In Congressional testimony in December 2009, Cheryl Burt of Rochester, MN, recalled the devastating effects of carbon monoxide (CO) poisoning on her family. Fourteen years ago her two preschoolers died in their sleep as she tried to tend them and a third son, thinking they were suffering from the flu. She was too sick herself to recognize the danger. A malfunctioning furnace had vented dangerous levels of CO throughout the home for several days.

Even when it is not fatal, CO exposure can have long-term impacts on the heart, memory, and motor skills. Often referred to as “the silent killer” because it cannot be seen, tasted, or smelled, CO is a by-product of fossil fuels that are incompletely burned. When breathed in, CO attaches to hemoglobin in the blood faster than oxygen attaches; the resulting lack of oxygen in the bloodstream damages the heart and brain. In the home setting, persons suffering from CO poisoning may initially think they have the flu until they are immobilized and unable to move themselves safely out to fresh air.

**Preventing more tragedies**
During the 2009 legislative session, Washington State Senate Bill 5561 was passed to help prevent this type of tragedy in our communities. Legislators also recognized that Washington residents were hit hard by the December 2006 winter storms when eight persons needlessly died and over 1,000 were treated for CO poisoning.

Senate Bill 5561 will require CO detectors in all new residential construction after July 1, 2010, and in all rental units by January 1, 2013. While homeowners will not have to install CO detectors until they sell their home, they would be well advised to provide for themselves the protection afforded by a detector.

**Combination detectors**
There is a variety of CO detector models on the market, including those with strobe lights or those that can be connected to a bed shaker receiver. It is better to select a CO detector that has a digital display window showing the parts per million of CO to air. In reviewing currently available CO detectors with strobe devices, there are some that include “dual sensor” CO and smoke detection. Fire departments generally advise against this combination for audible alarms. Ionization, the most common type of CO sensor used in dual detectors, is not effective in giving an early warning of slow, smoldering fires. However, given that the price is so much higher for

(Continued on page 2)
(Continued from page 1...Detectors)

strobe detectors, you may be better off purchasing a dual detector. Every household should be protected by both ionization and photoelectric smoke detectors, so be aware of what you’re buying.

**Alerting during sleep**

Some recent studies on the relative efficiency of strobe smoke detectors indicate that strobe signals by themselves are effective for only a portion of the hard of hearing population. They will work fine during waking hours, but not necessarily during sleep. According to a study reported by Gallaudet University, the intermittent bed shaker offered 100% awakening effectiveness for all groups studied. A strobe by itself was effective 57% of the time with persons who were deaf, 34% of the time for persons who were hard of hearing, and 32% of the time for hearing persons. A 2007 study by the Fire Protection Research Foundation, found that a 520 Hz square wave T-3 sound (three pulses and a pause, repeated) was the “single most effective audible signal, awakening 92% of hard of hearing participants...” It recommended that strobe lights, used alone, should not be an allowable choice for persons who are hard of hearing.

**Ionization smoke detection is generally more responsive to flaming fires.**

**How they work:** Ionization-type smoke alarms have a small amount of radioactive material between two electrically charged plates, which ionizes the air and causes current to flow between the plates. When smoke enters the chamber, it disrupts the flow of ions, thus reducing the flow of current and activating the alarm.

**Photoelectric smoke detection is generally more responsive to fires that begin with a long period of smoldering (called “smoldering fires”).**

**How they work:** Photoelectric-type alarms aim a light source into a sensing chamber at an angle away from the sensor. Smoke enters the chamber, reflecting light onto the light sensor, triggering the alarm.

(Credit: National Fire Protection Association [www.nfpa.org](http://www.nfpa.org))

**Things to consider**

So where does that place persons who are hard of hearing? When requirements are made for

(Continued on page 3)
I woke up choking and coughing

I got my son out of the house and into the car, as well as my dog. I went back in a couple more times for keys, wallet, etc. I suffered CO poisoning, as well as smoke exposure.

The reason I'm telling you this is I had several firefighters tell me, “We find guys like you all the time in this kind of fire—just not alive.” Another comment from a firefighter, “Five more minutes in the house and neither of you would have woken up.”

I never want to have something like that happen again, and I tell you why. When I got into my son's room, he was under the covers and I had no idea what I was going to see when I pulled the covers back. He was asleep and I woke him and rushed him outside to the car. He had no smoke or CO poisoning. For that, I do feel very blessed. My stress is that I don't ever want my hearing disability to put my son in danger. In this case it did. -E.F., Gig Harbor

(Ed. note: This is from a recent e-mail I received inquiring about smoke/CO detectors. Name omitted at writer's request.)
Wash-CAP update
By John Waldo, Bainbridge Island

For the past several months, Wash-CAP's energies have been directed principally at winding up two major advocacy efforts that have been in the works for some time.

The first of those is Washington State Ferries (WSF). We asked that announcements made on board vessels and in the terminals be reduced to written form and displayed visually. After communications with WSF broke down, Wash-CAP filed suit. That was resolved relatively quickly in the form of an agreed order, signed by the court, directing WSF to make its communications accessible.

The problem now is actual implementation. Captioning requires addressing two problems—capturing what is said and then displaying the results. For WSF, the display part is really easy. The terminals and many of the boats have large television-type video monitors; and if those are not used, separate message boards can be installed. The challenge is that capture part—putting the messages into written form.

After meeting with a number of community groups, including HLA-WA, WSF issued a Request for Proposals, asking vendors to propose systems and prices. WSF then had a site tour in December, showing potential vendors the large vessels and terminals in Seattle and Bainbridge Island that will be equipped for an initial six-month test run. I participated in that tour and had the opportunity to reinforce our objective—to caption specific announcements about things like vehicle lights left on, lost property, and safety.

Responses have been submitted, and WSF should be issuing a contract in the next few weeks. We hope to have the system test under way by the end of the year, and if it goes well, have a full system-wide deployment by the end of 2014.

The second focus, particularly over the last month, has been on movies. Wash-CAP filed suit in King County against corporate theater owners, asking that they increase availability of captioned movies. We want to see more of the theater complexes show captioned movies, and we’d like more movies shown with captions at better times.

We claim that under the Washington State Law Against Discrimination, theaters are obligated to do whatever is reasonably possible in the circumstances to make their movie soundtracks understandable to people with hearing loss, and that the way to do that is through captioning. We did not specify whether theaters should use open captions, visible to the entire audience, or closed captions projected onto a reflective panel and visible only to people who request the necessary viewing equipment.

The theaters initially took the position that they have no legal obligation to do anything other than offer assistive listening devices—which aren't very effective for anyone with more than a moderate hearing loss. They based their defense not on Washington state law, but rather on the federal Americans with Disabilities Act (ADA). They were relying on a handful of federal cases interpreting the ADA, and particularly on a case from Arizona in which the judge held that captioned movies are a different “product” than non-captioned movies, and that ADA lets theaters elect to show non-captioned movies.

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The Arizona case was appealed, and in January, the federal court of appeals in San Francisco heard arguments on that case. While no decision was issued, the judges were highly skeptical—scornful, actually—of the theaters’ arguments. They went so far as to tell the theaters that someday they would lose on the issue of movie captioning and asked why they didn’t just go ahead and offer captioned movies instead of “acting like jerks.”

Our Washington case will be presented for the first time to the court in March. At that hearing, the theaters will make their arguments that they have no obligation to do any captioning. We will argue that they must do what is “reasonably possible in the circumstances.” If we prevail, then we would return to court in July for a trial on exactly what it is “reasonably possible” for the theaters to do, although we would anticipate resolving that by settlement agreement.

Finally, we’ve been working to build alliances. A sister organization has incorporated in Oregon as the Oregon Communication Access Project. Our initial efforts will be directed towards increasing the availability of captioned performances at the Oregon Shakespeare Festival, at the various venues that comprise the Portland Center for Performing Arts, and at the Hult auditorium complex in Eugene.

My proposal to present a workshop on “Organizing for Effective Community Advocacy” at the HLAA national convention in Milwaukee was accepted. Perhaps our notion of creating and implementing systematic and strategic efforts to improve accessibility for people with hearing loss will spread further.

Wash-CAP is a Washington nonprofit corporation dedicated to enriching the lives of people with hearing loss by creating accessible public places in Washington. We work through communication, education, and persuasion; but where those fail, we will go to court to implement our rights under state and federal disability laws. Membership is free—simply send an email to john@wash-cap.com with your name, city, and the word “membership.”

Moving on?
We have many newsletter returns because people have moved. Each return costs us $1.00. Please help us keep our costs down by letting us know when you move. Send us an e-mail or fill out the form on the back of this newsletter.

Tune in!
E-News is the primary e-newsletter of HLAA: www.hearingloss.org/membership/Sen.asp. To keep abreast of our state issues, e-mail info@hearingloss-wa.org and ask to be added to the e-mail list.
**Implantcorner about cochlear implants**

This section is edited by Bert Lederer from Bellingham, who is a HLA-WA Board member and also a Cochlear Awareness Volunteer. We strive for impartiality of cochlear implant manufacturers, and we invite you to submit articles or information of interest to cochlear implant users.

**Lilia’s Story**

*By Lilia Smith, Camano Island*

When I told someone I was looking into getting a cochlear implant, the response was, “You don’t want to do that.” I recoiled, thinking I said something wrong. It brought back so many hurt feelings from my childhood—that this was my fault and I didn’t deserve to hear well. I always tended to be quiet and kept to myself in those moments.

My hearing loss was discovered when I was five years old. I was fitted with a body pack hearing aid and started wearing behind-the-ear hearing aids in my teens. Nonetheless, my bilateral sensorineural hearing loss has always caused a struggle and been exhausting in both my personal and work life.

I began to really worry when I was told the set of hearing aids I had purchased may be my last. What might happen down the road became very uncertain, because even the most powerful hearing aids might not help. Worse yet, after my previous cochlear implant evaluations at both Virginia Mason and the UW Medical Center, I was told I was not a candidate and to continue to wear hearing aids.

My speech discrimination continued to deteriorate. I was reevaluated at the UW and qualified as a candidate! I increased my research and accumulated a lot of information about cochlear implants during the HLAA convention and from various Internet sites. I learned a lot more about what to expect from talking with others who had implants—their journeys, what they liked, didn't like, what worked for them and what didn’t.

My implant surgery was a week before Thanksgiving on November 18, 2009. I remember telling my husband I was going to be in bed for a week after surgery and to wake me when it was time to have turkey dinner. Turned out my recovery went smoothly, so smoothly I was able to help serve Thanksgiving dinner for 20 people! I continued to take good care of myself during the recovery period by taking it easy and resting often.

My activation and first mapping was an interesting experience. My audiologist, Tina Worman, played sounds to find the initial comfort range for my processor. I remember laughing when I first heard people talking—everybody sounded like aliens in the bottom of a barrel!

During the next month, I had more mappings and diligently participated in aural rehabilitation. I used Cochlear America’s *Sound and Beyond* auditory training program as well as several audio books. Speech and other sounds have become increasingly more clear and understandable.

At this writing, it has been only two months since my CI was activated! It has been wonderful to hear the compliments from those around me about how I am speaking more clearly. I have been told by many that I look more relaxed and have less stress when participating in conversations. Recently, I was told it must be nice to have the problem of trying to figure out what I want to do in my life now that I can hear. I am very excited and so glad I made the decision to have a cochlear implant.

(Continued on page 7)

**Mapping affects our well-being!**

*By Mary Steinmeyer, Fife*

Last September, I received a new map for my cochlear implant program. I told my audiologist that the map I had for the prior three years (same map but with slight adjustments made each time) was still somewhat uncomfortable, especially since the environmental sounds continued to be too loud.

After three years of complaining about this same problem, I wanted it eliminated because I was tired of the anxiety and being on edge.

In the past, I was told that if these pitches were eliminated, I would lose the high pitch sounds, such as s, sh, ch, zh, etc. I told my audiologist this time I would deal with the losses because I couldn’t handle the environmental sounds any more. They weren’t going away or getting any better.

My audiologist looked at my map and admitted that she thought my brain would adjust to these sounds, so in the past she had tried to mute them a little bit while keeping the high pitches. She said that after 22 years of hearing with the implant and three years with this map, maybe my brain was done absorbing the sounds.

This time she did a great job; it was such a relief that I felt the

(Continued on page 7)
weight of the world taken off my shoulders. I don’t feel on edge like I had been.

A month later, I went in to my primary care physician to have a physical and she mentioned that my blood pressure had dropped dramatically and asked what changes I made in my lifestyle. (This was something I had struggled with for three years, as my blood pressure slowly went up and up and we couldn’t figure out why.)

When the doctor first asked me about lifestyle changes, I couldn’t think of the reason right off hand, but toward the end of the visit, it dawned on me. I got a new map – one that really works for me! So I told her about the map problems over three years, and how that probably was the culprit.

My blood pressure continues to be monitored by my doctor and by me until I can get it stabilized before being taken off the medicine. Go figure, huh? Who would have thought? I emailed my audiologist about this so she would be aware that this could happen.

Some people say the darndest things!

An anecdote from Doris Linkletter, Des Moines

My story is about the visit of a speaker to my retirement home. When she finished her presentation, I told her about my cochlear implant, but my tongue twisted, and I said had a “caudal implant.” She had turned away and perhaps not heard, or she might have asked, “Was your doctor a veterinarian?”

(Ed. note: I had to look up “caudal” so in case you also would not do well in English 610, here it is: “ Constituting or relating to a tail.”)

Low-interest loans

Washington Assistive Technology Foundation (WATF) offers low-interest loans to WA residents for assistive technology (hearing aids, augmentative communication devices, computers with adaptive equipment, etc.). See www.watf.org or call 206-328-5116/V or 800-214-8731/V or 1-888-808-8942/TTY. No income restrictions.

Telecommunications Equipment Distribution

If you live in WA State and have a hearing loss, you are eligible for an amplified phone, text phone, or TTY, plus a ring signaling device. Cost is based upon income. Contact Kelly Robison, Program Mgr: 1-800-422-7930 V/TTY; or write to TED, PO Box 45301, Olympia, 98504; or download an application at www.dshs.wa.gov/hrsa/odhh/ted.shtml.
Cochlear implant support groups

North Sound—sponsored by HLA Whatcom County. Christ The Servant Lutheran Church, 2600 Lakeway Drive, Bellingham. Amplification, FM, CART. Contact Bertlederer@msn.com or 360-319-4540.

- Sat., March 27, 9:30 am -12:00pm:
  Aural (auditory) Rehabilitation: Dr. Kimberly Peters, Ph.D., Associate Professor, Aural Rehab Clinic Director, WWU
- Sat., May 22, 9:30 am - 12:00 pm:
  The cochlear implant Journey: Elyse Jameyson, M.A. & Tina Worman, M.S., Audiologists, Cochlear Implant Program, UW Medical Center
- Sat., July 17, 11:30 am - 2:00 pm: Summer potluck/luncheon with HLA Whatcom County
- Sat., Sept. 25, 11:30 am - 2:00 pm:
  Phone with Confidence, Sound and Way Beyond, Troubleshooting. Linda Day, Cochlear Awareness Network Mgr. Pacific NW Territory, Cochlear Americas Corp.
- Sat., Oct. 23, 9:30 am - 12:00 pm: Med-El’s Bridge to Better Communications; Jamie Williams, Au.D. Clinical Account Mgr, NW Region, Med-El Corp.
- Sat., December 18, 11:30 am - 2:00 pm:
  Christmas Luncheon with HLA Whatcom County

South Sound—sponsored by the Hearing Speech & Deafness Center. All meetings held at HSDC – South Sound, 3516 South 47th St, Suite 200, Tacoma 98409. FM, CART. Contact Christine Seymour: 253-475-0782 or cseymour@hsdc.org

- Sat., March 27, 10:00 am - 12:00 pm:
  Getting the most out of your CI; strategies for improving listening and understanding; Jamie Williams, Au.D., Clinical Account Mgr., NW Region, Med-El Corp.
- Sat., May 22, 2010, 10:00am - 12:00 pm:
  Warrantees and service programs and the importance of maintaining contact with your audiologist Linda Day, Cochlear Awareness Network Mgr. Pacific NW Territory, Cochlear Americas
- Sat., July 24, 10:00 am - 12:00 pm:
  Using the telephone and assistive technology with your CI; Alex Lewis, Advanced Bionics
- Sat., September 25, 10:00 am - 12:00 pm:
  Home alone: how to feel safe when you remove your processor; Christine Seymour, Communication Advocate HSDC-South Sound

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Protecting your rights in a hearing world.

JOHN F. WALDO  Attorney at Law
Advocating for people with hearing loss.

John Waldo is an experienced trial attorney who also serves as advocacy director for the non-profit Wash-CAP. The objective of his legal practice is to ensure that people realize in fact the benefits and protections they are entitled to under the law.

John’s practice focuses on anti-discrimination and legal advocacy for those with hearing loss. He represents clients who face issues relating to employment and education discrimination, disability benefits for work-related hearing loss, personal discrimination in public places and problems with health and disability insurance.

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What's a personal FM system?
By Penny Allen, Port Orchard

FM systems have traditionally been used for hearing-impaired children in a classroom setting but are gaining wider recognition as an effective tool for anyone with a hearing loss.

An FM system consists of two wireless units—a transmitter with a microphone and a receiver with an amplifier. Its function is to transmit sound from the desired source directly to the ear, bypassing distance, noise, and reverberation (all of which interfere with speech comprehension). It can be used in meetings, listening to the TV (Forget that extra TV listening system!), in church, at the theater, etc.

Several hearing aid manufacturers offer FM systems that work in conjunction with their hearing aids. Such a system consists of a small transmitter with one or two much smaller receivers that “boot” into behind-the-ear hearing aids. The transmitter is usually rechargeable. While cost is beyond the reach of many people, it offers greater portability, discreetness and often incorporates Bluetooth technology.

A more affordable system is larger (each unit about the size of a pack of cigarettes) and requires some pre-planning to pack it along—not to mention assertiveness in using it. Nonetheless, it's just as effective and, in fact, more versatile:

• It can be used by a person who doesn't wear hearing aids.
• Its size and simplicity makes it useful for someone elderly, technologically challenged, or with dexterity problems.
• It can use disposable batteries (much more convenient than rechargeable).
• It may have multiple frequencies that can be tuned to existing systems in churches or other meeting venues.
• It may have a greater range of distance.
• The transmitter usually has the capability of using different microphones (i.e., directional microphone for noisy situations or conference microphones that can be daisy-chained and used at a large meeting table).

One additional worthwhile feature that some have, but not all, is an environmental microphone in the receiver. This means you can hear not only what is coming from the transmitter, but also what someone near you is saying. This type of receiver can also be used as a stand-alone PockeTalker (or amplifier)—a great feature!

These systems are generally sold through mail order, the Hearing, Speech & Deafness Center, (and some audiologists’ offices) and are made by such companies as Williams Sound, Listen, Comtek, and Phonic Ear—all of which have been around for years.

There are some newcomers on the market with all the bells and whistles, touting more portability, but not necessarily cost savings. They are generally for the more technologically savvy person. An unfortunate trend is rechargeable batteries (not a good thing if you’re traveling or forgetful) and proprietary frequencies (similar to those used by hearing aid manufacturers’ FM systems) that aren’t tunable.

A variety of listening accessories can be used with an FM receiver, including ear phones, ear buds, or a headset. Someone who has hearing aids (or a cochlear implant processor) with telecoils will find a neckloop to be the most effective.

Bottom line—if you’ve given up on participating in meetings or group settings, think again. FM will revolutionize your hearing experience!

CapTel confusion?

Until recently, the only way you could get a CapTel (captioned) phone in our state was through our Telecommunication Equipment Distribution Program (TED). And there have been problems—mainly, the phone must be connected to an analog line or a DSL line with a filter. Many people these days have digital lines.

Then Sprint Relay and Hamilton Relay began selling CapTel 800i phones to supposedly address the digital problem. But that also created other problems. The CapTel 800i plugs into a high-speed Internet modem. Some people have had to buy a new modem because their modem doesn’t support DHCP (Dynamic Host Configuration Protocol), as required per the manual. TED does not issue the 800i because of all the variables. If you’re interested in the 800i, see http://captel.com. You’ll also find information on the CapTel 200, which TED does issue (see TED page 7).
HLAA is working for you: public policy and advocacy

HLAA, along with other consumer and industry representatives, attended a meeting in February of the Digital Closed Captioning & Video Description Technical Working Group, hosted by the Federal Communications Commission (FCC) to tackle the problems consumers have seen with closed captioning on digital TV. The FCC announced new rules for filing of captioning complaints:

- Contact the program distributor directly. This is the broadcaster, the cable company, the satellite company or whoever is sending you the television signal. A contact person must be available so you can call or email and get your problem solved quickly. This is a quick fix, like captions suddenly disappearing during a program. Contact information should be made available on the company's bill or on its website.
- Contact the FCC. New rules say you can complain to the FCC first. It will then send your complaint to the program distributor. Or contact the FCC even after you contacted the program distributor directly if that problem was not solved. This will be helpful because the FCC will be able to see the kinds of complaints that are coming in, and might even be able to start seeing patterns in our complaints.
- Rules say you must send in a complaint within 60 days of the captioning problem. The program distributor will have 30 days to respond after the complaint is received from you or the FCC.
- You can file your written complaint with the FCC by using the on-line complaint form found at esupport.fcc.gov/complaints.htm?sid=&id=d1e3. You can also file your complaint with the FCC's Consumer Center by e-mailing fccinfo@fcc.gov; faxing 1-866-418-0232; or writing to: FCC Consumer & Governmental Affairs Bureau Consumer Inquiries and Complaints Division 445 12th Street, S.W. Washington, DC 20554

For more information about closed captioning and the complaint process, visit the FCC's website at www.fcc.gov/cgb/consumerfacts/closedcaption.html

(Editor: This is paraphrased from a post by Lise Hamlin, HLAA Director of Public Policy and States: http://hlaa-advocacy.blogspot.com/ )
Chapters in Washington
Information, Education, Advocacy, and Support

Meeting times may change, and most chapters take a summer break. Visitors are welcome. If none of these locations are convenient to your home, contact our chapter coordinators about getting involved and starting a new group. Note: chapters may request contributions to cover local expenses. See www.hearingloss-wa.org for more information.

BELLEVUE—2nd Sat. 1:00 pm; Lake Sammamish Foursquare Church, Chapel, 14434 NE 8th St., Bellevue. Hearing assistance: amplification, FM, Induction Loop, real-time captioning. Bev: zbev@msn.com or 253-631-3141

BOTHELL—4th Mon. 1:30 pm; Northshore Senior Center, 2nd floor conference room 202, 10201 E. Riverside Dr., Bothell. Hearing assistance: amplification, FM. Karen: 206-817-3213 or ChapterCoordinator@hearingloss-wa.org

EAST JEFFERSON CO.—4th Mon. 1:00 pm; Port Townsend Community Center 620 Tyler Street, Port Townsend. Hearing assistance: amplification, FM. Emily Mandelbaum: 360-531-2247, mandelbaum@olympus.net or Sandy MacNair: 360-385-1347 or smacnair@cablespeed.com

KITSAP CO.—3rd Sat. 1:00 pm; Iris Room (lower level) at Silverdale Harrison Medical Ctr., 1800 N.W. Myhre Rd., Silverdale. Hearing assistance: amplification, FM. John Allen: 360-871-0997 or jcallen@q.com

RENTON—2nd Fri. 12:30 pm; Renton Senior Ctr., 211 Burnett Ave. N., Renton. Hearing assistance: amplification. Glenda Philio: philiofam@juno.com or 253-631-2345 (evenings)

SKAGIT CO.—2nd Tues. 1:00 pm; Fidalgo Center, 1701-22nd St., Anacortes. Hearing assistance: amplification, FM. Jerry Olmstead: 360-299-3848 JOLmst623@aol.com or Donna Sherman 360-299-2035 2oldies@verizon.net

SNOHOMISH CO.—3rd Sat. 1:00 am; Providence Regional Medical Center, Pacific Campus, 916 Pacific Ave., Everett (Main Level meeting room); Hearing assistance: amplification, FM, real-time captioning. Steve Pettijohn: spettijohn@msn.com or Dusty Hansen 425-353-7515

SPokane—1st Sat. 9:30 am; Eastern WA Center for the Deaf and Hard of Hearing, 1206 N. Howard, Spokane. Hearing assistance: amplification, FM, Induction Loop. Margaret Mortz: mortz@gmail.com or 509-893-1472 or hlaspokane@gmail.com

TACOMA—2nd Sat. 10:00 am, TACID, 6315 S. 19th St., Tacoma. Hearing assistance: amplification, FM, real-time captioning. Melinda Wagner 253-851-6183 or gracelavendar@comcast.net

WEST SEATTLE—3rd Wed. 1:30 pm; West Seattle Christian Church Library Room, 4400 42nd Ave. SW, Seattle. Hearing assistance: amplification. Jack Eldridge: 206-937-5996 or David Kitzke:206-932-7538 or krddrk@yahoo.com

WHATCOM CO.—3rd Sat. 9:30 am; Christ The Servant Lutheran Church, 2600 Lakeway Dr., Bellingham. Hearing assistance: amplification, FM, and captioning at selected meetings. Joyce Sweeney: 360-734-0469 or jampls@comcast.net

Skagit Chapter honors long-time member
By Danny Beatty, Anacortes

Susan McPhee was one of the first members of Skagit SHHH, now HLA. About eleven or twelve years ago, the chapter needed a representative to attend Community Health Resource meetings at our local (Island) hospital. Susan volunteered to be the delegate.

From that time until about a year ago, Susan continued to represent the chapter each month. She would then report back to the chapter, always with notes and extra handouts of topics pertinent to our members. Her involvement covered about ten years, which calculates into something like 150 to 175 meetings attended for the betterment of the Skagit Chapter.

Susan died in September 2009. She had brought the message of Community Health Resources to our chapter until spring 2009.

To honor Susan’s years of effort on our behalf, Skagit HLA asked its members for donations, which finally totaled $630. The money was then donated to the assistive listening system at Susan’s church.

Over the years she had commented about the difficulty she and others had in hearing the services. Improvements to the system will carry forward in Susan’s memory.
Return Service Requested