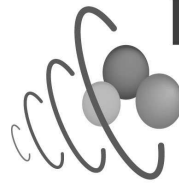


Hear It Is!

Oregon



**Hearing Loss
Association
of Oregon**

Autumn 2013

Issue 55

Successful Fall Workshop Well Attended

A small group of hard-working individuals put together a workshop that was well attended (55) and well funded. They secured a meeting place, brought in sponsors and speakers, put out flyers, and arranged for the mid-day meal.

Thanks to the generosity of the sponsors (see page 4) and the willingness of the Salem Hospital to provide a meeting area free of charge, the event actually made a profit.



The workshop was held at the Salem Hospital Community Health Education Center on September 21. Dr Jullitte Sterkens was the keynote speaker on Looping Oregon (see page 6 of the summer issue for her article on looping). Kimberly Poage spoke on "Elephant in the Room" for those with hearing loss and disclosure with finding jobs. Laurie Brooks and Elisha Kirsch provided a hands-on exploration of assistive technology from Access Technologies.

Dr. Cheryl Davis spoke on Self Advocacy. She admitted to being somewhat introverted but felt empowered when she began advocating for herself. We need to let people know what our needs are: "People can't (and won't) do better if they don't know better". So why do we avoid self-advocacy? "We start rationalizing our hesitancy: it's too much trouble, I don't want to put anyone out, it will cost too much, they would never agree to it anyway. Some of these reasons may be true some of the time, but they are not all true all of the time."

Cathy Sanders and Kathy Eckert-Mason were co-chairs of the planning committee. Mary Fagan arranged for the facility and meals. Bob Williams and Duane Davis were the Loop coordinators. Sara Weiner-Collier also pitched in with the planning but was unable to attend. They were aided by the expertise and coordination of Cynthia Crosby and Rick Ries of the Salem Health CHEC staff. Elizabeth Archer and Judy Hunter provided the real-time captioning. Thanks to all of them for a job well done!

From My Lips to Your Ears

Editorial by Chuck Vlcek

The 2013 Fall Workshop is now history, and the wrap-up is now on the front page. It should be noted here that attendance was better than the picture shows. Quite a few people were sitting in back. Dr. Cheryl Davis, speaking about self advocacy, made an interesting statement that seems to echo the “illusions” described by John Waldo in his article on pages 11 and 12.

HLAA has mandated that we adopt a new logo, and that has been approved by the board of directors for HLA-OR. However, the logo itself is still being tweaked and the final version won't be ready until December. Thus the old logo remains on the masthead, but the next issue will have the new one.

The logo is not the only change. HLA-OR must henceforth call itself HLAA Oregon State Association, which is a mouthful. It is tempting to just expand the acronym to HLAA-ORSA or something of that ilk.

Please read the important correction notice about vaccination for meningitis on page 8. The long link for further information was placed at the bottom of page 6 where it would fit on a single column.

It is time for folks to declare candidacy for board positions -- see page 15. We have some big shoes to fill, as David Viers has moved to Tacoma. The board can have as many as 17 directors but only 12 are on board at this time. We welcome interested people to serve on various committees. Board membership is not required for committee work. Much of this work can be done online and does not necessarily entail travel. We also need a new webmaster (page 5). Inquiries about all of these positions should be sent to info@hearinglossOR.org.

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Hear it is! will regularly print your hearing loss-related stories – personal experiences, coping strategies, and evaluations of technology are welcomed. Maximum word count is 500 words. Article contributions should be made to the editor at info@hearinglossOR.org.

For advertising information and rates, contact Karen Swezey at info@hearinglossOR.org.

Deadline for Winter 2014 edition: Dec. 31, 2013.



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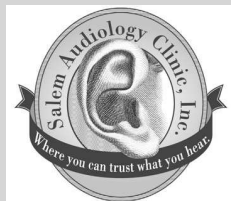


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<http://www.hearingloss.org/content/convention>

The link shown above will provide you with the latest information and convention plans, and provide additional links to the fine details as well as the registration page. Early-bird rates will be available for HLAA members through Friday, January 31, 2014. A preliminary schedule is provided but a full schedule will not be ready until January 2014. The keynote speaker for Convention 2014 is music composer Richard Einhorn. He will speak at the opening session scheduled for Thursday, June 26, 5 p.m. – 6 p.m.

Individual Membership in HLAA is \$35 for 1 year, \$95 for 3 years, or \$140 for 5 years.

One-year membership in HLAA is \$20 for student, \$45 for couple/family, \$50 for professional.

Membership includes the award-winning bi-monthly magazine, *Hearing Loss*. Write to HLAA, 7910 Woodmont Ave., Ste. 1200, Bethesda, MD 20814; 301-657-2248 (Voice); 301-657-224 (TTY); 301-913-9413 (Fax) or www.hearingloss.org.
PLEASE JOIN TODAY!

WebMaster Wanted for the HLA-OR website

A webmaster is needed for the HLA-OR website. A new website is currently in the works using Weebly software (no special programming experience needed). We need someone to finish up this project and move it from its test location to reside where the current site exists. Only very occasional future changes are anticipated.

HLA Oregon is an all volunteer effort. No one receives pay for time and effort expended - but efforts on behalf of the organization and its members are greatly appreciated. If you are interested please contact us at info@hearinglossOR.org

Turning on the Captions: an Educational Tool

A simple change -- switching on captions -- can make a big difference when students watch educational videos, an SF State professor has discovered.

Robert Keith Collins, an assistant professor of American Indian studies, found that students' test scores and comprehension improved dramatically when captions were used while watching videos. The tool is often utilized for students with learning disabilities, but Collins says his results show captions can be beneficial to all students.

Collins developed the idea while he was a member of a faculty learning committee focused on ways to make the classroom more accessible to all students. During the first year of a two-year case study, he showed videos without captions to establish a baseline of student comprehension. Once that baseline was established, he turned captions on and began to see improvements. Those improvements continued into the second year of the study.

"Not only were students talking about how much having the captions helped them as they took notes, their test scores went up," Collins said. "During the baseline year, there were a lot of Cs. In the second years, they went from Cs, Ds and Fs to As, Bs and Cs. It was really significant improvement."

That improvement didn't just manifest itself in grades. Class discussions also became livelier and more detailed, with students recalling specific information shown in the videos such as names of people and places.

"We're living in an age where our students are so distracted by technology that they sometimes forget where they should focus their attention when engaged with technology or media," he said. "Turning on captions seems to enable students to focus on specific information."

The study was unique, Collins added, in that it explored captions' impact broadly, as opposed to other studies that examined their effect solely on students with learning disabilities.

For the rest of the story: <http://bit.ly/16ZzjSZ>

The above article appeared in Science Daily on 11 October 2013 under the title "Video Captions Improve Comprehension". Thanks go to Collaborative for Communication Access via Captioning: <http://cccaptioning.org/>.

Meningitis vaccination link:

<http://www.cdc.gov/vaccines/vpd-vac/mening/cochlear/dis-cochlear-gen.htm>



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Within Earshot: News You Need to Know

Important Correction!

In the Spring 2013 issue of “Hear it is!” the CI Corner column regarding the recommended immunizations for ADULTS was incorrect, as the recommendations for immunization were recently changed:

Adults (ages 18 years+) should receive the Pneumovax 23 (PPSV23) vaccine prior to surgery. Those who receive Pneumovax 23 *prior to age 65*, should receive another dose at age 65 years or later if at least 5 years have passed since their previous dose. Those who receive PPSV23 at or after age 65 years should receive only a single dose.

In addition, all adults should also receive one dose of Prevnar 13 (PCV13) (*this is the vaccine usually given to children*) in addition to the Pneumovax 23 detailed above.

For more information see the web link listed at the bottom of page 6.

Lions ROAR Update

The previous issue of “Hear It Is” described a Lions Club program called the Affordable Hearing Aid Project (AHAP), now known as Lions ROAR. This program provides low-cost, high quality hearing aids as well as services of hearing care professionals to conduct tests, fit the aids, and provide follow-up care.

In a recent memo, Keith Vance, Programs Director for the Oregon Lions Sight and Hearing Foundation, provided this update:

“The program to date has operated through All American Hearing providers located in specific locations throughout Oregon. Now All American Hearing has agreed to provide new

hearing aids for use with approved patients that see hearing professionals that are not affiliated with All American Hearing (AAH). We are in the process of developing an approved ROAR! network of providers. If your Lions Club is currently working with a hearing professional that is not AAH please submit their name to me for consideration of joining the ROAR! network of providers.”

HLA-OR Founder Goes to Tacoma



Oregon’s loss is Washington’s gain. David Viers, founder and past president of the Hearing Loss Association of Oregon (now HLAA Oregon State Association), has moved to Tacoma. He has a new job with the Hearing, Speech, and Deafness Center in Seattle. His position is Communications Specialist at HSDC’s satellite office in Tacoma. The photo above shows him with Chapter Coordinator Cathy Sanders; the plaque is a token of appreciation for all of his service to the hearing loss community in Oregon. He was also one of the founders of the Portland chapter and of OR-CAP. He will be greatly missed in Oregon, but the Washington chapters and WASH-CAP are rejoicing.

Tech Topics

HAT: 2013 HLA A Convention Update

By John Allen, Tacoma (WA) Chapter

What's new in hearing assistive technology (HAT)? HAT falls into three categories: 1) Assistive listening devices, which provide basic amplification via wire, or more sophisticated wireless help via FM, infrared, or induction loop. 2) Alerting instruments that use visual, tactile, and/or sound modification. 3) Telecommunications HAT, ranging from amplified to captioned phones.

It shouldn't be surprising that the trend to reduce the size of components continues. "Smaller" has a limit, however, when it comes to a device with buttons and screens because "too small" becomes difficult to operate. Two items at the convention exhibit hall were both smaller and effective: a conference (environmental) mini-microphone and a silhouette. Both are produced by the ELT Group of Nashville, TN. The conference microphone is effective up to 12 feet from sound sources (vs 8 feet). The silhouette (more effective than a neckloop for someone with severe hearing loss) is flatter and, therefore, lies more comfortably between the outer ear and the skull. This is an important feature when wearing behind-the-ear aids and/or glasses.

The most significant and surprising change in HAT is the merging of traditional assistive technology and smart phones. The mobile phone industry has long recognized the popularity and usefulness of smart phones to the general public and is now reaching out to people with hearing loss. All smart phones already contain microphones to capture sounds, speakers, and the circuitry to transmit / receive / amplify electronic sound signals. These features create barriers to people with hearing loss. The microphones and speakers are relatively ineffective (small size, recessed installation, and sometimes covered with a thin film for environmental protection) and the amplification pattern is suited to people with *normal* hearing. In the infancy stages are plug-in microphones and listening accessories to better capture derived sounds and deliver them to the ear.

In the development stage (T-Mobile announced a roll-out soon, and others are working on apps) are programs to adjust the amplification patterns of your phone to your specific hearing needs. In one experimental app, the listener self-administers an "audio quiz" by selecting the best and worst sounds among an assortment, repeating this quiz several times. The phone then reprograms the amplification pattern to match the listener's hearing needs. In theory, the product will be the combination of a pocketalker, a hearing aid, and a smart phone in one device. Look for these new features when purchasing or upgrading a smart phone.

Tinnitus

A poem by Cal Kelly

Where is the silence I desire?
Not in this lifetime, I fear.
Along with my youthful innocence, it is forever lost.

Quietness has been hidden for such a long while
I often question:
Was it ever a part of me?

Sounds of the day help mute my constant companions,
Twilight's calm returns them to me,
Each one ringing or buzzing his damned discordant drivel.

Mischievous urchins frolic upon my mood swings,
Incessantly whimpering during periods of calmness,
Noisily cavorting through each hint of anxiety.

Night's stillness never is.
Evenings hush is but a softer roar.
Slumber arrives, assisted by television's muffled voice.

Were the noisy imps fickle and suddenly disappeared,
Would I grieve, perhaps wait for their return?

NEVER

Chapter Capers

Douglas County Chapter: Several members of the chapter attended a memorial service for one of its members, Donna Warren, who passed away in August. Two other members are in their eighties. The remaining members unanimously agreed to cease regular meetings but to meet informally “on special occasions” such as the Christmas holiday period.

HLA-OR: It will change its name and become HLAA Oregon State Association, as mandated by HLAA, and has adopted the HLAA logo. At a recent meeting the board discussed whether to continue in its present form. There were questions about what the board can and should be doing, and how it can best serve Oregonians with hearing loss beyond what local chapters are doing. An ad-hoc committee has been established to look more closely at the issues and make recommendations to be considered at the next board meeting scheduled for March 15. Some actions may need to be taken sooner. It is likely that some committees will be deactivated due to lack of manpower and/or lack of priority. The surviving committees will need more active members. *You do not have to be a board member to be on a committee!* The state association also needs a new webmaster – see the notice on page 5.

What is your chapter doing? Send your story to the editor at cvlcek@centurytel.net

See pages 18-19 for contact information for these chapters and events.

CI Corner

Trend: Preserving hearing with cochlear implants

As the success rate of implants has improved, the candidacy criteria have changed to include individuals with less severe hearing losses. As a result, one recent advance in the field is the development of the Hybrid cochlear implant by the University of Iowa and Cochlear Americas in the early 2000s, paralleled by a similar “electro-acoustic stimulation” (EAS) device in Europe by MED-EL. The Hybrid or EAS cochlear implant is for people who do not qualify for a traditional cochlear implant because they do not have severe enough hearing loss – but still do poorly with hearing aids. These Hybrid or EAS devices are designed to preserve any usable low-frequency hearing, so that a cochlear implant can be worn with a hearing aid in the same ear.

Research shows that in quiet, Hybrid or EAS users often have similar speech understanding improvement as with traditional cochlear implants, but superior speech understanding in noise. This is due to the better frequency resolution of the residual hearing, which allows separation of different voices by pitch, compared to the cochlear implant which has very poor resolution. Similar benefits can be obtained, to a lesser extent, with a traditional cochlear implant worn with a hearing aid worn in the opposite ear. A nice analogy is that the cochlear implant provides something like a low-resolution camera image (like the first digital cameras over a decade ago), while the hearing aid provides a higher resolution but blurry image. Thus, the two provide more information than either alone.

Do you or someone you know qualify for a Hybrid or EAS cochlear implant? Clinical trials are ongoing through the country, including at OHSU. Criteria generally include:

- Hearing loss less than 65 dB below 500 Hz
- Hearing loss worse than 70 dB above 2000 Hz
- Word understanding scores of less than or equal to 60% in the best aided condition

Other criteria such as age may also apply. For more information, contact the implant center near you.

- *OHSU Cochlear Implant Team* (see ad on page 14)

THOUGHTS ON THE 23rd ANNIVERSARY OF ADA

By John Waldo

I will speak through the prism of my own disability, hearing loss. My legal practice focuses exclusively on how state and federal disability laws impact those of us with hearing loss, for better or for worse. I can't and won't pretend to have experienced the challenges specific to other disabilities, but some of what I have to say may have relevance for all of us.

I have been practicing law for over 30 years. For nearly 60 years, I have had a significant hearing loss. For the past six years, I have combined my professional background and my life experience in an effort to implement in reality the benefits and protections of federal and state disability laws.

When Congress passed the ADA 23 years ago, it recognized that individuals with disabilities are frequently excluded, in one way or another, from full participation in public life. Congress addressed that reality by requiring employers, government entities and many private businesses to provide some form of "reasonable accommodation" that will enable us to participate despite our disabilities.

We know from our own experiences that the promise of ADA is not yet a universal reality. I am part of an on-line community of disability-rights lawyers from around the country, and not a day goes by when I don't read about another hospital failing to provide an interpreter for a deaf patient, or a person in a wheelchair encountering structural barriers, or someone being ordered to leave a restaurant because of their service dog.

Yet we are seeing progress, and here I need to limit my remarks to the situation facing those of us with hearing loss. Many of our movie theaters are now providing individual devices that will enable us to read the dialogue and other aural information without disturbing the movie-going experience of other patrons. Portland Center for Performing Arts is now offering one captioned performance of each of its Broadway plays. The University of Oregon and Oregon State University are displaying the public-address announcements at their football and basketball games in written form on scoreboards visible to everyone, and the Seattle Seahawks will begin doing the same this fall.

When Congress passed the ADA, it recognized the important and fundamental reality that discrimination is seldom intended. Rather, discrimination against the disabled is most often an unintended effect of acts or omissions undertaken without considering the impact on people with disabilities. Put bluntly, *the problem is not so much that people are mean, but rather, that people are clueless.*

So to talk about the obstacles that are preventing the promises of the ADA from becoming a universal reality, and with apologies to Stephen Covey, I want to talk about what I will call the **Seven Illusions of Highly Clueless People.**

(continued next page)

Illusion No. 1 -- You are asking the impossible.

This is an argument that seemingly originated with a number of judges. They have looked at the language of the ADA to the effect that it is intended to provide “full and equal enjoyment” for people with disabilities. But, they have said, that is impossible, because blind people can never fully “enjoy” a sunset, nor can deaf people “enjoy” a symphony.

I want to just whack those judges. They are confusing perception with enjoyment. It’s quite true that I will never perceive the nuances of a musical performance to the same extent as someone with normal hearing, but I doubt anyone with normal hearing can imagine how deeply I enjoy a movie or a musical when, for the first time in 60 years, I can really understand the dialogue.

Nobody is more aware of our inherent limitations than we are. But the fact that we may never be equally able to hear, or to see, or to run doesn’t diminish the enjoyment we receive from being able to experience more than we have in the past. *Our message is that even if it is not possible to achieve perfection, please do what can be done.*

Illusion No. 2 -- You’re not missing anything important.

This argument jumps up in a lot of different contexts and guises. When our Washington group filed a legal action in Seattle asking the movie theaters to provide caption-viewing devices, a conservative radio talk-show host interviewed me, and said, “why can’t you just wait until the captioned DVD comes out.” When deaf football fans asked the Washington Redskins to caption the public-address announcements, the team said, “you don’t need to know what the PA announcer is saying to follow a football game.”

Those arguments profoundly miss the critical point. The issue is not the event itself. The issue is inclusion. People who just want to see the football game can stay home and watch it on television – it’s warmer, dryer and the beer is a lot cheaper. People go to the game to be part of a community experience. And yes, you can wait for the DVD to see a movie, but again, what you miss is the experience of participating with friends and family.

We may have lost our hearing, our vision or our mobility. But we have not lost our need, desire and entitlement to be part of a community. It is the inclusion that is important, not just the event.

Illusion No. 3 – There is no real answer.

An argument closely related to the “it’s impossible” is what I call the “why bother” fallacy. In our case in Washington, the movie theaters argued that because there was no universal agreement on a single preferred method of display, and even that some individuals with hearing loss cannot read well enough to follow movie captions, the court should not require anything. Our argument, which the court accepted, is that the inability to do everything cannot become an excuse for doing nothing.

Now as an aside, let me say that some of this falls on those of us with disabilities. The old adage that “the perfect is the enemy of the good” applies with great force here. We have to acknowledge that our needs must be balanced against other legitimate considerations like cost and feasibility. An example drawn from my own work is that many if not most of us with hearing loss would prefer that the movies employ open captions, visible on the screen to everyone. The theaters claim that hearing patrons find open captions distracting, and reduce attendance. There is some empirical data to back that up, and the courts have generally bought that argument.

The bottom-line lesson for both sides is this – it’s not a perfect world. *But it can and should be made a better world.*

The close corollary to this argument is the “wait until next year” argument, in businesses sometimes argue that at some undefined time in the future, there will be better, faster and cheaper ways to provide accessibility, and we should wait until then. When the movie theaters hauled this one out in Washington as a reason why they should not be required to provide caption-viewing equipment, our response is not that “better, faster and cheaper tomorrow” was untrue, but rather, that it would never not be true. We hope that better solutions will appear, and that as they do appear, they will be adopted. *But the prospect that perhaps we can do better tomorrow can’t be an excuse for not doing what we can today.*

The next four illusions will be discussed in the Winter 2014 issue of Hear It Is. Stay tuned!

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HLA-OR Quarterly Meeting Dates

The next meeting will be held on March 15, 2014 at Albany General Hospital (Room 1AB, 3rd floor). Dates of other meetings in 2014 will be announced later.

To confirm, contact President Bob Russell at bhrussell@frontier.com or call him at (503) 614-9730. Guests are invited to attend but should first contact President Bob Russell.

Board Election Notice

Elections will be held in March 2014 for seats on the HLA-OR Board of Directors. We meet each quarter (see schedule above). There may also be committee meetings. A full description of Board duties and activities is provided by the Board Reference Manual at: <http://www.hearinglossor.org/HLA-OR BoardReferenceManual.pdf> . Should you be interested in serving on the board or have questions, please contact the Nominating Committee Chair for 2014, at info@hearinglossOR.org **no later than December 31, 2013**. You should include your biography with any application to be placed on the ballot. Please note that board members are *required* to be members of the Hearing Loss Association of America.

USERS OF IP CAPTIONED TELEPHONE SERVICES: NOTICE FROM THE FEDERAL COMMUNICATIONS COMMISSION ABOUT POSSIBLE CALLING SCAM

The Federal Communications Commission has received information that consumers using Internet Protocol Captioned Telephone Relay Services (IP CTS) may have received calls from one or more persons purporting to be from the Federal Communications Commission (FCC), requesting the consumers to schedule a visit to the consumer's home regarding the consumer's IP CTS phone.

The purpose of this notice is to alert all IP CTS consumers that the FCC has not been scheduling any home visits to IP CTS consumers. If you receive a phone call from any individual claiming to be from the FCC who wants to schedule a home visit, we recommend that you do not provide any information to the caller, and do not agree to let the caller into your home. In addition, we request that you please report such calls to the FCC's Disability Rights Office at 202-559-5158 (voice/videophone) or Gregory.Hlibok@fcc.gov.

Did you know – Trailblazer games are now captioned at Moda Center!

Dr. Allan S. Mehr
Board Certified Audiologist

Pacific Audiology Center

"I have referred patients of all ages to Dr. Mehr for audiologic services for years. When the time came that I personally needed an evaluation and hearing aids, I became a patient myself. I don't think I can give a higher recommendation".

Michael W. Kelber, MD, FAAFP
Salem Family Physician

Dr. Mehr has over 32 years experience working with individuals with hearing loss. He started his career as a teacher of deaf children. He taught at schools for the deaf in Oregon, Maine and New York.

After obtaining his doctorate degree in Audiology from Adelphi University, he worked at the New York League for the Hard of Hearing in Manhattan. He was then hired by the Oregon School for the Deaf to supervise their Evaluation Center. He then established Pacific Audiology Center.

He has served on the board of the Oregon Speech and Hearing Association and the Oregon Academy of Audiology. He was appointed by Governor Kitzhaber to serve on the Oregon Board of Examiners for Speech Pathology and Audiology. He became chairman of that board.

120 Ramsgate Square SE
www.pacificaudiology.com
503 364-2828

We ask for Your Support!

Please, if you can, support Hearing Loss Association of Oregon and this newsletter through your donations. With your help, we can continue to reach out and educate Oregonians about hearing loss and the many ways to cope with it. *Knowledge is power.* We love sharing helpful information.

If you have not contributed in the last 12 months and are able to do so, please use the form on the back of the newsletter, and mail your tax-deductible gift to:

Hearing Loss Association of Oregon, PO Box 22501, Eugene, OR 97402

We thank the following folks who have sent donations since the last issue:

Jo D'Antonio

Dorothy Long

Ed Sickinger



**Need
Assistance
to Keep
In Touch?**

TDAP Telecommunication
Devices Access Program

Loans adaptive telephone
equipment at no cost to
qualifying Oregonians

OTAP Oregon Telephone
Assistance Program

Reduces monthly
telephone bills for
Oregonians receiving
qualifying benefits

(800) 848-4442 Voice
(800) 648-3458 TTY
(971) 239-5845 Videophone
puc.rspf@state.or.us E-mail

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www.rspf.org

Chapters in Oregon

Local chapter meetings are open to all. Family, friends, and professionals are encouraged to attend and become involved. Through chapter meetings and newsletters you'll find:

- *Insights into effectively living with hearing loss*
- *Support/Referrals/Information*
- *Information about the latest technology*
- *Coping strategies & tips*
- *An opportunity to make a difference*
- *Diminished feelings of isolation and aloneness*
- *Opportunities to share concerns and hear from others*



We believe in education - for those who hear well and those who cannot - so that both may understand the causes, challenges and possible remedies for hearing loss. At our meetings, you'll find a comfortable place where hearing loss is accepted and not a problem. Many people report that being a part of a Hearing Loss Assoc. group has made a major difference in their lives. Your participation benefits not only you, but others who attend as well. Following is a list of the current chapters and contact people in Oregon.

HLA of Central Oregon (HLACO) meets on the 2nd Wednesday of the month from 6 to 8 PM at the St. Charles Medical Center, 2500 NE Neff Road, Bend, in Conference Room A (by the front entrance).

Contact: Cliff Tepper
1664 NE Redrose Court
Bend, OR 97701
(541) 390-2174

**WESTERN OREGON
UNIVERSITY**

REGIONAL RESOURCE CENTER ON DEAFNESS

The Regional Resource Center on Deafness offers degree programs to prepare professionals to meet the unique communication, rehabilitation, and education needs of individuals who are hard of hearing, deaf, late-deafened, and deaf blind.

Please visit our Web site: www.wou.edu/rccd or contact us at **503-838-8444** or e-mail: RRCD@wou.edu.

Applications are generally due mid-March each year.

Hearing Loss Assoc. of Lane County meets 2nd Thursday each month - 7 PM at the Hilyard Community Center, 2580 Hilyard Street - Eugene.

Contacts: Andrea Cabral
e-mail: angora@comcast.net
(541) 345-9432 voice
PO Box 22501 OR Clark Anderson
Eugene, OR 97402 e-mail: clarkoa@msn.com

Hearing Loss Association of Salem meets the 2nd Wed. each month (except July and August) - 6:00 PM at the Salem Hospital Main Campus, Center for Outpatient Medicine, Building C, Conf. Room A, 1st Floor, 875 Oak Street SE, Salem, OR

Contact: Mary Fagan
e-mail: hlasalem@live.com
(503) 409-5491
3253 Dallas Hwy NW Salem, OR 97304-4222

HLAA of Portland meets the 3rd Monday each month (except June, July and August) 7 PM in the Wistar-Morris Conference Room, at the Good Samaritan Main Hospital Building, 1015 NW 22nd Ave., Portland 97210

Contact Anne McLaughlin (president)
e-mail: hlaportland@gmail.com
PO Box 2112
Portland, OR 97208-2112
www.hearinglossor.org/portland/

HLA of Douglas County is now inactive but still meets informally at irregular intervals.

Contact: Chuck Vlcek OR Barb Stoner
e-mail: cvlcek@centurytel.net (541) 496-0060
(541) 496-4541
P.O. Box 175
Idleyle Park OR 97447

Hearing Loss Assoc. of Linn and Benton Counties meets the 3rd Thursday of each month (except July and August) – 6:30 PM at the Senior Center – 65 “B” Academy Square – Lebanon

Contact: John Hood-Fysh
e-mail: jhood-fysh@wwmore.com
(541) 791-3725 (H) (541)-220-8541 (cell)
818 Broadalbin St. SW
Albany, OR 97321

For an electronic version of this newsletter:

<http://www.hearinglossor.org/news.htm>

To subscribe, e-mail info@hearinglossOR.org and we will notify you with the above link when a new issue is available.

If you are interested in starting a chapter in your area, contact:

Cathy Sanders
Oregon Chapter Coordinator
e-mail: catsindallas@q.com
(503) 881-1642 (cell) or
(503) 623-4662 (home)
1131 SW Marietta Lane
Dallas, OR 97338

or

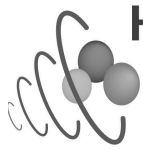
Chapter Coordinator
Hearing Loss Assoc. of America
(the National Office)
e-mail: elebarron@hearingloss.org
(301) 657-2248 - voice
(301) 657-2249 - TTY
(301) 913-9413 - FAX
7910 Woodmont Avenue Suite 1200
Bethesda, MD 20814

DISCLAIMER

Opinions expressed in this newsletter are those of the individual author and are not necessarily those of HLA-OR. Mention of products and services does not mean endorsement, nor should exclusion indicate disapproval. Personal experiences and diverse opinions related to hearing loss are welcome for publication, and should be mailed to HLA Oregon at the address listed below. Unless otherwise noted, readers interested in duplicating or distributing any or all material found in the “Hear It Is!” have our permission to do so. Please credit the source when using such material.

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I learned about the newsletter from: _____

- Enclosed is my contribution of \$ _____ to support the **Hearing Loss Association** outreach programs in Oregon. Contributions will be acknowledged in the next issue.
- I wish to remain anonymous.
- I cannot contribute but would like to receive the newsletter.
- I want to join **Hearing Loss Association of America**, the National Organization. Please enroll me as a member. I'm including my membership fee (see bottom of page 5 for fee schedule).

Or you can sign up online at www.hearinglossOR.org (click membership, then click application)

Hearing Loss Association of Oregon is a 501(c)(3) charity and depends on donations and grants. All personnel are volunteers. Please send your donation to support our efforts to ***Hearing Loss Association of Oregon*** PO Box Box 22501, Eugene, Oregon 97402.