The hearing aid game
By Penny Allen, President

Have you been flitting from one dispenser to another, looking for the Holy Grail of hearing aids? Are you scouring all those glossy ads that only perpetuate your mortification over diminished hearing? Do you lie awake at night thinking about that amazing invisible hearing device that will miraculously make all your problems go poof?

Or maybe you’ve already been down that road and decided to call it quits. You’ve tucked your hearing aids into that unthinkable place—the dresser drawer. Unfortunately, you’ve also told all your friends that hearing aids don’t work.

Well, cheer up, because hearing aids do work. But first you need to wend your way through this maze of confusion and hyperbole and head in the right direction. It’s a good idea to ignore any ad that...

- uses the word “embarrassment” (as if you had a bad smell).
- promotes invisible hearing aids. Sport those hearing aids, and people won’t think you’re stupid when you say something stupid.
- mentions free testing. You need a hearing evaluation, and that usually isn’t free.
- offers to throw in a free 30-day trial. It’s the state law.
- gives you a free tour of your ear via the amazing otoscope. Yikes! And forget those whispers—you’re not likely to understand whispers with a hearing loss, no matter how good the hearing aids!

The Board of Hearing and Speech, which oversees the licensure of audiologists and fitter dispensers, keeps a close eye on false advertising. However, it’s relatively easy for businesses to entice uneducated buyers by alluding to happy times, warm places, and beautiful people. These are illusions that many uninformed people buy into, literally. Just to confuse matters, the good guys advertise as well—and sometimes with the same alluring appeal.

Don’t shop for a hearing aid. Look for the provider first—someone competent. Aha! How do you know who is competent? Before you even set foot inside the door, ask if the dispenser uses “real-ear testing” (using a probe in your ear while you’re wearing your hearing aid). If the answer is “No” or “Huh?”, try someone else. “Can you hear me now?” just doesn’t cut it.

It is illegal, in our state, to purchase hearing aids through Internet or out-of-state sales, so you will be looking for an audiologist or a hearing instrument fitter/dispenser who is licensed in the State of Washington. Choose someone who

(Continued on page 2)

About us
The Hearing Loss Association of America (HLAA) is the nation’s leading organization representing people with hearing loss. According to the National Center for Health Statistics 17% of American adults have some degree of hearing loss, making it a public health issue, third in line after heart disease and arthritis.

HLAA provides assistance and resources for people with hearing loss and their families to learn how to adjust to living with hearing loss. Its national support network includes an office in the Washington D.C. area, 14 state organizations, and 200 local chapters. HLAA impacts on communication access, public policy, research, public awareness, and service delivery related to hearing loss.
(Continued from page 1...The hearing aid game)
sells several hearing aid brands and models. Certain businesses have proprietary software, which means you may not be able to have your hearing aid serviced elsewhere, other than the same chain. You may end up paying more in dissatisfaction, time, and money if you are unhappy with your dispenser or if you move.

After careful evaluation and a chat about realistic expectations (i.e., forget about hearing a mosquito flying around the room) your dispenser will recommend the hearing aid that will best suit your needs. Generally speaking, a hearing aid that fits over your ear will be more effective—it has more features, lasts longer, and is easier to maintain than a canal aid. That is, unless you sweat a lot around your ears—and that’s a problem you should discuss with your dispenser.

Two things your hearing aids should have: directional microphones and telecoils. While directional microphones appear to be the norm these days, telecoils are omitted in some hearing aids in an effort to miniaturize them. Or they may have automatic telecoils or installed telecoils that are not activated. Automatic telecoils may work fine for the phone, but they are typically not strong enough to activate with an induction loop (remember, a neckloop is also an induction loop). No telecoils, you may be in trouble.

There is also a tendency to go cheap (“Why does a little thing like that cost more than my laptop?”), but this is one area where the more you spend, the better chance you’ll have of succeeding. If you can’t communicate, you can’t do much else in the form of human interaction—and you, my friend, become a problem for a lot of people. Think of your hearing aids as a necessity instead of a luxury, and life will improve.

Finally, have routine follow-ups. Poor fitting ear molds are a common complaint but an easy fix. Sometimes it takes several remakes. Sometimes the settings need to be tweaked. Keep an eye on the calendar—you have 30 days by law to return hearing aids, and many dispensers offer more time than that. If you don’t like the hearing aids, try a different pair with a new trial period. Be persistent till you get the hearing aids that work for you. Don’t give up!

Most of us in HLAA have found that we need to supplement hearing aids with assistive listening devices because hearing aids have limitations, most notably distance. A good dispenser will work with you to use these devices.

Become a member of HLAA so you can learn new coping strategies. Join a chapter, either near you or online. Read the Hearing Loss magazine, where you’ll learn how others are coping with hearing loss.

If your comprehension is poor, in spite of doing all this, stop wasting your money on hearing aids and seek a cochlear implant evaluation. Many dispensers are still unaware of the criteria for a cochlear implant. You may be a candidate but have been discouraged because you’ve been told your comprehension is too good. You know if you’re struggling, and only an implant audiologist can determine if you qualify. (See “When hearing aids are not enough” on Page 10.)

Resources:
- www.consumerreports.org/health/healthy-living/homemedical-supplies/hearing/hearing-aids/overview/hearing-aids-ov.htm
- www.hearingresearch.org/ross/hearing_aids/evaluating_the_performance_of_a_hearing_aid_in_the_real-ear.php
- “Hearing Aids + Dispenser... Should Equal Success”...By Mark Ross. Hearing Loss magazine, Nov-Dec 2009
- Board of Hearing and Speech www.doh.wa.gov/hsqa/Professions/Hearing_Speech/default.htm
What is an induction loop?

An induction loop (also referred to as a “hearing loop” or “audio loop”) is based upon electromagnetic transmission. It consists of a microphone, an amplifier, and a loop of wire that usually runs along the perimeter of a room and is hidden under a carpet or in the ceiling.

When a user switches to the telecoil program (or t-coil or telephone program) in a hearing aid or cochlear implant processor, sound from the audio source is detected through the wire loop and heard through the telecoil. Because the user has shut off the hearing aid or processor microphone and hears only what is coming from the audio source, ambient room noise and distance are bypassed. Many churches and meeting facilities are installing induction loops, which is an excellent reason to have telecoils in your hearing aids. Non-telecoil wearers can use an induction receiver (or telecoil receiver, as Oval Window refers to it) with a headset, earphones, or ear buds.

Systems for consumers can also be purchased for TV listening or for small meetings. Many individuals choose to loop a chair, a living room, or even their entire home so they can listen to the TV without using special equipment or disturbing other family members.

Permission granted from Oval Window (www.ovalwindowaudio.com) to use illustration.
The Deaf and Hard of Hearing Consumer Advocacy Network (DHHCAN) announced a new DHHCAN Consumer Action Guide for Air Travel. It is based upon the recent update of the Air Carrier Access Act regulations issued by the U.S. Department of Transportation in May 2009, during one of the most comprehensive overhauls since the Act was enacted in 1990. The Air Carrier Access Act (ACAA) sets out requirements for disability access at airports and on airlines. These ACAA rules give protection from discrimination by:

- Prohibiting U.S. and foreign airlines from discriminating against passengers on the basis of disability;
- Requiring airlines to make aircraft, other facilities, and services accessible;
- Requiring airlines to take steps to accommodate passengers with a disability.

The guide outlines requirements that information and reservation services be accessible to individuals who are deaf, hard of hearing, and deaf-blind through TTY, Relay Services, or other technology. Televisions at airports must have captions turned on. A traveler who self-identifies that he or she is deaf, hard of hearing, or deaf-blind has the right to prompt and accessible information throughout the terminal, as well as all effective communications with aircraft personnel. Service animals are allowed to accompany a passenger with a disability in the main cabin of the aircraft. Because the airlines have major concerns about their ability to convey safety information to deaf-blind travelers and to assist them in emergency evacuation, they are permitted to require that a safety assistant accompany the deaf-blind traveler at no extra charge. Additionally, airlines must assist an individual who requests help moving around within the airport terminal.

The Action Guide provides guidance on filing a complaint if the traveler experiences some form of discrimination. DHHCAN recommends that travelers file complaints with the U.S. Department of Transportation when any of these rules are violated.

The DHHCAN Action Guide on Air Travel is available online at: [www.tdi-online.org/pdfs/dhccan_airtravel_2009_guide.pdf](http://www.tdi-online.org/pdfs/dhccan_airtravel_2009_guide.pdf). It joins the third annual update of the coalition’s Consumer Action Guide on Captioning at [www.tdi-online.org/pdfs/](http://www.tdi-online.org/pdfs/).
At birth, each of us was given a gift—one that we still have and will retain until death. It is the gift of non-verbal communication.

Anyone who has been in the company of a newborn knows that infants are acutely aware of the attitudes and feelings of the adults around them. They have to be, for they are totally dependent upon the goodwill and care of adults. They search our faces for emotional signs, and they can feel stress, fear, and acceptance in how we are holding our bodies—and theirs.

Hold an infant when you are afraid or angry and the child will immediately become agitated, prompting you to either put the child down or calm down and comfort the child. Either way, the infant has moved itself into a safer environment. By smiling and looking cute, babies prompt us to be protective and to care for them. Nature has provided them with a powerful survival skill!

Babies read the tone of our voices, the expressions on our faces and the way we hold our bodies; the actual words mean nothing to them. They interpret the signs they read to discover if they are wanted, loved, cared for, or in danger. And because infants have no language, we listen to the tone of their cries, they way they hold their bodies and the expressions on their little faces to figure out what they need.

As babies acquire language, they consciously begin to rely on it to communicate, but subconsciously continue to depend upon their non-verbal skills. This continues throughout life. Studies have shown that the words we say make up only about 7% of communication. Approximately 35% is made up of the tones of our voices; and the remaining nearly 58% consists of body language, facial expressions, and gestures!

(Continued on page 6)

**HLA-WA Sudoku**
*By John Allen, Port Orchard*

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**How to play:**
2. Each column must contain the letters A, E, G, H, I, N, R, S, and O.

**Solution:**
1. The correct solution reveals a 7-letter word of importance to HLA-WA members and is repeated twice (appears 3 times total) either across or down. Difficulty level is “moderate,” measured on the hearing loss scale of mild, moderate, severe, and profound.
2. The solution is on Page 11 of this newsletter.

If you have a HLA-WA brain teaser you’d like to share, e-mail jcallen@q.com.
It is important for people with hearing loss to recognize they still have very effective communication tools, even as their hearing deteriorates. Speechreading is one aspect of non-verbal communication, because it relies on facial expression and body language interpretation to augment lipreading. Understanding that, since birth, you have had all of the non-verbal skills you need takes the mystery out of the process.

There are some problems that have to be faced and overcome, however. First of all, the age-old “Face Me” issue. You can’t read facial expression or lipread if you can’t see the face! Wearing the “Face Me” buttons, t-shirts, etc. can help you alert others that they need to face you. And, of course, you have to tell them—over and over!

Second, people don’t always make their non-verbal language match their spoken words! This is especially true when hearing people are speaking to people with hearing loss; they think that they can overcome the hearing loss by yelling. The fact is, when a person yells, he or she looks angry. It all leads, however, to miscommunication. People with hearing loss feel that others are angry with them, perhaps because they’ve asked for something to be repeated or because they didn’t hear in the first place. If the speaker slows down too much and exaggerates the speech, people with hearing loss feel condescended to or that the speaker thinks they are stupid. Hurt and anger are the result and communication has failed. Recognizing that yelling and exaggerated speech are attempts to communicate better, and explaining exactly what you DO need for better communication is the answer—not bluffing, becoming angry or withdrawing from the conversation.

Third, as hearing people we fail to recognize how much we rely on non-verbal communication, and some of these skills may have become rusty. We don’t automatically regain those skills as hearing fades. It takes increased awareness of non-verbal signals and practicing to understand them to help those old skills become strong again. Speechreading classes are an excellent way of regaining skills, as they provide instruction, guidance, and exercises in a safe environment. HLA-WA chapter meetings also provide a fertile environment where non-verbal skills and speechreading can be practiced and the skills recovered.

It helps to know that you are not learning a new language but are reactivating one you have always had, one that you innately understood at the beginning of life and will have forever.
Convention 2010—don’t miss it!
➢ First-time attendees receive a registration discount!
➢ Register for the full activity package by December 31 and your name will go into a drawing for three free nights at the Hilton Milwaukee City Center!
➢ Iraqi and Afghanistan vets get free registration.
(Email convention@hearingloss.org for more details).

The HLAA Exhibit Hall is the largest accessible consumer trade show for people with hearing loss, their families, friends, and professionals who work with them. See www.hearingloss.org/convention for more information and convention registration.

Captions coming to online videos

Google
November 19, 2009: Google unveiled new technologies that will automatically caption many YouTube videos. The vast majority of clips on YouTube do not have captions and the Google technology, which relies on voice-recognition software, will generate them easily and for free. YouTube is initially applying the captioning technology mostly to educational content, but plans to gradually expand. It currently uses speech-recognition technology to transcribe voice mail messages for users of its Google Voice service.

Google also introduced a related service that gives anyone who uploads a video to YouTube the option to also upload a text file of the words spoken in the video. Google will turn the text file into captions, automatically matching the spoken words with the files. This technology will be available to YouTube users worldwide. Google said it would be particularly useful for videographers who shoot from a script, since they already have a file of the text spoken in the video.

In addition to helping people who are deaf or do not speak English, the captions will make it easier for anyone to search text inside videos and find specific snippets within a video. Read more at www.newsfactor.com/story.xhtml?story_id=021002DT307U.

PLYmedia
Following Google’s announcement, PLYmedia announced it will be providing live captioning to certain video platforms. Unlike Google’s captioning system, which uses speech recognition technology, PLYmedia will use live captioning with national certified court reporters. It says it can deliver more accurate results this way. (Google admits to having more errors in its initial phase but hopes to improve accuracy).

PLYmedia’s technology also offers automatic translation into “multiple” languages, as well as several other exciting features. Read more at http://newteevee.com/?s=plymedia.

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 (VCO or CapTel), or TTY, plus a telephone ring signaling device. A contract trainer can deliver the equipment and show you how to use it. 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 e-mail robiskd@dshs.wa.gov or download an application: www.dshs.wa.gov/hrsa/odhh/ted.shtml
Implantcomer 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.

A word to the wise—some precautions
By Charlene MacKenzie, Bellingham

How many of you with cochlear implants are already familiar with a distorted sound sensation when going through strong electromagnetic fields, such as commercial theft detectors? There are, surprisingly, other sources of interference you should be aware of that actually do harm. One is the airport x-ray machine that x-rays your luggage. Always hand carry your spare processor and give it to the security staff, along with your “Cochlear Implant Patient Identification Card”, as you go through the security checkpoint. It may avert a possible corrupted program in your processor.

Another potential problem involves medical procedures. How do I know? Let me explain my recent close call. To remove precancerous growths on my face, my dermatologist planned to perform a process called electro-dessication, rather than the more common freezing and surgical shaving of that area.

That term, electro-dessication, concerned me because I remember being told that we who have CI’s must avoid MRI’s and electromagnetic surgery, among some other medical treatments, that generate induced currents into our bodies.

My memory served me well...and in time! I checked with the UW Medical Center and was told that this electromagnetic surgery is capable of inducing radio frequency currents that could flow through the electrode array in my cochlea and could cause damage to cochlear tissues or permanent damage to the implant. Discussing this matter with my dermatologist has resulted in choosing a safe alternative to address my skin problems.

So what have I learned? First, I will pay more attention to the precautionary information given me this year about my cochlear implant! Second, I will advise all the medical/dental offices where I am a patient about the precautions required as a cochlear implant recipient—not just wear a medical bracelet on my wrist and assume it will protect me. Third, I will ask specific questions of my physician and dentist before undergoing any medical or dental procedure.

Here are red flags for CI recipients. If you are in a medical situation in which the following terms might relate to you, your safety as a CI recipient is at stake. Investigate their impact: electrosurgery, use of monopolar or bipolar electrosurgical instruments, neurostimulation, electroconvulsive therapy, ionizing radiation therapy, and magnetic resonance imaging (MRI).

Section editor’s note: We CI recipients should always wear a medical identification bracelet or necklace to further protect ourselves. Mine reads, “Cochlear Implant left side. No MRI or electromagnetic surgery.” ID bracelets and necklaces can be purchased on-line. Some are inexpensive and if money doesn’t matter, a gold diamond chip studded bracelet goes for about $5,000. Actually, I paid about $25 for mine. After some research I found a good source at www.idtagsonline.com/.

South support groups

South Sound
CI support group meetings are sponsored by the Hearing, Speech and Deafness Center and held the 4th Saturday, every other month, from 10:00 am-12:00 pm. Meetings are captioned and will resume January 23. Contact Christine Seymour, Communication Advocate for the Hearing, Speech and Deafness Center, Tacoma; Phone 253-475-0782; TTY/VP 253-474-1748; Cseymour@hsdc.org.

Bellingham
The Hearing Loss Association of Whatcom County (HLA-WC) is sponsoring a support group to serve CI recipients, candidates, friends, families, and the curious in Washington's northwest counties.

The first meeting on October 18 was an overwhelming success, with 25 participants coming from as far south as the Seattle metro area to share their stories and engage in an interactive presentation by Linda Day of Cochlear Americas. Cochlear Americas co-hosted the meeting and provided open captioning.

The group plans to meet five or six times during 2010, with the next meeting scheduled for Saturday, January 9, at Christ The Servant Lutheran Church, 2600 Lakeway Drive, Bellingham. The facility has excellent lighting, sound amplification, and FM ALS. HLA-WC is working on plans to continue captioning.

Contact Bert Lederer at bertlederer@msn.com (preferred) or cell 360-319-4540 (V), if you are interested in receiving information about upcoming meetings and events. Spread the word!
My cochlear implant surgery was on August 24, 2009, with my processor activated and programmed on September 15. What an experience! First I went through all the tests—volume, dings and dongs and highs and lows, and then my audiologist, Tina Worman, said, “Now we are going to start with a few words.” I replied, “OK.” Tina asked, “Did you hear me?” I answered, “Sure!” and she responded, “But you weren’t looking at me!” I think I said something like, “Well, what did I go through all this for then?”

All the equipment Tina gave me was somewhat overwhelming! There’s a carry-on suitcase-sized box filled with “stuff” like rechargeable batteries, a charger, Dry and Store, batteries, and cords for this and cords for that. I hope to use all this, of course, but it may take me a while to get brave enough.

I am glad I made the decision to have the surgery and go through the grueling process of healing. But right now I am not quite raving about it like many other recipients. I was very slow to heal in the area of the incision. I had to go back to the UW a few times to be checked and put on antibiotics. I am still tender in the surgery area and have to take my processor, magnet, and glasses off a couple times a day for a little while. Tina put a longer cord on my processor, and for a couple weeks I had to wear my “ear” on my collar.

I hear my son very clearly! He is nice to look at, but I am really happy to be able to look away while he is talking. Also, I can understand my friend, Bonnie, when she is a passenger in my car. Bonnie used to be the listener while I drove, but now she gets the chance to talk a little.

An interesting experience happened when I attended the recent “Listen for Life” program at Virginia Mason. I was getting ready to hook up my ALS receiver when the speaker, John Waldo, started talking into the microphone before I finished. I understood him fine, so I didn’t use the receiver. Another interesting incident happened at a wedding I attended. I understood everything clearly, since they used the microphone. At the end, the sound operator said she wasn’t sure the microphone was placed correctly and wondered if anyone heard the vows. I said, “I did!”

Now I’ll end this story with a (Continued on page 10)
funny. One Sunday when I came home from church, my husband, Larry, had a nice snack ready for us to eat during the ball game so we weren’t hungry for dinner. But about 9:30 pm I went into the kitchen and made a salmon wrap. When I left the kitchen, I flipped off the kitchen light. Larry then walked into the dark kitchen from another door and said, “What did you turn the kitchen light off for, you dork”? I turned around from the other room and said, “I heard that!” He made me repeat it and then he covered his mouth. We both laughed happily.

Section editor’s Note:
Every CI recipient is has a different experience in recuperation and the aural rehabilitation process. It is important for recipients to share their experiences and receive support from other recipients, family, friends, and the health care community. If you have a story to share, please send it to me at bertlederer@msn.com.

When hearing aids are not enough

Those of us with severe to profound hearing loss find that hearing aids, no matter how sophisticated or powerful, do not bring our speech discrimination anywhere near the normal hearing range, let alone help us with other everyday sounds.

Here is a “Self Evaluation Quiz” and a brief statement of the criteria for cochlear implants from the Cochlear Americas web site.

Take this quiz to see if a cochlear implant is right for you. With the use of hearing aids...

- Do you frequently need people to repeat themselves during a one-on-one dialogue—even in a quiet room?
- Is phone communication difficult?
- Are you becoming increasingly dependent on lip-reading?
- While dining in restaurants, do you miss out on much of the conversation?
- Are you frustrated in listening environments, such as a lecture or meeting?
- Do you primarily watch closed captioned shows?
- Do you no longer hear the birds singing?

If you answered yes to three or more of these questions, you may be a good candidate for a cochlear implant.

Candidacy Criteria for Adults 18 years and over

- Severe-to-profound sensory neural hearing loss in both ears
- Receive little or no useful benefit from hearing aids

Qualified candidates are those scoring, with a hearing aid, 50 percent or less on sentence recognition tests in the ear to be implanted and 60 percent or less in the non-implanted ear or bilaterally.

Permission to use this information from Cochlear Americas. See www.cochlearamericas.com/index.asp.

We appreciate your support!

Your donations help us fund projects that benefit people with hearing loss. We are especially grateful for our newsletter advertisers in this issue: Advanced Bionics; Audient; Cherri Hoyden, Au.D, CCC-A; Cochlear Americas; and John F. Waldo, Attorney at Law. Paid advertising helps us provide outreach newsletters to clinics, hospitals, and to be distributed at health fairs. The following contributions are for July 2009 through September 2009:

- George Cooper, College Place
- Betty Ruble, Auburn

Safeo Insurance Employee Giving
- Mulushewa Asgehedom, Kent

Microsoft Match
- Mark and Susan Svancarek, Redmond

United Way
Did you know you can make regular United Way contributions and help hard of hearing people in our state?

These readers have supported this newsletter throughout the year through United Way:
- Erlene Little, Oak Harbor
- Timmie Mauck, Poulso
- John C. Robbins, Renton
- Della Ramsden, Seattle

- George Ross, Seattle
- Lilia Smith, Camano Island
- Beverly Ziarko, Kent
- United Way Kitsap County, unknown donor

Double your donation!
Please ask your employer if your company has a matching gifts program. We are a 501(c)(3) organization and this is an easy way to contribute.
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 Four Square Church, Chapel, 14434 NE 8th St., Bellevue. Hearing assistance: amplification, FM, Induction Loop. Mary Carter: greymare25@aol.com or Bev: 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, FM 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. 11:00 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: 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 Kitezke: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

Chapter Coordinators contact information:
Karen: 206-817-3213 or e-mail Chaptercoordinator@hearingloss-wa.org; or Bev: 253-631-3141 or zbev@msn.com

HLA-WA Sudoku Solution
7-letter word of importance that appears 3 times is “HEARING” in the 2nd, 5th, and 8th columns.

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