Tools for life

The ongoing miracle of SHHH

By Karen Utter, Edmonds

People often feel that SHHH has nothing to offer them. I want to share my recent experiences and emphasize that SHHH has truly enhanced not only my life, but the life experiences of my family as well.

I’ve been a very active SHHH participant here in Washington State for the last dozen or more years. A bit of my background is that I was severely hard of hearing in my “good ear” and deaf in the other when I first joined SHHH. I was struggling with nearly every activity in my life that had to do with communicating with other people. I couldn’t hear well enough to use the phone.

Today, hearing-wise, I can function very well in almost every situation, and few people realize that it’s because of my Cochlear Implant (hearing prosthesis) and the communication skills that I learned from belonging to SHHH. I’m still deaf, but I function as a person with mild hearing loss.

As a member of the “sandwich generation,” I am now in a situation where I need to care for my aging parents from a distance.

While in the final stages of several terminal diseases, my Dad was moved from one caregiving location to another five times in about six weeks. It’s been a challenge to keep up, but it forced me to make some new changes in how I do things.

I acquired a cell phone to deal with all that I had to do. It was the only way that I could be reached reliably while commuting back and forth between my home and another state without having to continually tell everyone where I was. I love the cell phone! I feel like I’ve entered a new world where everyone else has been for a long while. My own sense of safety and security has been enhanced.

Specifically, I got a Verizon account using the tri-mode Motorola T-120 phone. Using the information from my audiologist and SHHH, this seems to be best of everything for my hearing abilities. It’s telecoil compatible, but I don’t often use the telecoil, as I can hold it up to my implant’s processor/mic and hear OK. (No, I can’t drive and talk at the same time.....) It’s a flip phone where the earpiece is away from the phone battery, and that also helps. Plus there’s good volume.

(Continued on page 2)
I also have a hearing aid compatible single headset that has a small cushion that fits comfortably over my CI mic. It works well and is more comfortable than anything else that I’ve tried. My cell phone also has the GPS option. If I dialed 911 I could be located through the E911 Emergency network even if I couldn’t hear. This seemed an important feature to have since I am still deaf. My Mother also has a severe/profound hearing loss and is deaf in one ear. She’s 85 and just had eye surgery. This means that she not only couldn’t hear but would be unable to see to speechread. During her surgery the doctor wore my FM Transmitter and she wore the receiver with a neckloop. It worked very well, and both the surgeon and the OR nurses were impressed. Upon returning to a nursing home where my Dad had been, I found that the staff had finally turned on the captions on the big TV in the main area there. They didn’t even know about the “words” being available on their TV until I told them and made a bit of a stink! Those words were a blessing for my Dad, because his meds had killed his hearing and he had become quite deaf too. These may seem like small things, but the ability to communicate when one is older and in a stressful situation is critical. I’m truly grateful that I am blessed with the ability to actually hear as I do now and be there to assist my parents. I don’t know what would have happened to them if it had been otherwise? My SHHH training and learning all that I could about hearing loss has truly paid off in ways that I’d never imagined! This was not only for me but perhaps even of greater value for those others that I love and care for.

Editor– You can e-mail Karen at klutter@wasa-shhh.org for more information. Digital phones generally cause problems with hearing aids as well. We recommend going with a carrier that uses CDMA technology, such as Sprint and Verizon; otherwise you’ll need to purchase a separate “loopset” that can be used only with hearing aids that have telecoils. Be sure to test before you buy, especially from your home. See our website (under Telecommunications) for more information.

Digital cell phone accessibility—good news!

The Federal Communications Commission (FCC) recently modified the cell phone exemption under the Hearing Aid Compatibility Act of 1988, which required telephones to be hearing aid compatible.

Key points
• Requires digital cell phone manufacturers and carriers to make available within two years at least two hearing aid compatible phones and within three years at least two telecoil compatible phones.
• By 2008, one-half of all digital wireless phones offered must be compliant.
• Requires manufacturers to label packages containing compliant phones and carriers to make available to consumers the performance ratings of compliant phones.
• Commission expects hearing aid manufacturers to begin labeling hearing aid models that work with digital phones.
• Encourages digital cell phone manufacturers and carriers to educate the public on hearing aid use with digital phones and to identify compliant phones.

For the complete ruling, see: http://hraunfoss.fcc.gov/edocs_public/attachmatch/DOC-236430A1.pdf or call 1-800-872-2253/V or 1-800-993-2822/TTY.

Telemarketers—the bane of hard of hearing people

Registration is under way for a national do-not-call list intended to block phone sales pitches from nearly all sources. Consumers can register by calling 1-888-382-1222 from the phone they want protected, or by going to www.ftc.gov/donotcall/
Tips from our readers

-Mary Seymour, Tacoma
I just got a new cell phone. It is great. I can hear on it even without using my telecoil. I’d like to add that I have used the Hatis silhouette and it makes the phone even better. I could never understand my voice mail and I listen with it and the words are so clear. I’m sure I will be using this phone a lot. The phone is LG VX4400. I got it at Verizon.

-Raegene Castle, Redwood City, CA
I purchased a Qualcomm QCP 2000 series cell phone from Radio Shack, and I think they have a few different models to choose from. They also let me try it for 30 days if I didn’t use over 30 minutes of time.

The beauty of the Qualcomm is I can hear really well without using anything attached to it, and I’m almost completely deaf. So I hope it works for others as well.

-Jerry Hansen, Tacoma
It turned out to be a happy accident, but I got a cell phone that works for me. I started my search by auditioning all the products in the vender booths at the National SHHH Convention. It was good, because I found out that I needed a phone with CDMA Technology (so that I don’t get a buzz in my hearing aids). I also found out that not every cell phone company has CDMA Technology.

My wife needed a phone right away, so we went to Verizon (a CDMA provider) and got her a nice one. I planned to continue to do my research. But, her phone worked for me, so I got one too. It is a Motorola Model V60i. It is very small and light weight. I use the vibrator setting to answer my calls and I can hear well without using a neck loop or the telecoils in my hearing aids.

An unexpected advantage is that we have learned to use our phones as an intercom at the house. When she shouts from the other room, I can call her back and say, “Huh?”

HAIL Hearing Aid Insurance Legislation

Latest news
Representative Eileen Cody, Chair of the House Health Care Committee, has agreed to hold a hearing on the HAIL bill in early January. We are in the process of finding someone to sponsor a companion bill in the Senate and set up a hearing before the Senate Health and Long Term Care Committee.

What can you do?
Please let your legislators know this bill is very important. If you’ve contacted them before, don’t underestimate the importance of another contact. You can either call, write a letter, or send an e-mail. Do it now, before they’re too busy to pay attention.

Tell your story—how much you’ve had to pay for hearing aids, what burden it placed upon you or your family, and why you want insurance. Unless they’re buying hearing aids themselves, they probably don’t know how much they cost.

It is especially important to target members of these two health care committees, so if your legislator is a member, your letter will make a big impact.

If you don’t know who your legislators are, you can look them up on the legislative home page (http://www.leg.wa.gov).

Just remember—it’s going to take a lot of work to pass a bill, and it’s going to involve a lot of people. Please help.

If you’d like to be on our HAIL information list, e-mail Penny Allen: Pallen@wasa-shhh.org.

HEARING TODAY & TOMORROW

Oregon Health & Science University
Saturday, October 4, 10:30 am – 5:00 pm
This one-day free hearing health fair is for the public to learn about hearing issues. Talks will be presented on topics such as, how we hear, tinnitus, cochlear implants, hearing loss prevention, hearing aids, and more.

ALDs and real-time captioning; sign-language interpreting available if requested by September 23. Box lunches available for $5. For more details, check the website: www.ohsu.edu/ohrc/conferences/hearingfair/ or phone: 503-494-0670; Fax: 503-494-5656; or e-mail Linda Howarth: (howarthl@ohsu.edu).
What happens when you don’t understand someone? Do you say “What?” Or how about “Huh?” Or maybe “I’m sorry, what did you say?” Typically, when you ask something like this, the person will repeat the comment/question back to you in the exact same way it was said the first time. Or he/she may shout at you. Stop and think about whether or not this strategy is working for you. If not, try using the repair strategies that are listed below.

For instance, if someone says to you “I’m going to the post office, the dry cleaner, and then meeting Sue for lunch,” you might reply “I heard you say you’re going to the grocery store and the dry cleaner, but where are you going after that”? This indicates that you are making the effort to communicate, but you didn’t quite get the complete message. If you had simply said “Huh?” or “What did you say?”, the person may eventually get irritated with you or say, “Forget it!”

Another good strategy is to confirm the message. If someone says he or she will meet you at 6th and Pine but you’re waiting at 5th and Pike, you have a problem.

Repair strategies
- I didn’t understand what you just said, could you please….
  • rephrase your comment
  • look directly at me while speaking.
  • slow down your rate of speech
  • run that by me again.
  • go over that first/last part again.
  • move into the light so I can see your face better.
  • back up a minute.
  • repeat what you said after…
  • give me the key word.
  • say that a different way.
  • spell that last word.
  • write that down.
  • talk into the microphone.
  • turn off the radio/TV.
  • wait for the noise to die down.

Confirm the message
- Did you want me to…?
- Did you say…?
- I understand you want me to…
- I heard you say...
- Let me repeat what you just said (helpful over the phone).

Remember, if you have a hearing loss, you have to be an assertive listener. People may not always remember that you have a hearing loss, so it’s up to you to make your listening needs known.

Seeing and Hearing Speech
This interactive computer program by Sensimetrics is designed for either a hearing health professional or as a self-study for a person with hearing loss. It uses a variety of speakers, listening situations, and word and sentence choices. Priced at $85. For more information, see the website: http://www.seeingspeech.com or call 617-625-0600, ext. 235.

Repair and confirm
By Lisa Illich, MS CC-A, Virginia Mason

Ears, Hearing, & Beyond
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.

Listserve for issues in the workplace

HLWork is an email list focusing on work issues related to hearing loss. To join, send an empty email to HLWork-subscribe@yahoogroups.com.

Survey on workplace accommodations

People with hearing loss or deafness are invited to participate in the survey by the Consumer Advisory Network for the Rehabilitation Engineering Research Center (RERC) on Workplace Accommodations at Georgia Tech.

You will be asked about your experiences in the workplace. Results will be used to identify common problems and successes people with disabilities have in work environments, to determine areas for new product development, and to evaluate new technologies to make workplaces more accessible.

Sign up online (//www.workrerc.org/Contact/advisorylist.cfm) or contact John Goldthwaite, Senior Research Scientist, Center for Assistive Technology and Environmental Access, Georgia Tech 866-948-8282 (toll free voice/TTY) or e-mail John.goldthwaite@catea.org
New director for the Office of the Deaf and Hard of Hearing

The Department of Social and Health Services has hired Eric Raff, an administrator and consultant to deaf service programs, to head its Office of the Deaf and Hard of Hearing. Raff, 38, is from Bloomington, Indiana, where he recently received a master of public affairs degree from Indiana University.

"I am pleased and honored to have been chosen to build upon Leon Curtis' legacy and steer the Office of Deaf and Hard of Hearing into the 21st century," said Raff. "I look forward to serving and empowering a diverse constituency and working with a truly inclusive DSHS. I envision that barriers will continue to crumble through a blending of technology and people, achieving greater communication access and further enhance the quality of life in the beautiful state of Washington."

Raff has served as manager of the statewide Deaf Network program for the Bloomington Center for Behavioral Health, a community mental health agency providing counseling, case management and interpreting services. As a graduate student with a young family, he was a consultant to the Massachusetts and Kentucky Commissions on the Deaf and Hard of Hearing.

Before hiring Raff, four candidates were interviewed by three panels, two of which consisted of members of the Deaf, hard of hearing and hearing populations. The third represented people from the Deafblind community. The public observed the interview process at five videoconference sites around the state.

Low-interest loans available

Washington Assistive Technology Foundation Access Fund (WATF) is now offering low interest loans to Washington residents with all types of disabilities for purchases of assistive technology (e.g., hearing aids, augmentative communication devices, computers with adaptive equipment) and home and vehicle accessibility modifications. Eligible applicants include individuals with disabilities - including seniors with age-related vision, hearing or mobility loss - and their family members. Loan Applications are available on the WATF website (http://www.watf.org) or call 206-826-1038 V or 800-214-8731 V/TTY. No income restrictions.

Golden Ear Days

October 10-11

Since 1984, Lions Clubs in Washington State and Northern Idaho have provided hearing aids and other assistance to help deaf and hard-of-hearing children and adults in the Northwest regain their self-reliance.

From October 10-11, Lions Clubs volunteers stationed at busy pedestrian locations will give out Golden Ear Days lapel stickers, share information about Lions hearing programs, and ask for contributions.

One hundred percent of contributions collected during Golden Ear Days go to support these Northwest Lions Foundation hearing programs: the Lions Hearing Aid Bank, the Lions Early Assessment Program for Newborn Hearing Screenings (LEAP), the Lions Health Screening Unit, the Lions Patient Care Program, and Lions Special Project Grants.

Please support the Lions Clubs!
Implant corner
For cochlear implant wearers and those who seek more information about this technology
By Ben Gilbert, Tacoma

Implant reimbursement report
Medicare reimbursement for cochlear implants is a work in progress. It’s subject to Federal government pressures to reduce outlays for the popular senior health care program, while the demand for the device as a remedy for severe to profound hearing loss increases.

Prospects for implant surgery may find themselves wending their way between the high cost of the procedure and the device and reimbursement limitations imposed by Medicare and back-up health insurance. When the two insurance programs dovetail, much, if not all, of the total cost that may reach $40,000 or more may be reimbursed, however.

As Rochelle Wyatt of Advanced Bionics explained for the Implant Corner, “Depending on cost, Medicare may not provide full reimbursement for the device and all related services.”

“On average, Medicare (which typically pays at 80 per cent) reimburses about $19,000 to $20,000 for the hospital and device with another $1,000 to $1,200 for the surgery.” Pending changes may increase the basic amount to $21,000.

According to Ms. Wyatt, most commercial health plans provide best reimbursement levels depending on plan design, thereby helping to fill the Medicare gap. Many, particularly those provided under employer plans, may carry much of the cost for younger people not covered by Medicare. Medicaid, a parallel Federal program that provides health care support for individuals and families at or below the poverty level provides reimbursements of only $8,000 to $12,000, well below Medicare.

Thinking about an implant? Insurance specialists of implant providers often can help you navigate reimbursement shoals.

CI coverage for children
A Colorado state health care plan has decided to cover the cost of providing cochlear implants for its children clients, reversing an earlier denial. The change was a response to efforts of a coalition of hearing assistance organizations including SHHH, A G Bell, and Hands and Voices. The coalition pointed out that implants had been approved by the FDA for children as young as 12 months following an audiological review and a finding of “medical necessity.” The agency, Colorado Child Health Plan Plus provides coverage for those not under Medicaid or other insurance.

New mike device
TeleMic, an extension microphone for use with CI manufacturer Med-El Tempo+ speech processors, has been introduced. It can be used as a hand-held or tie-clip mike to improve the signal to noise ratio in difficult background noise situations. It has a telecoil and volume controls. According to Med-El, because of its low energy consumption, no additional battery power is needed.

Medical centers

Other Seattle centers
* Children’s Hospital, Seattle, FAX 206-528-2686.
* Seattle Ear Clinic, Seattle, FAX 206-328-4404.
* VA Medical Center, Seattle, FAX 206-764-2672.

Other Washington centers
* Ear, Nose & Throat Clinic, Spokane. FAX 509-744-3040.
* Madigan Army Medical Center, Tacoma, FAX 253-968-5927.
* Tacoma Ear and Balance Clinic, FAX 253-627-1064.
* Western Washington Univ., Bellingham, FAX 360-650-2843.

Implant manufacturers
* Cochlear Corp. Nucleus 24 www.cochlearamericas.com
* Advanced Bionics Corp. Clarion www.bionicear.com

Thinking of an implant?
A listed center would be where to go to learn if an implant is right for you. For a personal view, an SHHH meeting would be a place to find an implantee. They are usually glad to share their experiences.
To implant or not to implant
By George A. Gates, MD., Professor and Otologist, Otolaryngology-Head and Neck Surgery, Virginia Merrill Bloedel Hearing Research Center

For the hard of hearing adult who gets little benefit from well-fit hearing aids, a cochlear implant is the next step to consider in staying in the aural world. The considerations in making a decision have changed as implant technology has improved.

The late, great, Gordon Nystedt approached this decision with typical frankness: “What are you waiting for?” was his comment. Given that the technology is well established and the products are so good, it makes no sense to wait for further advances. For infants and children, the window of greatest opportunity is below the age of two years. For adults, age is not a factor. Our 80-year-old plus implantees do well.

Questions that still remain are: 1) which ear to implant, 2) what device to use, and 3) how well will it work? These are not right and wrong decisions, but, rather, what appears to be the best choice for your situation.

The general rule is to implant the ear with a functioning nerve. If you have residual hearing in both ears and can still use an aid in one ear, then implant the poorer ear. If one ear has been totally deaf for years, then implanting the better ear may be the only choice. Balance testing can also help in making the decision. If hearing is the same in both ears, the right ear is preferred or the left ear for left-handed people.

It makes little difference which implant you choose. All three products are good. Consider using the device that your implant center uses the most. They are the ones that adjust it. Deciding between an ear-level device and a body device is a matter of personal preference. Both work well. Although there is longer battery life and more programming options with the body device, ear level processors are the preference of a growing number of implantees.

No one can predict how well the device will work for any one person. The question really is how hard the person works to learn to use the device. For the person who lost hearing recently, a good outcome is the norm. For the adult who has never heard (pre-lingual deafness), expect speech awareness, better lip reading, and hearing warning signals; speech understanding will be very limited.

What if your hearing doesn’t meet current guidelines? Many people are struggling with their hearing aids and are psychologically ready for an implant but their hearing is on the “good” side of the guideline. We know that in most cases hearing declines with time, so waiting is one option. Getting the implant outside of the guidelines carries the risk of non-coverage by providers, which is a large financial gamble.

The last question is: one implant or two? Recent research shows somewhat better hearing in noise with two implants. We have done second implants for people whose first implant is not working well. In each case, we have been happy about the results. Doing two implants at once is not a major problem for healthy people, but getting insurance coverage is an unknown.

How oldsters and kids respond to their CIs
By Cheryl Heppner, from Hard of Hearing News, Abstract of Dr. Susan Waldman’s presentation at the 2003 SHHH convention research symposium. Dr. Waldman is professor of otolaryngology at New York University.

Hearing loss greatly impacts the over 65 population group. Numerous studies of older people with cochlear implants have found a significant increase in speech perception, lipreading and quality of life. The length of time being deaf influenced how well they do with an implant. The longer the wait, the poorer the results. With new speech processing strategies, studies now show improvement in speech understanding.

There are important reasons to implant children as young as possible. More children under 12 months of age are having surgery, and complications have been rare. Doing it ahead of bone growth often simplifies the procedure. Moreover, the sounds they begin to hear enable them to start learning language sooner.

Congenitally deaf and prelingually deaf older children have received substantial benefit. Length of deafness and usage were big factors. Children with multiple disabilities have received substantial benefit from cochlear implants but the rate of progress can be slower than those who are deaf with no other disability. Their performance generally depends on the nature of the disability.

Congenitally deaf adults didn’t do well with earlier speech processing strategies. The more recent strategies show they can obtain speech understanding without speech-reading.
Chapter highlights
Four Freedoms
By Mary Kahle, MSW
One of our activities last year, which we will be repeating this year was a holiday party in December with students from the Northwest School for Hearing Impaired Children.

It was incredibly moving hearing the children stand to introduce themselves, some barely able to articulate words, others very proficient. Some of the children had cochlear implants. Every word they expressed was in voice and sign. The energy expended by the two staff members encouraging the children was incredible.

Our residents were wonderful; they brought gifts and refreshments. One man made a wooden train set for each of the kids and will do this again this year, depending on the age group we get.

Arrangements to have the party were initiated by SHHH member Eleanor Kowalski, who has made the contact again for this year. It has truly been a group effort. We hope to have more adult participants this year from both our community and from outside.

East Jefferson County
Find out how an audiology business structures its pricing for products and services. Coming October 8: Megan Nightingale, MS-CCA from Poulsbo.

South King County
How ALDs Work—Find out what you can to maximize your hearing.
October 10. John and Penny Allen will bring an assortment of assistive devices and explore their uses. Group participation.

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.

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—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.

East Jefferson County — 4th Mon. afternoon (time varies); 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.

Grays Harbor—New chapter forming. Contact Wes Brosman: wesbro@olynet.com or 360-537-0456 or write PO Box 1163, Cosmopolis 98537

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.

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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.

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. 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 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 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. 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: twobob@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@cs.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 robinsewsc@tagspeed.net and Bill Henderson roscoe@owt.com (notice location change).

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.

Yakima—New chapter forming. For information contact Robin Traveller, Eastern WA Chapter Coordinator (see sidebar, page 11).
Smoke Detectors: Are you protected?
By Jan Doherty, Spokane Fire Department

Thousands of lives have been saved each year since smoke detectors were first introduced to American homes in the 1970s. We now know that audible smoke detectors increase the chance of surviving a home fire by 47% and dramatically reduce property losses. Does this help those who are hard of hearing or deaf?

Tests reported by the National Fire Protection Association in 1990 indicate that deaf or hard of hearing persons can receive comparable levels of protection from strong strobe visual alarming devices. However, there are still many barriers to assuring that every person, hearing and non-hearing, has access to the life protection of a working smoke alarm device.

In June 2000 Spokane Fire Department began working with Eastern WA Center for Deaf and Hard of Hearing and the Spokane Chapter of SHHH to locate persons needing strobe detectors. There are approximately 33,000 persons in Spokane County who are hard of hearing and 600 persons who are profoundly deaf.

To date we have distributed 127 strobe (flashing light) smoke detectors to persons in our community who are deaf or hard of hearing. We funded this $15,500 project through small grants from the US Fire Administration, Downtown Spokane Rotary, and the Washington Department of Health’s Fire Safe Families project. Price breaks from quantity orders through Graybar Electric enabled us to buy nearly 50 more detectors than would have been possible with individual orders for the plug-in strobes.

Partner agencies such as Head Start, Aging and Long Term Care of Eastern Washington, Spokane Housing Authority, Inland Empire Rental Association, Spokane Ear, Nose & Throat Clinic, and the Spokane Regional Health District's Senior Health and Nutrition program extended our outreach.

RCW 48.48.140 requires landlords to install “alarm-sounding smoke detection devices” in all rentals since December 31, 1981. Since the wording does not refer to both audible and visible devices, many landlords have refused to provide strobe detectors to deaf or hard of hearing tenants. Some landlords will not accept the expense of installing a hardwired strobe detector that costs about $75 per head plus installation labor, because it is not required in the RCWs.

The process for changing the RCWs will take at least three years unless a state legislator will take the lead in making the change through a revision of RCW 48.48.140. Municipal and county governments can also make necessary changes in a shorter time by revising their fire and building codes to include both audible or visible smoke detectors, depending on the needs of the tenant.

It will take many voices in order to get the code developers and enforcers to truly listen to the obvious need for equitable fire safety protection for all tenants, hearing and non-hearing. It will also take the larger community working together to find the funds needed to help lower-income homeowners with hearing loss protect themselves with strobe smoke detectors.

Please contact your local fire department representative to see what help they can provide for strobe detectors in your community. If you have further research, questions, or comments on this issue, please contact Jan Doherty at Spokane Fire Department, 44 W. Riverside, Spokane, WA 99201. Phone (509) 625-7072, fax (509) 625-7006, or e-mail jdoherty@spokanecity.org.

Editor: Due to space constraints, this article has been abbreviated. Please see our website for the full article with more detailed information.

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.
More on smoke detectors
Cover story—
By Dana Mulvany and Mark Ross.
What happens when there’s a fire, and a person with hearing loss simply doesn’t hear the alarm? These experts bring you the latest advice on this important topic. SHHH members can read about it in the latest Hearing Loss Journal, our award-winning premier publication that’s published bi-monthly.

September—weather radio awareness
Submitted by the WA State 9-1-1/TTY Education Program

What is special about this radio? This radio is like a fire alarm because the radio receives life-threatening warning messages. Examples of warning signals are siren sound, strobe (flashing) light, pillow vibrator, and body vibrator. Weather radios can run on batteries alone.

What kind of warning is being sent out? This radio receives a warning that could affect people’s lives. It could be related to natural (windstorm, flood, snowstorm) or manmade (terrorism, chemical spill) disaster. The radio has a window through which you can see words on it. The captions will say Severe Thunderstorm Warning, Volcano Warning or Tsunami Watch.

There are three types of warning indicators: Warning means emergency is happening anytime. Very serious. Better do something NOW.

Watch means emergency may happen, but still not sure. Be ready. Statement means the watch or warning information has been updated.

When the warning on the weather radio is being received, people are to check their TV, regular radio, website, e-mail, friend, family member and/or others to find out more information.

Where can I buy weather radio? Discounts are being offered by many weather radio vendors during September. They can be found locally at Bartells, Fred Meyer, McLendon’s hardware stores. Weather radio vendors can be found at the awareness month campaign web site http://www.emd.wa.gov (click on September – Weather Radio Awareness Month and then Where to Get Weather Radios?)

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Contact Judi Carr jstarbright@wasa-shhh.org for directions and lunch arrangements.
SHHH opens the world of communication to people with hearing loss by providing information, education, support and advocacy.

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.

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