As people who thoroughly enjoy live theater, musicals, and dance performances, we have been very frustrated by the lack of adequate assistive listening devices (ALDs) in theaters. If they have them, they are fully-contained headset ALDs or ALDs with headset or ear bud listening accessories—all of which may be acceptable for people who don’t wear hearing aids, but not for those of us who do. As a result of a discussion at a Tacoma SHHH chapter meeting on this topic, we decided to do something about this situation.

Our plan was to (1) contact individual theaters to find out what ALDs and listening accessories they use, (2) provide feedback on whether these meet the needs of people who wear hearing aids, and (3) provide information regarding currently available ALD technology for people who wear hearing aids.

So far, we have visited eight theaters from Olympia to Seattle. This has proven to be a large undertaking, sometimes necessitating several visits to one theater to check on progress and compliance. Theaters have definitely not made this issue a high priority—our efforts are intended to adjust theater priorities.

The positive news is that everyone we talked with received us well. They were interested in what we had to say and in serving the needs of hard of hearing people. They readily acknowledged the increase in attendance that would occur when effective ALDs are provided. The negative news is that only about half of the theaters were aware of ADA requirements to provide effective ALDs.

We always called the theater in advance to confirm that a hearing-aid compatible ALD was available. In some cases we were told it was on the premises, and it was. But not one theater readily produced it when we arrived at the theater. We were always given an ALD with an ear bud and told that was all there was. In some theaters that was true. In the theaters which we knew had more than that, we asked for a hearing-aid compatible ALD with a neckloop and the response was, “What’s that?” Finally, after we described it, and in some cases, helped them locate it, the ALD was found! In one case the sound person called us back weeks later to say he came across a hearing-aid compatible ALD and had recognized it from our description.

(Continued on page 2)
HAIL Update

SB 5277 and HB 1336, requiring insurers that cover prostheses to also cover hearing aids, were submitted into the 2005 legislative session. They received hearings in both the Senate Health and Long Term Care Committee and the House Health Care Committee.

Advocates from SHHH and other organizations, as well as audiologists and parents of growing children, spoke of the need for hearing aids and the burden of paying for them. Of note was testimony at both hearings, largely on grounds of cost. At the House hearing, there appeared to be a slight softening of the industry’s position. Several opponents acknowledged that it represented a worthwhile objective, but did not think coverage should be mandated. Insurers pointed to the rising cost of health care as a concern, which was echoed by small business representatives.

SB 5277 did not make it out of committee, and HB 1336 is still being considered. The fate of the legislation, however, is clouded by the state’s overall fiscal problems, which have produced demands for tightened budgeting.

It is very important that we form a broad e-mail list, in order to get the word out to as many people as possible about what they can do and when they should do it. The success of passing state legislation depends upon it. Names are blind-copied, and the e-mails are not excessive. If you have e-mail, please contact Penny Allen, HAIL Chair at PAllen@wasa-shhh.org.

(Continued from page 1...Working with theaters)

More frequently, however, we found that the sound technicians knew about telecoil-compatible ALDs but didn’t communicate that information to the staff that distributes ALDs to the public.

We asked to test the system to make sure it was working. In some cases, it was; in other cases, it wasn’t. Sometimes some or all of the ALDs needed new batteries. Sometimes none of them worked and had to be sent in for repair. In these cases, we went back at a later time to see if they had been repaired, and they were.

Whenever we talk with theater representatives, we remind them not only should they purchase adequate ALDs, but they must also familiarize all appropriate staff with their operation and must maintain these devices in good working order. In addition, they should include information in their brochures about what is available to assist hard of hearing patrons.

Out of all of this, we concluded that theaters will respond to customer requests for appropriate ALDs, especially if they have some financial resources—they know it means selling more tickets. However, we do need to be “squeaky wheels.” The more people who call to say they’d like to attend performances but need hearing aid compatible ALDs, the more theater managers will listen and make sure staff is trained to provide them. Yes, it’s important to tell them of the federal mandates, but there’s nothing like living, breathing, paying customers to get their interest.

Despite all the frustration we’ve had, it’s very heartening to see what can happen when these needs are brought to the attention of theater management. Imagine what could happen if theaters receive many such requests from hard of hearing persons who are ready to spend their money at a place that provides for their needs!

Ed: Bill has a severe hearing loss and uses ALDs extensively. You can contact the Pedersens at woodsyfolks@yahoo.com.

More on telecoils

❖ Telecoils can often be retro-fitted (depending on the size of the hearing aids).
❖ If your telecoils are weak, they can be adjusted by your dispenser, independently of the volume, as long as they are programmable.
❖ When shopping for hearing aids, buy a brand with strong telecoils and get them in both hearing aids.

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Replacing my cell phone
By Jerry Hansen, Tacoma

In the Fall 2003 issue of Sound Waves, I wrote about needing a cell phone. We shopped at Verizon, because of their CDMA technology, which appears to be more compatible with hearing aids than other technologies. My wife has normal hearing, and she found a top-of-the-line Motorola she liked. I tried it and found it great for my needs, so I got one, too.

We have been satisfied with the Verizon plan but have no experience with any of the others for comparison. Since that time, we have cancelled our land line to the house, which turned out to save money and be the best way to escape telemarketers. We also use our cells as an intercom around the house—something a very useful hard-of-hearing coping tool.

I read the article by Don Pickens, Buying a new cell phone, in the Summer 2004 issue of Sound Waves and was impressed by his research and the disciplined way he went about buying his new phone. Though I had found my phone by accident, I planned to be more regimented and assertive the next time I needed one.

A month ago my wonderful phone quit working. I assumed it just needed a new battery, but there was no way to revive it. The clerk sent me to a kiosk in the middle of the mall—my worst hearing situation. This actually turned out to be an advantage, because if I can hear there, I can hear anywhere.

I insisted on the same phone, but the young man said they were no longer making them. I explained that I was hard of hearing (and demonstrated by asking him to repeat himself frequently), and I informed him that not just any old phone would work—I needed extra volume, and it needed to be compatible with my hearing aids. He showed me the LG VX3200. I had never heard of the LG brand, but he assured me that it was the loudest in the store. I asked for a test drive. After an adjustment to the volume, I discovered I heard better on it than on my old phone—I was sold!

Apparently I’d had the Motorola as long as they expected it to last, and it cost me only $9.00 to replace it. Remembering Don’s advice, however, I confirmed that there was a 15-day return policy. I mentioned my dread of having to re-enter all my contact numbers. So for an additional $10.00, he transferred the names and numbers into the new one—well worth it, I thought.

I walked away with a whole sack of stuff. The biggest item—much bigger than the phone—was the new owner’s manual. My normal system for handling new technology is to ask for help from the grandkids. If you are as technology-challenged as I am, though, I recommend that you read the book. By reading the book, I discovered features the sales clerk didn’t bother to tell me about—ways to use my new phone that makes my hard-of-hearing life easier.

The vibrating ring signal is essential. The phone also has an easy-to-use appointment reminder feature.

Another unexpected feature is an alarm. For years, I have used a large “Sonic Alert” alarm clock,

(Continued on page 4)
Ears, Hearing & Beyond
April 9, 2005
9:00 am—4:00 pm

Ears, Hearing & Beyond is a free annual citizens conference, presented by the Virginia Merrill Bloedel Hearing Research Center. It is for anyone interested in learning more about the ear, prevention of hearing loss, strategies for coping with hearing loss, hearing aids, assistive learning devices, cochlear implants, the latest in current research—and more.

This year, experts in the hearing field, will be giving short informative seminars about what audiologists do, hearing tests, how to read an audiogram, how hearing aids work and what they can do, cochlear implants and other alternative devices to help hearing and what changes the ear goes through as humans age. There will be free hands-on exhibits, and faculty and graduate students of Speech and Hearing Sciences will be administering free hearing tests. ASL interpreters, real time captioning, and an FM system will be available for the entire conference.

The event takes place on the University of Washington Campus at the HUB, the Student Union Building. For a map and directions see http://depts.washington.edu/hearing/ehb.html or phone Carolyn Patrick Dunlop at 206-616-4105.

(Continued from page 3..Replacing my cell phone)
capable of waking the dead. In the interest of science, I first tested the new phone’s alarm by laying it on top of our bookcase headboard. The vibrator set up one heck of a racket, with the cabinet of our headboard acting like the case of an acoustic guitar amplifying the sound. Too loud! Now I just plug in the charger, set the alarm to vibrate, and lay the phone next to my pillow. It gets me up just fine—works well as a travel alarm, too.

The last feature I found in the book is a conference phone setting. By simply hitting a toggle, I can set my phone on a table for a group of people to hear and talk all at once. This volume can be adjusted, too. I have found this a useful feature in extremely noisy background situations. (I don’t have many secrets, anyhow.)

Editor note: Jerry has a moderate to severe hearing loss. Contact him at jerryhansen@wasa-shhh.org—better yet, call his new cell: 253-686-1816.

New breakthrough in research
Gene therapy for hearing loss
By Ben Gilbert, Tacoma

Research advances in gene manipulation therapy may open the way to successful regeneration of “hair cells” in the inner ear and bring science nearer to the goal of restoring lost hearing.

“Hair cell” loss is a major cause of age-related hearing loss, affecting about one-third of 70 year olds. Vibrating cilia (hair cells) send coded signals from sounds they receive into the hearing nerve, where they are translated back into sounds the brain understands as speech. Finding a way to restore hair cells and permitting them to continue to divide has been the focus of much research in the last decade.

A release by the Howard Hughes Medical Institute reported that an errant gene, Rb, produced a protein that blocked the regrowth of hair cells. Researcher Philip Hinds at Tufts-New England Medical Center “knocked out” the gene in mice, causing their hair cells to proliferate. Subsequent tests showed the hair cells were functioning, able to generate a characteristic electrical (sound transmitting) signal. The findings of Hinds and other research team members were announced in Science Express, an electronic publication, in an article written by Zheng-Yi Chen at Massachusetts General Hospital and Harvard Medical School. Other members of the team included David P. Corey, Hughes Institute investigator, and co-authors from the University of Virginia, Tufts, and Northwestern.

Corey said the findings “have the potential for generating cultured lines of hair cells for experiments” to support the basic research that needs to be done. Ways must be found to inactivate the gene to avoid the possibility of causing tumors in the mice.

A team at the University of Michigan Medical Center discovered that, by inserting the Atoh1 gene in deafened guinea pigs, their hair cells will grow back, restoring lost hearing. “Trial with humans, however, may be a decade away,” the Los Angeles Times reported.
Lions announce Audient
By Bob Sheffels, Communications Coordinator,
Northwest Lions Foundation for Sight & Hearing

January 19, 2005
The Northwest Lions Foundation for Sight & Hearing (NLFSH), a non-profit organization in Seattle, has formed AUDIENT, an Alliance for Accessible Hearing Care for low income populations who are challenged by the current cost of hearing care.

Today in the United States, approximately 28 million children and adults have hearing loss. Of that number, 22 million do not use hearing aids of any kind. Because of high administrative costs associated with government programs, the hearing care professional who desires to serve this low income population generally encounters barriers in providing much-needed hearing care services.

“The AUDIENT Alliance has evolved as the best solution for making quality hearing care more accessible to a large segment of the population,” said Mike Langhout, Vice President of hearing services for the Northwest Lions Foundation for Sight & Hearing. “It brings together suppliers, hearing professionals, and low-income patients who need access to hearing health care.”

NLFSH will manage the AUDIENT Alliance process as a third party administrator. It will perform income qualification of prospective patients, collect patient payments, manage the database of outcome measures from each patient, and provide high quality digital Behind-the-ear (BTE) hearing aids. Costs and pricing are designed to be reasonable for both patients and providers.

**For all patients:** The total cost for each hearing aid, ear mold, shipping and handling, will be $319 for digital BTE devices with volume control, and $345 for the upgraded power or directional microphone version. In addition, hearing care providers have agreed to a maximum flat fee of $280 for monaural, and $350 for binaural fittings for these services. Providers in the AUDIENT Alliance network have agreed to provide an audiological diagnostic examination, treatment planning, fitting and dispensing ear molds and hearing aids, and two follow-up aural rehabilitation visits for hearing check-up and adjustment of aids.

Taken together, the total cost to qualifying patients for high-quality hearing aids and all related fitting and follow-up visits will range from $599 for a digital BTE device with volume control and a monaural fitting to $1,040 for two aids with upgraded power or incorporated directional microphones and a binaural fitting. The hearing aid includes a telecoil feature.

The AUDIENT process, products and services are available only to low income patients who qualify. Income qualification for participation in the AUDIENT process will be set at 250% of the federal guideline. Today, for a family of one, the household income maximum would calculate at $23,500 annually.

To learn more, see www.audientalliance.org or call 1-877-AUDIENT, (1-877-283-4368). You may access NLFSH at www.nlfoundation.org.

**Telecommunications equipment**
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 device. A contract trainer will deliver the equipment. Cost is based upon income. Contact Kelly Robison, Program Manager: 1-800-422-7930/ V; 1-800-422-7941/ TTY; write to Telecommunications Equipment Distribution, PO Box 45301, Olympia, WA 98504 or e-mail Robiskd@dshs.wa.gov.

**Improving implant criteria**
Terry Portis, Executive Director of SHHH, reports that CMS, the agency that manages Medicare and Medicaid, is about to improve cochlear implant eligibility criteria from 30% to 40% on residual hearing tests and to allow even greater access in clinical trials (up to 60% residual hearing from 50%).

This is a major victory for SHHH and will mean more Medicare and Medicaid recipients will qualify, Portis said.

The Lions still provides free refurbished hearing aids. Contact your local Lions Club. You may also donate used hearing aids to the Lions.
Chapters in Washington

Meeting times and days sometimes change, and most chapters take a vacation break. See our website for program listings.

Bellevue—2nd Tues. 2:30 pm; Evergreen Court, 900 124th Avenue NE, Bellevue, WA 98005; Prudence Clem: 425-746-1074 or Jeanette Salsman: jeanettesalsman@yahoo.com or 425-455-4333.

Cristwood—Time/location in retirement complex varies. 350 N. 190th St., Shoreline. Amplification, infrared. Rose Inouye at 206-542-5541 or e-mail inou@wasa-shhh.org.

Downtown Seattle—4th Thurs. 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; Port Townsend Senior Community Center, 620 Tyler Street, Pt. Townsend; amplification, FM. Emily Mandelbaum at mandelbaum@olympus.net or 360-379-4978 or Sandy MacNair: 360-385-1347 or smacnair@cable speed.com.

Everett Area—2nd Sat. 11:00 am; Snohomish Co. PUD Commission Rm., 2320 California, Everett; amplification, FM, real-time captioning. Dave Pearson: 360-653-6746 or DCPearson@wasa-shhh.org.

Four Freedoms—1st Thurs. 1:30 pm; Four Freedoms House, Rm. 9, 747 N. 135th St., Seattle; amplification. Eleanor Kowalski: 206-364-3837 or Kelly Richards, Service Coordinator: 206-364-2440; krichard@prudentproperty.com.

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

Ida Culver House Broadview—2nd Thurs. 2:00 pm, 12505 Greenwood Ave N., Seattle. Michael Craig: 206-368-3713 or MCraig@ERACARE.com.

Kitsap—4th Sat. 1:00 pm; Iris Room at Silverdale Harrison Hospital, 1800 N.W. Myhre Road; Amplification, FM, real-time captioning. John Allen, 360-871-0997 or jcallen@wasa-shhh.org.

Orcas Island—Meetings times irregular; Orcas Senior Center, 62 Henry Rd., Eastsound; amplification, FM.; Susan Kosuur: 360-376-574 or swkosuur@aol.com.

Pt. Angeles—3rd Tues. 10:00 am; Pt. Angeles Senior Ctr., 328 E. 7th, Pt. Angeles; amplification, FM. Gladys Snyder, email: gladysje@macaid.com or 360-683-9887

Renton—Renton Senior Center, 211 Burnett Ave. N., Renton. 2nd Fri. 12:30 pm. Patty Wills, pwills@ci.renton.wa.us 425-430-6634

SHHH Kids—Just for hard of hearing children and their families. South King County area. Time and location change due to scheduled activities. Sidney Weldele-Wallace: (wk) 253-833-9111, ext. 4705 or 253-833-6487 (h) or swelde@greenriver.edu.

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

South King County—2nd Fri. 6:45 pm; Auburn Regional Med. Center, Rm. 327, 202 N. Division, Auburn; amplification, FM, real-time captioning. Tom Weicht: trweicht@netzero.net 253-939-9332.

Spokane—2nd Sat. 9:30 am at Rock Pointe-East, 1313 N. Atlantic, Spokane, in the DVR conference room; amplification, FM. Please be sure to arrive at 9:30 am or doors will be locked. Mary Jo Harvey: harvemj@netzero.net.

Tacoma—2nd Sat. 10:00 am at TACID, 6315 S. 19th St., Tacoma. Amplification, infra-red, real-time captioning. Jerry Hansen: 253-531-6532 or jerryhansen@wasa-shhh.org.

The Hearthstone—2nd Tues. 10:30 am; 6720 E. Green lake Way N., Seattle; amplification, infra-red; Denise Long at 206-517-2224 or dlong@hearthstone.org.

Tri-Cities—Contact Robin Traveller toll-free: 1-888-543-6598 or RTraveller@wasa-shhh.org.

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.

Whatcom-Bellingham—3rd Sat. 10:00 am; Christ the Servant Lutheran Church, 1600 Lake way Dr., Bellingham; amplification, FM; Charlene MacKenzie at 360-738-3765 or CharMacKenzie@cs.com; Bert Lederer 360-319-4540 or bert@lederers.net.

Restaurant kudos

By Lilia Smith, Camano Island

Some area restaurants, including the Olive Garden, the Spaghetti Factory, and Outback Steak House now hand you a "gadget" when you sign in with the host-ess. You need not depend any longer on straining to hear your name announced. The flashing lights and/or the vibration takes this worry away. It also gives you the freedom to visit the bar, wander around, or even prowl the bookshop next door, instead of sitting in a crowded noisy lobby with nothing to do.

We think this is an absolutely wonderful innovation and want to applaud those businesses with the thoughtfulness to invest in something everyone (disabled or not) is sure to appreciate. Bon appetit!
Chapter success workshops
By Beverly Ziarko, Chapter Coordinator

Come share ideas with others at the 2005 Chapter Success Workshops. Everyone is invited to attend!

The 2005 workshops will showcase chapter program and publicity ideas. We will share our best and worst programs, compile a list of great speakers, learn about publicity (from the book Free Publicity by Emmy award winning reporter Jeff Crilley) and turn just any article into a program.

May 14—12:00 pm - 3:00 pm
Rock Pointe-East, DVR conference room, 1313 N. Atlantic, Spokane; following Spokane SHHH Chapter meeting—same weekend as the Lilac Festival...make it an outing!

August 6—11:00 am - 2:00 pm
Port Townsend Community Center, 620 Tyler St., Port Townsend—same weekend as the Blues Festival...another outing!

November 5—12:00 pm - 3:00 pm
Community Service Center for the Deaf and Hard of Hearing (CSCDHH), 1609 19th Ave., Seattle (just off Madison on 19th)

WASA-SHHH Board meetings
are scheduled four times a year. The last meeting of the year is a general meeting with installation of the new board. Meetings are open to SHHH members and the public. Captioning and ALDs are provided.

- Saturday, March 5; 11:00 am - 3:00 pm; CSCDHH, 1609 19th Ave., Seattle; bring a sack lunch.
- Saturday, May 28; 11:00 am - 3:00 pm; CSCDHH, 1609 19th Ave., Seattle; bring a sack lunch.
- Saturday, August 27, 11:00 am - 3:00 pm; Spokane (Location to be announced).
- Saturday, December 3, TACID, 6315 S. 19th St., Tacoma. (Time to be announced).

Please contact Judi Carr, Meeting Coordinator, for more information: jstarbright@wasa-shhh.org.

Captioning fund

WASA-SHHH plans to provide data projectors to be placed in strategic areas of the state for our chapters to share for captioning and training. As of January 5, the total contributions are $2112.22. We thank the following contributors for their generosity:

- Marilu Boe, Edmonds
- Wes and Jana Brosman, Cosmopolis
- Robert Cane, Oak Harbor
- Judi Carr, Seattle
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- Tacoma SHHH Chapter
- Catharine Talbot-Lawson, Seattle
- Mary Alice Thomas, Bremerton
- Florence R. Toth, Federal Way
How well do you hear music with CI?

Does your implant help you hear and appreciate music? People who love music are apt to ask that question of new CI users.

The answer is mixed. A recent study sponsored by the Cochlear Co. suggested that musical enjoyment by implantees appears to depend on one’s hearing loss history. Another factor may be the level of musical knowledge that the implant recipient offers. Those with more sophisticated musical histories appear to achieve higher levels of musical appreciation.

Surprisingly, late deafened adults appear to enjoy music less than those who were deaf or near deaf (post-lingual) most of their lives. Those whose hearing loss preceded speech (pre-lingual) are more likely to enjoy music after receiving an implant, the study showed.

Susan Boswell of the American Speech-Language-Hearing Association with a lifetime hearing loss, states that her implant (an AB CII and Auria processor) has improved her understanding of music.

“To me, music sounds better with the implant because the implant gives me the ability to hear the high frequencies, and thus enables me to hear subtleties in music that I couldn’t perceive before,” Susan explained.

“I can also understand more of the lyrics by listening alone, though I can rarely understand the entire song.” Context cues seem to help. Enhancing speech understanding is, of course, the priority implant mapping objective. Depending on an individual user’s hearing profile, conflicts are likely to arise between that goal and enhancing music appreciation.

Wearers tend to use the controls on their primary program, rather than have a separate program mapped for music enjoyment.

The survey found that an implant produced better musical results than a hearing aid, a finding that was supported by 44 percent of respondents. Most enjoyed listening to music at home or in the car, evidently finding concert hall and stage presentations more difficult.

One issue that the study seems to spar with involves the degree of musical sophistication that hard-of-hearing listeners bring to music. The study found “a strong correlation between an implant recipient’s ability to identify a musical instrument, melody, or song without additional prompting, and their level of musical enjoyment.”

Only 15 percent of recipients took part in such musical activities as group singing or playing an instrument. Only a tiny proportion have had any music therapy.

Most respondents reported listening to music with their implant only. Some more recent recipients are using a hearing aid along with the implant, possibly a reflection of the current interest that such “combos” have generated in enhancing speech understanding.

Ski-slope type loss helped by combos

Given “breath-taking” improvements in both hearing aids and cochlear implants, marriages of the two instruments, merit increased attention to combat hearing loss, reports Dr. Mark Flynn, senior audiologist at Oticon.

Flynn described it as “ripe for research and pragmatic application,” in an interview with Dr. Douglas Beck, editor of Hearing Health. He said that “some patients have done really well with an implant on one side, and a hearing aid on the other.” Implant and hearing aid might be placed on the same side of the head, in some situations, Flynn noted.

For ski-slope hearing loss, those with mild to moderate low frequency hearing loss and severe to profound loss in the middle and high frequencies, a CI would deal with the high pitch sounds and the aid with the middle and low ones.

Dr. Beck said that the House Ear Institute installed “combos” for a dozen adults in the mid-1980s. “They might have had a severe-to-profound loss on one side, and a totally non-functioning ear on the other side,” he said.

Cochlear and Med-El are studying another surgical approach, a hybrid device called an EAS for electrical and acoustic stimulation, also for ski-slope patients. “The low frequency hearing can often be preserved and amplified with an in-the-ear hearing aid, rather than one nestled behind the ear,” Robbi Bishop, a Virginia Mason audiologist, noted.
Becoming hard of hearing again—a tale of emerging from deafness with an N 22

Emily Mandelbaum, an SHHH leader in Port Townsend, relates her nine years’ experience with a Nucleus N-22 and how the CI has improved her life.

On the eve of my implant surgery in 1996, the Nucleus 22 was nearly obsolete. Newer Nucleus 24 and Clarion devices promised exciting improvements; but FDA approval was a year or more away, and I failed to qualify for the trials.

Waiting was not an option—we were moving, and I needed to brave consultations with builders over a chorus of nail pounding and voice-fracturing winter winds.

Activation was a success. My greatest thrill was identifying a robin by song. Although I’d never focused much on birds, my brain retained memory of their sounds. So great was this leap from deafness, for a while I felt like a normal-hearing person.

Euphoria was soon tempered by the realization that I’d become hard-of-hearing again. My processor came with all the drawbacks of microphone listening, but it delivered the higher frequencies I needed for better understanding.

Phones were another matter. Memories of agonizing phone episodes terrified me. After procrastinating for two months, I finally hooked up the phone adapter and called my audiologist. I did understand the nicely spaced, well enunciated few words she spoke before I said goodbye and returned to my TTY.

A new behind the ear processor liberated me from cord management and fears that my Spectra processor would end up in a toilet. But phone difficulties persisted. Connecting adapters to the BTE processor was awkward. Irrationally, I felt that I should simply be able to hold the receiver up to my microphone and understand. Often I could not. Without confidence and perseverance, my interpreter-husband and TTY remained too tempting.

In spite of performing well with the N22, I often looked enviously at those with newer implants and fancier processors. In June 2004, availability of the 3G BTE processor for N22 recipients ended that. Here was the processor I yearned for—cord free, powerful, telecoil-equipped, whisper setting for soft sounds, compatibility with a tiny plug-in multi-channel FM receiver, even colorful battery covers. The trade-in offer was so good I exchanged both my old BTE and Spectra for two.

I soon learned that fanciness comes with a price—the many programming sessions needed to get desirable maps. My ever-patient audiologist, Stacey Watson of the Listen for Life Center at Virginia Mason, also told me compromises were necessary for the bird songs I’d come to love.

A search began for new phones in the crazy competitive domain of wireless services. I learned that the whisper setting works better than the telecoil for my phone calls. After nearly 6 months of fittings, testing, adapting, phone and wireless explorations, I’ve had enough. The 3G raised me a welcome notch. I can hear my birds better and approach my new phones without trebling.

Another N-22 3-G fan

Rita O’Clair of Bellingham, although disappointed when she got her N-22 twelve years ago, now scores it a success, thanks to the Esprit 3-G behind the ear.

“With the Esprit 3-G, I can hear quite a bit better,” she said. “I can definitely hear women better, but low, soft, muffly voices of men are still a challenge. I can even talk with some women on the phone, which I could not do with a body pack. I’m hearing some noises for the first time.”

A Seattle implantee workshop last Spring prompted her decision to upgrade. Dr. Kimberly Peters of the Bellingham Speech and Hearing Clinic mapped the 3-G. In 1992 she took leave from her Alaska teaching job to be implanted at the Seattle Ear Clinic, but she couldn’t hear well enough to lead classroom discussions. She retired four years ago.

Totally implantable CI?

Totally implantable cochlear implants may be on the horizon. Jim Miller, president of Cochlear of Americas, reports the manufacturer will go to trials within three years with a device placed entirely under the skin without any external processor. The trials would be used to perfect it.

Miller, in an interview with Hearing Health magazine, said the firm’s scientists are overcoming “all significant technical hurdles.” The goal is to equip it with a rechargeable battery lasting twenty years and to harness “unique technology” to implant the microphone. The interview did not cover cost issues or surgery details.
We appreciate you!

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