanks, SHHH.

*Marjorie Christiansen, Seattle*

I learn a lot about how to cope with my spouse's hearing loss.

*Elaine Maros, Normandy Park*

I need the information about hearing aids and the friendship of people who understand hearing loss.

*Skipper Ewing, Seattle (wife)*

It's a support group for me.

*Marks Ewing, Seattle (husband)*

My wife makes me.

*Anonymous*

I enjoy the cookies!

## Chapters

# Support and education

*Although some chapters meet monthly year round, most meet from September through June and host a summer picnic. Meeting times and days sometimes change, so check first with contact person. See our website (<http://www.wasa-shhh.org>) for program listings.*

**Camano Island**—Camano Senior and Community Center, located at 606 Arrowhead Rd, Camano; amplification, FM. Lilia Smith at 360-387-6415; email 5678@tgi.net for time and day.

**Downtown Seattle**—3rd Tues. 6:00 pm; Virginia Mason Med. Ctr., Hospital Building, Seneca & 9th. Park in Lindeman underground garage on Seneca. Meeting rooms are to the left of the reception desk behind the Tully's Coffee Stand. Room may change from month to month but will be in the same hallway. Amplification, FM, real-time captioning. Focus is on issues and access in the workplace. Judi Carr: 206-935-6637 or [jstarbright@wasa-shhh.org](mailto:jstarbright@wasa-shhh.org).

**East Jefferson County** — 4th Mon. afternoon (time varies); Auditorium, Jefferson Gen. Hosp., 834 Sheridan, Pt. Townsend; amplification, FM. Emily Mandelbaum at [mandelbaum@olympus.net](mailto:mandelbaum@olympus.net) or 360-379-4978 or Sandy MacNair: [smacnair@cablespeed.com](mailto:smacnair@cablespeed.com) or 360-385-1347.

**Everett Area**— 2nd Sat. 11:00 am; Snohomish Co. PUD Commission Rm., 2320 California, Everett; amplification, FM, real-time captioning. Myrna Kain: 425-438-0432 TTY (via relay: 711) [mkain1@wasa-shhh.org](mailto:mkain1@wasa-shhh.org); Dave Pearson: 360-659-9438 or [DCPearson@wasa-shhh.org](mailto:DCPearson@wasa-shhh.org) or see <http://eac-shhh.tripod.com>.

**Four Freedoms**—1st Thurs. 1:30 pm; Four Freedoms House, Rm. 9, 747 N. 135th St., Seattle; amplification. Mary Kahle, Social Worker: 206-364-2440 or [kahleflour@aol.com](mailto:kahleflour@aol.com).

**The Hearthstone**—2nd Tues. 10:30 am; 6720 E. Greenlake Way N., Seattle; amplification, infra-red; Shelleyrae Murphy: 206-525-9666 or [cheile-murphy@juno.com](mailto:cheile-murphy@juno.com).

**Kitsap**—3rd Sat. 1:00 pm; Givens Community Center, Cascade Rm., 1026 Sidney Ave., Port Orchard; amplification, FM, real-time captioning. Evelyn Busick: 360-697-3884 Voice/TTY; 360-697-7890 FAX; e-mail: [embusick@juno.com](mailto:embusick@juno.com) or call Linda Nopp at 360-307-8358.

**Lake Washington**—3rd Thurs. 7:00 pm; 3rd Thurs. 7:00 pm; Bellevue Regional Library, large conference room, first floor, 1111 - 110th Avenue NE, Bellevue; amplification, FM, real-time captioning. Diane Jandl: 425-643-7713 or [SHHHLakeWash@webtv.net](mailto:SHHHLakeWash@webtv.net).

*(Continued on page 9)*

(Continued from Page 8...Chapters)

**Orcas Island**—2nd Wed. 10:00 am, Orcas Senior Center, 62 Henry Road, Eastsound; amplification, FM. Contact Susan Kosior: 360-376-5746 or e-mail: swkosior@aol.com.

**Pt. Angeles**—1st Tues. 10:00 am; Pt. Angeles Senior Ctr., 328 E. 7th, Pt. Angeles; amplification, FM. Gerry Smith, 360-417-0523 or gerrysmith2001@hotmail.com.

**Puyallup**—1st Tues. 7:00 pm; Puyallup City Library, North Meeting Room, 324 S. Meridian, Puyallup; Amplification, FM. *New!*  
Lisa Hough at 253-770-4710 or email SHHHPuyallup@wwdb.org.

**Sequim**—2nd Tues. 10:30 am, Sequim Senior Center, 921 E. Hammond St., Sequim. Ginger Nichols at 360-681-2055 or dalenann@olympus.net.

**SHHH Kids**—Just for hard of hearing children and their families. Meets in the South King County area, but time and location may change to due scheduled activities. Ms. Sidney Weldele-Wallace: 253-833-9111, ext. 4705 (wk ); 253-833-6487 (h); sweldele@greenriver.edu.

**Shoreline**—1st Wed. 10:00 am; Shoreline Sr. Ctr., 18560 1st Ave. NE, Shoreline; amplification, FM. Mr. Laurel Martinson: 206-525-3389 or e-mail Penny Allen: PAllen@wasa-shhh.org.

**Skagit**—2nd Tues. 1:00 pm; Fidalgo Ctr., 1701- 22nd St., Anacortes; amplification, FM. Charlene MacKenzie: 360-738-3756 or CharMacKenzie@cs.com.

**South King County**—2nd Fri. 6:45 pm; Auburn Regional Med. Ctr., Rm. 327, 202 N. Division, Auburn; amplification, FM, real-time captioning. Sandra Bunning: Sandrab@wasa-shhh.org or 425-255-2992.

**Spokane**—Meetings are moved to the second Sat., 9:30 am at Rock Pointe-East, 1313 N. Atlantic, Spokane in the DVR conference room; amplification, FM, computer captioning. Margaret Mortz: mmortz@wsu.edu, 509-893-1472 (H)/358-7935 (Wk) or Bob Bourke at bourkr@hotmail.com.

**Tacoma**—2nd Sat. 10:00 am at TACID, 6315 S. 19th St., Tacoma. Amplification, infra-red, real-time captioning. Jerry Hansen: jerryhansen@earthlink.net , 253- 531-6532; or Marcee Widland at mwidland@msn.com.

**Tri-Cities**—3rd Tues. 7:00 pm; Richland Cmnty. Ctr., 500 Amon Park Dr., Richland; amplification, FM. Robin Traveller at toll-free 1-888-543-6598 or robinsewsc@tagspeed.net.

**West Seattle**—3rd Wed., 1:30 pm; Fauntleroy Church, UCC Lounge, 9260 California Ave. SW, Seattle; amplification, induction loop. Elaine Maros: elainemaros1@juno.com or Doug Gray at 206-932-6427.



*A must read before you buy your next pair of hearing aids!*

This nifty guide explores the different styles of hearing aids and compares models and features. You'll find answers to such questions as, "Why are two hearing aids better than one?" and "What can I expect from my hearing aids?" Price includes shipping and handling. Send a check for \$5.00 (outside US \$6.50) to: SHHH Publications, Self Help For Hard of Hearing People, Inc., 7910 Woodmont Ave. Ste 1200 Bethesda, MD 20814-7022



### Video explores the heart of hearing loss

*Unheard Voices* is a newly-

released video by actress Gael Hannan, who performed at the SHHH convention in Seattle. Through a series of vignettes, *Unheard Voices* opens a rare window of understanding into the lives of people of all ages who deal with the often-overwhelming challenges of frayed communication. The video will benefit people with hearing loss, families, friends and colleagues, and professionals. Half-hour, closed-captioned. \$24.99, plus tax and shipping. E-mail unheardvoices@rogers.com. (Editor: SHHH is handling the sale, but as of press time, final arrangements were pending).

## Interested in being on the board?

The Nominating Committee of Washington's State Association of Self Help for Hard of Hearing People (WASA-SHHH) is seeking nominees for important positions within WASA-SHHH. This is an opportunity for you to help support people with hearing loss by shaping the future of WASA-SHHH.

The focus of our state's SHHH association is to coordinate action among all of Washington's SHHH members and to promote the outreach and access activities that can best be done regionally or above the local chapter level. Participation by a wide range of the SHHH membership is essential.

This fall we will elect members to a new Board of Trustees. Each Board position carries a term of three years and all positions entail some responsibility that will require a time commitment, some travel, and the regular use of email communications. We also need people to serve on WASA-SHHH committees. This also en-

tails a commitment, of slightly lesser degree, of time and effort. For many, committee participation has been the first step to serving on the Board.

We would like to know of your interest in participating in WASA-SHHH either in the current election process to be held this fall or at a future time. We ask that each individual SHHH member consider where you might best contribute, based on your past experience as an SHHH member or in other activities in your community.

It is our hope that you will join us in the leadership body of WASA-SHHH. If you desire to more information, or would like to volunteer, please contact either George Cooper: [sargeo@wasa-shhh.org](mailto:sargeo@wasa-shhh.org) or Karen Utter: [Klutter@wasa-shhh.org](mailto:Klutter@wasa-shhh.org).

Thank you and best regards,  
WASA-SHHH Nominating Committee: George Cooper, Judi Carr, Ben Gilbert, Karen Utter

## WASA-SHHH meetings

WASA-SHHH meetings are open to SHHH members and the public, and visitors may observe board meetings.

✓ Saturday, August 23: St. Luke's Rehab Institute  
711 South Cowley, Spokane; general meeting/program  
10:00 am; Board of Trustees meeting 1:00 pm.

✓ Saturday, November 22, annual meeting and election of new board. TACID, 6315 S. 19th St., Tacoma; general meeting/program  
10:00 am; Board of Trustees meeting 1:00 pm.

\*Contact Judi Carr [jstarbright@wasa-shhh.org](mailto:jstarbright@wasa-shhh.org) for directions and lunch reservations/information on lodging.

## WASA-SHHH Board

- President: Rick Faunt, Auburn; [RFaunt@wasa-shhh.org](mailto:RFaunt@wasa-shhh.org); 253-833-9147
- Vice President: Beverly Ziarko, Kent; [bevziarko@wasa-shhh.org](mailto:bevziarko@wasa-shhh.org) (Database)
- Secretary: Michael Bower, Auburn; [MABower@wasa-shhh.org](mailto:MABower@wasa-shhh.org)
- Treasurer: Sue Campbell, Seattle; [SueCampbell@wasa-shhh.org](mailto:SueCampbell@wasa-shhh.org) (Newsletter Chair)
- Acting Past President: Don Pickens, Redmond; [DPickens@wasa-shhh.org](mailto:DPickens@wasa-shhh.org)
- Sandra Bunning, Renton; [Sandrab@wasa-shhh.org](mailto:Sandrab@wasa-shhh.org) (Correspondence Coordinator)
- John Allen, Port Orchard; [JCallen@wasa-shhh.org](mailto:JCallen@wasa-shhh.org)
- Ben Gilbert, Tacoma; [bengilbert@wasa-shhh.org](mailto:bengilbert@wasa-shhh.org);
- Sidney Weldele-Wallace, Auburn; [sweldele-wallace@wasa-shhh.org](mailto:sweldele-wallace@wasa-shhh.org)
- Robin Traveller, Pasco; [RTraveller@wasa-shhh.org](mailto:RTraveller@wasa-shhh.org) (E. WA Chapter Coordinator)
- Erla Musser, Auburn; [erlamusser@juno.com](mailto:erlamusser@juno.com)
- George Cooper, College Place; [sargeo@wasa-shhh.org](mailto:sargeo@wasa-shhh.org) (Nominations Chair)
- Linda Nopp, Bremerton; [lnopp@wasa-shhh.org](mailto:lnopp@wasa-shhh.org)
- Denise Jones, Spokane; [mdj@wasa-shhh.org](mailto:mdj@wasa-shhh.org) (E WA Outreach/Access Chair)
- Judi Carr, Seattle; [jstarbright@wasa-shhh.org](mailto:jstarbright@wasa-shhh.org) (Speakers Bureau Chair, Meeting Coordinator)
- Dave Berrian, Bothell; [DBerrian@wasa-shhh.org](mailto:DBerrian@wasa-shhh.org)
- Penny Allen, Port Orchard; [PAllen@wasa-shhh.org](mailto:PAllen@wasa-shhh.org) (Western WA Chapter Coordinator, Access Chair, & Sound Waves Editor)  
Ph: 360-871-0997

# Thanks!

*We appreciate your donations to help fund projects to benefit people with hearing loss. These contributions are through May.*

- Sue Campbell, Seattle
- Judi Carr, Seattle
- Rick Faunt, Auburn
- Dolores Gahler, Anacortes
- Ursula Gallagher, Snohomish
- Ben Gilbert, Tacoma
- Janet A. Grimmer, Mt. Vernon
- Heath & Adele Guptill, Bothell
- Highline Audiology, Seattle
- C. Leon Hopper, Bellevue
- Ann Hyman, Edgewood
- Dorothy A. Johnson, Olympia
- David R. Kietzke, Seattle
- Liz Kobylak, Troy, MI
- Brenda Kochis, Spokane
- Ann Leisy, Federal Way
- Gene W. Pankey, Steilacoom
- Don Pickens, Redmond
- Pamela Polensky-Bonser, Spokane
- Revajean Porter, University Place
- Carol Ann Quigg, Spokane
- Cecelia Roop, Seattle
- Betty Ruble, Auburn
- Fred A. Sarbach, Issaquah
- Eileen M Severns, Oak Harbor
- J. W. Stoddard, Seattle
- Washington Hearing Society, Vancouver
- Fred Wendover, Lynden

*These readers have made a special effort to support this newsletter throughout the year through their United Way contributions!*

- Erlene Little, Seattle
- Dave Pearson, Marysville
- John C. Robbins, Renton
- Della Ramsden, Seattle
- Lilia Smith, Camano Island

## **Gordon Nystedt Memorial Fund**

This is an ongoing fund established in memory of former SHHH leader, Gordon Nystedt, to enable us to continue our outreach efforts and help fund assistive technology in our state. Contributions may be made at any time. Please specify if you want your donation to go towards this fund.

## **Newsletter information**

We welcome your articles, letters, and notices of coming events. Articles may be abbreviated due to space constraints. Opinions expressed in this newsletter are not necessarily those of WASA-SHHH or of SHHH. Mention of goods or services does not mean endorsement, nor does exclusion suggest disapproval. Any portion of this newsletter may be reprinted or disseminated, as long as credit is given to the individual author or to this publication.

This newsletter is posted on our website, along with back issues: <http://www.wasa-shhh.org>. We encourage professionals to make copies available to their clients.



Self Help for Hard of Hearing People

# Sound Waves

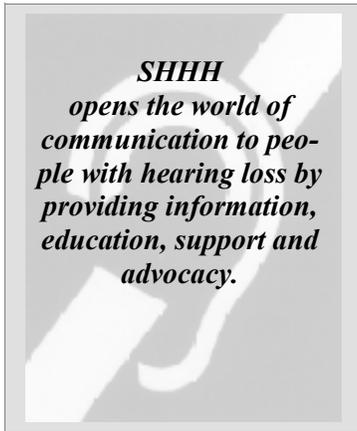
## Summer 2003

*A publication of the Washington State Association  
of Self Help for Hard of Hearing People*

NONPROFIT ORG  
U.S. POSTAGE  
PAID  
SEATTLE, WA  
Permit No. 693

WASA-SHHH  
PO Box 4025  
Kent, WA 98089

Return Service Requested



*Visit our state website at <http://www.wasa-shhh.org>*

WASA-SHHH, Washington State Association of Self Help for Hard of Hearing People, is affiliated with the national organization of Self Help for Hard of Hearing People, Inc., headquartered in Bethesda, MD. SHHH is an educational organization devoted to the welfare and interests of hard of hearing people.

## Subscription Order Form

**Don't miss a single issue!**

Name \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

*Subscription fee for this quarterly newsletter is \$10 per year. WASA-SHHH is a 501(c)3 organization and relies on donations to provide help for people with hearing loss. Make checks payable to WASA-SHHH. Mail this completed form to WASA-SHHH, PO Box 4025, Kent, WA 98089.*