Sound Waves

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What you can do to help

Hearing Aid Insurance Legislation

By Penny Allen, HAIL Chair, Port Orchard

Approximately 60,000 people in Washington State have some degree of hearing loss, but only about 20 percent of that number use hearing aids. Much of the reason cited for this low number is little or no insurance coverage.

The Washington State Association of Self Help for Hard of Hearing People (WASA-SHHH) is leading HAIL (Hearing Aid Insurance Legislation)—a statewide grassroots effort to address this problem. Rep. Dennis Flannigan (D-27th) of Tacoma has introduced HB 2281 with co-sponsors Jeannie Darneille (D-27th) of Tacoma and Joe McDermott (D-34th) of Seattle. This bill would classify hearing aids as prosthetic devices, such as artificial limbs, and accordingly be entitled to insurance coverage.

The House Health Care Committee will hold a hearing on this bill in January. We will have the opportunity to testify as to why this legislation is important. Witnesses should present their statements briefly and to the point, but emphasize their personal stories and their need for hearing aids for effective communication.

We need to have a strong constituency going into this hearing, so it will take all of us making phone calls, writing letters, and e-mailing to get the word to our legislators. Even one contact can make a difference, so please take the time to do this. We also need lots of people to show up at the hearing wearing their HAIL buttons (which we'll provide) and sign in for support of this bill.

Other things we can do is write letters to our local newspapers with the intent of getting them published. Let the editors know about HB 2281 and about the high cost of hearing aids. Tell your personal story. Most people don't realize that not even Medicare covers hearing aids.

We are especially eager to make contact with members of both health care committees, but even if your legislator is not on one of these committees, he or she must still be informed. If you've already contacted them, please do it again.

To find out how to contact your legislators, call the Legislative Hotline: 1-800-562-6000 or see http://www.leg.wa.gov. Our website (http://www.wasa-shhh.org) has more HAIL information. If you would like to be kept notified of the latest updates, please contact me at Pallen@wasa-shhh.org.

Inside this issue!

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.

Don't miss it—

19th International SHHH Convention, June 10-13, Omaha, Nebraska

Members Only Super Saver $185 ($235 after January 15).

Telephone tips☎

Use an amplified telephone. Generally, you will hear better on higher quality phones that are made especially for people with hearing loss. They have more volume and a frequency control, helpful for clarity.

Use your hearing aids. Removing your hearing aid eliminates the very device that is matched to your hearing loss. It is also inconvenient and increases the potential of misplacing it. Acoustic feedback (or squealing) is nonexistent when the telecoil is activated. If you don't have telecoils, an ear cushion, purchased from a dispenser, can be used.

Have telecoils adjusted
If your telecoils aren't strong for the phone, ask your dispenser to adjust them. If you don't have telecoils, ask about having them installed.

Turn off one hearing aid
In noisy places, turning off the aid opposite the receiver will enhance comprehension. If you have a remote control, one program can usually be made to do this.

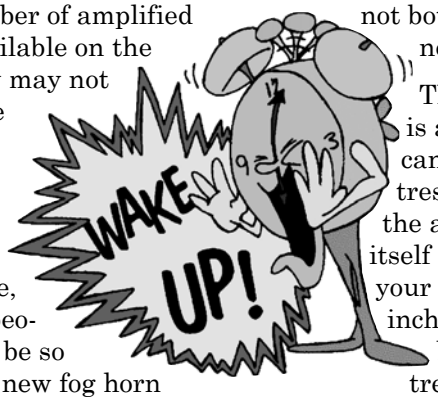
If you have a BTE aid, place the receiver behind your ear. Why put the receiver over your ear when sound comes from the hearing aid behind it? Move the receiver behind your ear to find the best position for the telecoil strength (or microphone if you don't have a telecoil).

Use both ears
Newer phones have a jack input for a neckloop or silhouettes. Two ears are always better than one.

Hold the sound

By Steve Hillson, Hearing, Speech & Deafness Center

A common request made by visitors to the Hearing, Speech, & Deafness Center showroom in Seattle is for a loud alarm clock. It makes sense that as your hearing changes, you would want a clock that can adjust to your needs. There are a number of amplified alarm clocks available on the market, but they may not ultimately be the solution you are looking for.



Unless you live alone in a soundproof house, there are other people who may not be so happy about the new fog horn clock you've brought home. People tend to be sensitive about when they wake up, and your schedule may not be the one they want to follow. Luckily, most clocks made to address hearing loss come with some other features that get around the noise problem.

An alarm with tone adjustment is going to be more effective than one merely with a loud volume. Setting the alarm to a frequency you can perceive clearly will allow you to operate the alarm at a much lower volume than you might expect. The majority of loud clocks are pre-set to a high frequency, which cancels out the usefulness of the volume for most folks with hearing loss. Your neighbors may know it is time for you to wake up, but you won't.

So, besides sound, there are two other alarm technologies that are worth looking into. Some clocks have a lamp socket built into them which allows the clock to flash a lamp when the alarm goes off.

While I don't have a hearing loss, I have been using a flashing lamp clock for years now. Without the shock of an audio alarm, waking up to a flashing light is a much more pleasant experience. Using a lamp has the added advantage of not bothering the neighbors in any way.

The second technology is a small device that can shake your mattress or pillow to signal the alarm. The shaker itself fits in the palm of your hand and is about an inch thick. It slides in between the mattress and the box spring and produces a strong vibration in the springs. The shaker can also be placed under your pillow for maximum effect. Bed shakers are useful for people who sleep in bright rooms or tend to pull the covers over their head. One drawback of this approach is that the mattress springs will resonate and make a loud humming sound that other people might notice.

In addition to waking you up in the morning, there are some clocks that function as part of a home signaling system to notify you when the phone or doorbell rings. If you are having trouble hearing your alarm clock, it may a good idea to make sure you aren't missing other sounds in your home whenever you are not wearing your hearing aids. Some amplified clocks are also available with large numeric displays for those of us who can't seem to find our glasses first thing in the morning.

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Finally, there is the issue of travel clocks. A handful of battery-operated vibrating clocks are available for travelers. Some of our customers use vibrating watches, but this is not a sure-fire method due to the gentle vibration they produce. Most tell me that they have to set the watch's two alarms back to back in order to make sure they wake up. For domestic travel, small electric clocks with bed shakers and adjustable sound alarms are now available.

Whatever your wake-up needs, there are plenty of options that make more sense than a fog horn.

Steve Hillson is a technical specialist at the Hearing, Speech, & Deafness Center in Seattle. You can contact him at SFH@hsdc.org.

Hearing breakthrough

By Judi Carr, Seattle

I've known I was hard of hearing for at least twenty-five years, but way back then the doctor said all that could be done was magnify all the sounds that came into my ear. With my high frequency loss, that would just have been confusing. So I kept answering the wrong questions and making conversational comments that were inappropriate. I didn't understand a lot of what was said if the person wasn't facing me or speaking clearly.

Years later, as a student massage therapist, I decided I had to wear at least one hearing aid so I could hear what my clients said. I heard lots more things. But I couldn't use the phone on that side, because my in-the-ear aid would create feedback or whistling. I couldn't hug anyone on that side either, because of the feedback. As a touchy-feely person, that bothered me. So I hugged on the other side instead.

A big breakthrough came when I was demonstrating massage at a health fair where a hearing aid dispenser had a booth. He invited me to come to his office so he could test my hearing. Of course, he was having a special on nice, small in-the-ear hearing aids, and so I was fitted with two of them. I could use the phone with no feedback, and I could also hug freely. I could hear better, too, with two hearing aids.

A couple of years later I went to my first SHHH meeting, a quarterly board meeting where people from a number of SHHH chapters were getting together. How uninformed I was about hearing loss! Pocket Talkers, FM systems, neckloops, telecoils, directional microphones, remote controls, in-the-ear, behind-the-ear…the strange terms went on and on.

I used headphones plugged into an FM receiver that amplified what was being said into the microphone across the room. That was wonderful! Someone told me I could use a personal system like this for myself, or else a Pocket-Talker for small meetings and close-up conversation. I asked questions and got answers. I was also asked why I didn't have telecoils. Since I had no idea what they were, I didn't know why I should have them.

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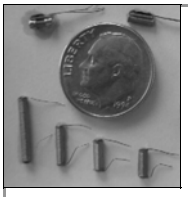

What's a telecoil?

- ◊ A telecoil (often referred to as a "t-coil") is simply a metal rod encircled by many turns of a copper wire inside a hearing aid.
- ◊ When the switch on the hearing aid (frequently called a "T-switch" or "telephone switch") is set to the "T" position, the hearing aid microphone is turned off and the telecoil is set to detect only an electromagnetic energy source. This bypasses audible noise that interferes with comprehension.
- ◊ Although a telecoil is useful for the telephone, it also improves speech comprehension when utilizing an assistive listening device.
- ◊ Only about 30% to 40% of the hearing aids sold in this country have telecoils, whereas 85% to 90% of hearing aids sold in Europe have telecoils.
- ◊ The benefits of telecoils are rarely explained as an option to the hearing aid buyer.
- ◊ All telecoils are not the same. Some are very weak. Usually, the larger the hearing aid, the stronger the telecoil.
- ◊ Ask for programmable telecoils. They can be adjusted independently of the hearing aid program and be made stronger if there isn't enough volume.
- ◊ Telecoils can be fitted in all but the tiniest hearing aids and improve comprehension for anyone, especially for people with moderate to profound hearing loss.
- ◊ Telecoils can be retrofitted in most hearing aids that do not have them. The cost is generally under $75 per aid.

Ears, Hearing, & Beyond conference

March 6, 2004

Plan ahead! Mark your calendar for this free annual all-day event on hearing loss sponsored by the Virginia Merrill Bloedel Hearing Research Center at the University of Washington Hub Auditorium.

Telecommunications Access Service

If you live in Washington State and have a hearing loss, you are eligible for an amplified phone, Voice Carry-over phone, TTY, and/or telephone signaling equipment. Cost is based upon income. Contact Kelly Robison, Program Manager: 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.

Low-interest loans

Washington Assistive Technology Foundation (WATF) offers low-interest loans to Washington residents for assistive technology (e.g., hearing aids, augmentative communication devices, computers with adaptive equipment). See the WATF website (http://www.watf.org) or call 206-826-1038 V/ or 800-214-8731V/TTY. No income restrictions.

Speechreading

The Hearing, Speech, & Deafness Center in Seattle is offering an 8-week session on speechreading starting January 8. For info phone 206-323-5779/V or e-mail education@hsdc.org

(Continued from page 3...Hearing breakthrough)

At the time, part of my job was to record minutes of department meetings. My boss spoke very softly, and so did everyone else who asked me to take notes. I requested that the company help me pay for a PocketTalker so I could hear in the meetings. They agreed to pay two-thirds of the price because I also wanted to use it for personal use.

Once I got my PocketTalker, I was amazed at how much better I could understand. I didn't realize all I had been missing. I took it everywhere—to church, in the car to hear the people next to me or in the back seat, and to meetings. (When my company president raised his eyebrows at my headset, I assured him I wasn't taping the meeting).

My hearing hadn't been tested since I moved, so I found a new audiologist. She assured me that some new stronger aids would be much more effective than those cute little in-the- ear ones I was wearing. Well, why not try some new ones? If I didn't like them, I could always give them back. There was a trial period. What could it hurt to see what was available?

Buying my new hearing aids took time, because I had to decide what was important and then find my problem areas. I learned not to accept something that didn't work the way I wanted it to. There are many, many variables in the new hearing aids, and they can be programmed to suit just about anyone's needs. It's most important to ask questions of your audiologist/ dispenser, or he or she won't know what you don't understand.

I walked those four blocks to my audiologist at least once a week for almost two months to get the new aids readjusted. I tried two completely different sets—one model with a remote control and one without, one model with directional microphones and one without. I kept track of what worked well and what didn't.

I decided to get digital, behind-the-ear hearing aids with strong telecoils. My left aid has a (M)icrophone position, a (T)elephone or telecoil position, and an (O)ff position. The right one has a (M)icrophone position, an M/T (both microphone and telecoil) position and an (O)ff position for more hearing flexibility when I use my neckloop.

Yup, I've now got a neckloop to use with my PocketTalker, and I hear so many more things. I discovered that the man in the apartment above me vacuums the cat hair out of his carpets every night. I'd never heard that before in the year I've been here. There is a tiny fountain by my bus stop that I hadn't noticed before I heard it with my new aids. I understand my four-year-old granddaughter much better. People can even come up behind me and say my name and, I know it's me they are calling.

If you have any questions, talk to a hearing health professional. Talk to more than one. Find someone you are comfortable with and can question freely. Then try some new hearing aids. You'll be amazed at the improvements they have made. And I think you'll be pleased at the difference they make.

Oh, the things that SHHH has done for me!

Earmolds and BTE aids

By Kimberly Krantz, MS CC-A & Nicole Holmer, MS CC-A

If you or someone you know wears behind-the-ear (BTE) hearing aid(s), you are likely familiar with the earmold.

The earmold is the piece that attaches to the hearing aid to route the sound from the BTE to the ear canal. It is custom made from an impression of the ear canal. BTEs coupled to earmolds offer a variety of benefits over in-the-ear (ITE) devices (also known as in-the-canal, completely-in-the-canal, etc.). For instance, an earmold can be made from a variety of materials. Many of the materials are softer and more comfortable than the hard plastic casing of an ITE.

If the earmold becomes clogged with wax, it can be easily detached and washed with soap and water. Unlike the ITE, the earmold is far removed from the circuitry of the BTE, which can save you time and money in repairs by the manufacturer. Another benefit is the greater distance between the microphone of the BTE and the sound output in the ear canal. This allows the BTE to provide more gain without producing feedback. In addition, the BTE can accommodate a larger battery and provide greater gain (amplification) for those of you with more severe hearing losses.

Consider these other features available on custom earmolds:
Styles: A variety of styles are available. The style will impact the acoustic seal as well as visibility of the device. Some styles are easier to place and remove than others, so be sure to consider dexterity. Talk with your audiologist about the most appropriate options for you or your child. They may even have some samples for you to see!

Materials: Various manufacturers offer a variety of materials (silicone, vinyl, and acrylic). Again, the material will impact the acoustic seal of the device. The softer materials tend to be more comfortable and provide a better seal (less feedback). Many manufacturers offer a hypoallergenic material.

Colors: A variety of options are available among manufacturers. Many companies offer colors that are very close to the color of the skin or clear. These are the least visible options. Many children, however, are more interested in "cool" than cosmetics. Various materials can be tinted with color, swirled with various colors, or spiced up with colored glitter.

Itchy earmolds: Try soaking the earmold in white vinegar; if the earmold takes on a vinegar smell, wash with non-irritating soap & water. The hypoallergenic material has provided some relief for patients with sensitive skin who experience irritation and itching with other materials. As always, if the discomfort/itchiness persists, please see your otolaryngologist or family physician.

Maintenance: Your earmold(s) will likely need to be replaced at least annually, more frequently for children as their ears grow (often quarterly or more for infants and very young children). For adults, the shape of the ear canal changes and the material of the mold ages. This combination changes the fit of the mold. A poor fitting earmold may allow sound to leak out of the ear and cause feedback. Another maintenance tip is to keep your tubing pliable and clean. The tubing of your earmold may need to be replaced more frequently than the mold itself. If the tubing becomes hard, split, or torn, please see your audiologist to have it retubed.

Kimberly Krantz & Nicole Holmer are Pediatric Audiologists at Children's Hospital and Regional Medical Center in Seattle.

More tried-and-true tips from users

- ◊ Earmolds tight? Try *Corn Huskers Lotion* on the molds or inside the ears before putting in the aids (available at drugstores).
- ◊ Earmolds loose? Try *Oto-Ferm* (available from your dispenser).
- ◊ Itchy ears? Try a light coat of cortisone cream inside the ear at night occasionally (do not use nightly).
- ◊ Olive oil keeps the ears lubricated and itch-free. Do not use Vaseline.
- ◊ Moisture in the tubes? Try *Dry and Store*. It not only dries out the hearing aids but the ultraviolet light kills bacteria that causes itchy ears.
- ◊ Batteries die on you? Use zinc-air batteries and put the sticker on your calendar to show when you should change batteries again.

Implant corner

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

By Ben Gilbert, Tacoma

A Cochlear Implant primer: The device and its capabilities

An electronic device

A cochlear implant (CIs) is a two-part device about the size of a quarter that can dramatically improve one's hearing. Implanted above the ear, it is connected by an array of wires to the hearing nerve. A computer-programmed external speech processor including a microphone pick-up is magnetically attached to the implant.

To improve hearing

CIs can recreate a nearly full spectrum of sounds, including lost high pitches that underpin most consonants. In relatively quiet face-to-face conversations, CIs may restore more than 90 percent of lost speech. SHHH notes that most CI recipients "experience improved access to verbal communication and environmental sounds," and often become "able to converse on the telephone."

Types and styles

External speech processors come in different types and styles, including a body-worn processor with a wire linking it to the implant or a behind-the-ear (BTE) model with a shorter wire. Which type to chose is a personal matter based on comfort, convenience, design, special needs, and cost.

Implant features

A body processor offers more hearing programs than a BTE. About the size of a package of cigarettes, it uses standard or rechargeable batteries and operates more economically than a BTE, which has higher battery consumption. However, many wearers find BTEs more convenient. BTEs use hearing aid or specially designed batteries and may come equipped with telecoils for use with telephones and assistive listening devices. BTEs are available in a range of colors. One brand comes with interchangeable battery compartment covers in a dozen colors. Eligible candidates may be reimbursed at least in part by Medicare, Medicaid, or private insurance to cover the surgical procedure, the device and necessary follow-up adjustments

Lure of the market

Catering to the needs of the hearing impaired is becoming an enormous market worldwide for implants and hearing aids, according to Dr. Douglas Backous of the Listen for Life Center in Seattle. Research is underway to improve existing implant devices and develop promising new ones. An estimated 28 million Americans, 10 percent of the population, have some hearing impairment. Only a small proportion actually do something about it, and only a tiny number become implant candidates.

Surgery required

Surgery is usually performed as out-patient day surgery, although a hospital stay may be required in some cases. If the ear bone structure is normal and the patient healthy, problems are unlikely. A rare complication may result from bone abnormalities that could make it difficult to thread the electrode array through the cochlea.

An implant saga

Jim Brown of Sedro Woolley is sporting an Esprit 3-G behind his right ear, as he embarks on a new adventure, restoring hearing that was disappearing because 25 % of the array of his five year old Esprit 22 was turned off to deal with nerve interaction in his left ear. He plans to continue using "22" as a companion of the new BTE, a reinforcement that should provide some binaural hearing.

Medicare has the financing of the second implant under review. We hope to report on Jim's progress with this unique combo in the next issue.

Implants and language

Speech (lip) reading remains a helpful resource for implantees, as well as hearing aid wearers. For babies, implants may open up the sounds of spoken language so they can learn to talk and keep pace with their peers. The earlier the better to do the surgery is generally a good rule.

Which one to get

Implant candidates choosing a brand may wonder, "Who do you believe?" given manufacturer claims. The late Gordon Nystedt, guiding mentor for the hearing impaired, had this advice to give: "All three (Nucleus, Clarion and Med-El models) are great. You will not go wrong, no matter which one you choose."

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The patient's role

Although the delivery of the sounds to the hearing nerve is electronic, how well the recipient does may depend on more than the surgeon's skill and the audiologist's programming ability. A patient's native intelligence, skill, talent, education, exposure to speech, and individual effort all affect the results.

As normally as possible

Dr. William F. House, a pioneer American implant researcher and surgeon, stated this goal: "We want as many of our implant patients as possible to hear as normally as possible." An article about a deaf patient in France who was able to hear through an implanted electrical device came to Dr. House's attention in 1957. He performed the first CI surgery in this country in 1961. By the 70s, a total of thirteen constituted the world population of "artificial ear" recipients. Improved devices were being developed thereafter and the implantation of children began.

Takeoff with FDA

A single channel implant that Dr. House helped develop received Food and Drug Administration approval in 1985. Implants, took off in the 1990s. By 2003, according to SHHH, 60,000 individuals were implanted worldwide– 25,000 in the United States.

For eligibility, speech discrimination test results with hearing aids must show that the aids do not provide a sufficient level of hearing. Candidates with a severe to profound loss and aided sentence discrimination scores under 50 percent have been receiving implants. Babies as young as 12 months and adults in their 80s and 90s have joined the cohort.

CI research has a 213 year-old root in Volta experiment

Physicians at the University of Texas Medical Branch suggest that research in electronic transmission of sound, a key element of cochlear implant (CI) technology, has a 213 year-old root.

In a 1790 experiment, Alessandro Volta, a famed Italian physicist, inserted metal rods into his ears in 1790 and charged them with 50 volts of electricity. The rods picked up a nearby sound of boiling soup, thereby suggesting that sound can be transmitted electronically.

All three cochlear implant manufacturers conduct cutting edge research programs in the tradition of Volta, but without self administered electrical charges. For example, they are all seeking ways to improve music reception via implants. Should one wait to see what gee-whiz stuff emerges? Not if you really want to hear now.

MED-EL recently received approval for its *Combi 40 Plus* CI which it says doesn't have to be surgically removed for an MRI diagnostic examination. MED-EL also announced a Baby BTE speech processor that can be pinned to an infant's clothing, close to the implant.

No science fiction here: Cochlear Corp. is developing a brainstem implant for people whose auditory nerve has been severed to remove a *neurofibratomatosis* tumor. A Las Vegas conference of the Association of Late Deafened Adults (ALDA), learned that the device helps those who look to speech (lip) reading for basic oral communication, but is not as effective as a traditional cochlear implant, according to HOH-LD News.

Cochlear Corp. is working on an implantable device without external components. Battery life needs more study, however. Researchers also want to make sure that the device's microphone doesn't pick up heartbeat and breathing sounds. The company is also studying a partially implanted hearing aid coupled with an implant. The work is aimed at those who have low frequency hearing, but lack high frequency reception.

Advanced Bionics states it is studying how to bring up to date their existing installed implants. Research is also underway to develop diagnostic tools so that parents and teachers of young implant wearers can determine how their devices are working. It is also developing a lighter, lower profile head-piece, an improved pediatric processor control cover, and a new design for its ear-level processor.

One device or two? That question is being examined. It is known that dual implants, although still a rarity, do a better job of determining the sound direction than a single implant. Surgeons usually can do both surgeries at the same time. However, for dual implants to become more widely accepted, ways must be found to pay for the substantial added cost. Implant users with residual hearing in the other ear sometimes use a hearing aid in that ear. They may encounter sound coordination problems, but the brain usually can blend the two sounds successfully.

Chapter highlights

Meet Bev Ziarko, new Western Washington Chapter Coordinator

I'm from Kansas City, Missouri, and didn't discover SHHH until we moved to the San Francisco Bay Area in 1984, fifteen years after I'd started losing my hearing. There I joined SHHH-BAM (Bay Area Members) and was active in small ways until moving to Seattle in 1991. I'm now active in South King County SHHH in Auburn and have spent 2003 as VP of WASA-SHHH. My true love is the chapters, and I have managed to use this office as an excuse to visit many of the Washington State chapter meetings, which was the highlight of my year as VP! The Chapter Coordinator position seems to be a good fit. I look forward to working with existing chapters, as well as starting up new chapters in Western Washington.

New chapters

Bellingham—Interested in being part of a new chapter? Contact Charlene MacKenzie at 360-738-3756; CharMacKenzie@cs.com or Bert Lederer 360- 671-0859 or bert@lederers.net

Wenatchee—New chapter forming. For information contact Robin Traveller, Eastern WA Chapter Coordinator: Toll-free 1-888-543-6598; RTraveller@wasa-shhh.org

Yakima—New chapter forming. For information contact Robin Traveller, Eastern WA Chapter Coordinator: Toll-free 1-888-543-6598; RTraveller@wasa-shhh.org

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 the contact person. See our website (http://www.wasa-shhh.org) for program listings.

New!

Cristwood—2nd Thursday, 1:30 pm, in the Chapel; 350 N. 190th St., Shoreline. Amplification, infrared. Contact Rose Inouye at 206-542-5541 or e-mail inou@wasa-shhh.org.

Downtown Seattle—2nd Mon. 6:00 pm; Community Service Center for the Deaf and Hard of Hearing (CSCDHH), 1609 19th Ave., just off Madison. FM. Focus is on issues and access in the workplace. Judi Carr, facilitator: 206-935-6637 or jstarbright@wasa-shhh.org.

East Jefferson County — 4th Mon. 1:00 pm; Auditorium, Jefferson Gen. Hosp., 834 Sheridan, Pt. Townsend; amplification, FM. Emily Mandelbaum at mandelbaum@olympus.net or 360-379-4978 or Sandy MacNair: 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; Dave Pearson: 360-653-6746 or 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.

New!

Grays Harbor—2nd Tuesday, 6:00 pm, Timberline Public Library, 121 E. Market, Aberdeen. Contact Wes Brosman: wesbro@olynet.com or 360-537-0456.

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.

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 or call Linda Nopp at 360-307-8358.

Lake Washington—Bellevue area. Informal meetings. Contact Diane Jandl: 425-643-7713 or Kathi Forbes at dkforbes@gte.net for time and place.

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

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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.

Sequim—2nd Tues. 10:00 am, St. Luke's of Sequim, 525 N 5th Ave., Sequim. Amplification, FM. 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. Time and location change due to 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 contact chapter coordinator.

Skagit—2nd Tues. 1:00 pm; Fidalgo Ctr., 1701- 22nd St., Anacortes; amplification, FM, captioning. Danny Beatty: 360-293-2793 or dflyb@telcomplus.net.

South King County—2nd Fri. 6:45 pm; Auburn Regional Med. Ctr., Rm. 327, 202 N. Division, Auburn; amplification, FM, real-time captioning. Rick Faunt: 253-833-9147 or rfaunt@wasa-shhh.org.

Spokane—2nd Sat. 9:30 am at Rock Pointe-East, 1313 N. Atlantic, Spokane, in the DVR conference room; amplification, FM, computer captioning. Please be sure to arrive at 9:30 am. If you arrive late, there will be no one to let you in since the doors are locked and everyone will be in the meeting. Contact Bob Roberts: 2bob2@comcast.net; Mary Jo Harvey: harvemj@netzero.net; or Denise Jones: mdj@wasa-shhh.org or 509-328-2740.

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; Kennewick Library, 1620 Union St. Kennewick; amplification, FM, and captioning. Robin Traveller at toll-free 1-888-543-6598 or RTraveller@wasa-shhh.org and Bill Henderson at roscoe@owt.com.

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.

Don't see a chapter in your area?

Contact one of the chapter coordinators (see sidebar, page 11), and they'll be happy to help you start up a new chapter. It's fun, and it's rewarding!

Thanks!

We appreciate you!

Your donations help us fund projects that benefit people with hearing loss. These contributions are for September through November:

- ◊ Dale Becker, West Richland
- ◊ Jerry Hansen, Tacoma
- ◊ Rose Inouye, Shoreline
- ◊ Ida Rowe, Vancouver
- ◊ Betty Ruble, Auburn
- ◊ Fred Sarbach, Issaquah
- ◊ Dorothea Schrier, Everett
- ◊ WA Hearing Society, Vancouver

United Way

Your United Way contributions can help us reach out to hard of hearing people in our state. These readers have supported this newsletter throughout the year through United Way:

- ◊ Erlene Little, Seattle
- ◊ Dave Pearson, Marysville
- ◊ John C. Robbins, Renton
- ◊ Della Ramsden, Seattle
- ◊ Lilia Smith, Camano Island
- ◊ Mark & Susan Svancarek, Redmond

Special thanks!

We appreciate the Office of Deaf and Hard of Hearing funding the printing for outreach newsletters. We send our newsletters throughout the state, and rely on this funding to cover our costs.

Gordon Nystedt Memorial Fund

This is an ongoing fund for assistive technology in our state. Contributions may be made at any time. Please specify if you want your donation to go towards this fund.

SHHH
Self Help for Hard of Hearing People

Around the nation

SHHH represents the needs and concerns of hard of hearing people on the national level.

Hearing Aid Assistance Tax Credit Act (HR 3103)

HR3103 is a "foot in the door" at the federal level to providing coverage for hearing aids. This is a $500 tax credit per hearing aid every five years for anyone age 55 and older or for their dependent children or parents. Please contact your congressional representatives and ask them to support this bill. To find your representatives, go to www.house.gov and enter your zip code. To phone your representative, call the US Capitor Switchboard at 202-224-3121. To see the bill, or to see if your representative has signed on as a co-sponsor, go to http://thomas.loc.gov. Click on Bill Summary, Status, then enter 3103.

ITEM Coalition

SHHH joined the other 71 member organizations of the national, consumer-led ITEM Coalition (Independence Through Enhancement of Medicare and Medicaid) in formally announcing the Coalition's Policy Agenda for 2003-2004 . The ITEM Coalition was formed to raise awareness of and build support for improved access to assistive technologies, devices, and related services for people with disabilities and chronic conditions of all ages. More info at http://www.itemcoalition.org/

WASA-SHHH November general membership meeting highlights

- ◊ President Rick Faunt introduced Eric Raff, new Director of ODHH, who presented an excellent summary of his background, his visions for ODHH, and his optimism about working with WASA-SHHH.
- ◊ Rick Faunt, Michael Bower, and Sandra Bunning were reelected and Jerry Hansen was newly elected to the Board of Trustees.
- ◊ Chapter update—Three new chapters this year: Aberdeen, Sequim, Cristwood; two potential chapters in Yakima and Wenatchee.
- ◊ Committee chairs reported their year's activities.
- ◊ Members in attendance approved an amendment to the WASA-SHHH bylaws.
- ◊ Chapter leaders gave brief reports on chapter activities.
- ◊ New officers elected for 2004 (see sidebar, Page 11).

Special needs

We are in need of new or used projectors to be used to display real-time captioning at our meetings. Please contact Rick Faunt, WASA-SHHH president, if you can help.

New committee looks into captioning

By Colleen Rozmaryn, Access Coordiinator, Office of the Deaf and Hard of Hearing (ODHH)

Eric Raff, new Director of ODHH, and I were pleased to attend WASA-SHHH's general meeting in November. The openness and enthusiasm of WASA members is contagious, and we look forward to working together.

WASA members brought up the problems hard of hearing people sometimes have securing Computer Assisted Real-Time Captioning (CART)* services. State and community offices have become familiar with American Sign Language (ASL) Interpreting as the way Deaf people can gain access to meetings and classes. Now it is time to take the next step—teaching the value of CART for both populations who *do not* communicate in ASL (CART can also be used by some Deaf people).

WASA asked ODHH for help in establishing a centralized list of CART providers. Mr. Raff has assigned me to work with the WASA-SHHH CART Committee. The committee will include both CART professionals and consumers of CART services.

Eastern Washington finds the same availability problem with CART providers as ASL interpreters—not enough practitioners are available to meet service demands. The CART Committee will also explore ways to encourage more newly-graduated CART providers to volunteer.

* CART is a communication accommodation used by persons with hearing loss who have difficulty understanding the spoken language. A trained transcriber provides live captioning during a meeting, school class, or other function in order to make the information equally accessible to persons with hearing loss.

Other WASA-SHHH projects

Courthouse access: Wes Brosman, new Aberdeen Chapter president, started working with his county courthouse on accessibility after he was denied accommodations during a jury selection. Now he's interested in evaluating courthouse access throughout the state. Anyone interested in working with him, please contact him at wesbro@olynet.com or 360-537-0456.

Hospital access: SHHH members from the East Jefferson County Chapter have been working on hospital accessibility and have trained their local hospital staff. If you're interested in what they've done, contact Emily Mandelbaum at mandelbaum@olympus.net or 360-379-4978.

Theater access: Interested in working on a theater accessibility? Contact Judi Carr at jstarbright@wasa-shhh.org.

Facing the Challenge: Oregon published this neat little book about hearing loss and resources in their state. WASA-SHHH has a committee working on this in Washington. If you're interested in being part of it, contact Judi Carr at jstarbright@wasa-shhh.org.

HOH training: WASA-SHHH is under contract with the Office of Deaf and Hard of Hearing to provide training to each of the service centers in the state. We're also considering a general training program that can be used elsewhere.

WASA-SHHH meetings for 2004

WASA-SHHH meetings are open to SHHH members and the public. General meetings are scheduled in the morning, followed by a potluck, with the board meetings in the afternoon. Visitors may observe the afternoon board meetings.

Saturday, February 28,10:00 am: TACID, 6315 S. 19th St., Tacoma.
Saturday, May 22,10:00 am
Saturday, August 28,10:00 am
Saturday, November 20,10:00 am (annual meeting and elections)

Ed–Other meeting locations were not available at press time and will be published in future newsletters. Please Contact Judi Carr (jstarbright@wasa-shhh.org *) for more information.*

Newsletter information

WASA-SHHH Board

Washington SHHH Self Help for Hard of Hearing People

Sound Waves

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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.

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Subscription renewal is January of each year and runs through December. We will gladly provide back issues if subscription is made during the year. WASA-SHHH is a 501(c)3 organization and relies on your support to fund outreach projects that help people with hearing loss. Please Make checks payable to WASA-SHHH and mail this completed form to WASA-SHHH, PO Box 4025, Kent, WA 98089.