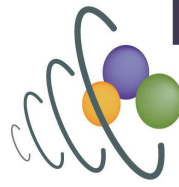


# ***Hear It Is!***

## ***Oregon***



**Hearing Loss  
Association  
of Oregon**

Autumn 2008

Issue 35

## **Changing Negative Thoughts About Hearing Loss (Words Matter!)**

**By Marc F. Zola, LPC MFT**

Cognitive Behavioral Therapy (CBT) is well known for its effectiveness in the treatment of depression and other mental health issues. Lesser known, however, is that CBT has also been successfully used in the treatment of the emotional impact of hearing loss. The basic idea of CBT is that our thoughts and beliefs determine what we feel and how we behave. In other words, the emotional disturbances that can accompany hearing loss are caused to a great extent by rigid, distorted thinking. Distorted thinking takes shape in the language we use to talk or think to ourselves. Examples include all-or-nothing thoughts like, "I can't live with hearing loss", "I'm useless", "Hearing loss has ruined my life and I will never be happy." The underlined words highlight the rigidity of the statements.

These rigid thinking patterns tend to lead to even more rigid thoughts or 'awfulizing'. Having and accepting such thoughts leads to truly believing them and in turn a lower frustration threshold. This means that even nominally negative events lead to distorted or catastrophic thinking. For example, when not hearing someone clearly in a restaurant, a person with rigid negative thoughts might inaccurately deduce, "I should never leave my house." This then, leads to an increase in negative behaviors such as avoidance which in turn opens the door for more negative thinking.

The role of therapists using CBT is to help the person with hearing loss to experience the world in its true, shades of gray form rather than a false black and white world where hearing people thrive and those with hearing loss can't survive. By learning to develop an alternate, more accurate language that includes phrases and beliefs like, "It would be nice", "Sometimes", and "Perhaps" one can lessen the emotional blow of hearing loss so that avoidant behaviors become less prevalent. In addition, to manage avoidant behaviors clients learn to set small, incremental goals. These goals become mini-experiments to test out rigid assumptions and allay fears. For example, someone with hearing loss who frequently thinks, "I will never be happy", might be encouraged to keep a happiness journal; a diary of simple moments that actually go well in the person's life. The client can then use even one entry from this journal as evidence that the statement, "I will never be happy" is inaccurate and worthy of revision to something like, "Hearing loss can be very frustrating but I am capable of experiencing moments of happiness."

The bottom line is this: The way we treat and communicate with ourselves determines how we ultimately feel. By modifying our inner language to more accurately describe disappointment vs. ruin or frustration vs. rage, we can learn to handle the ups and downs (and even the downs and downs) that accompany chronic conditions like hearing loss.

**Marc Zola, LPC, MFT** is a family therapist in Eugene, OR who specializes in helping people manage the emotional impact of hearing loss. He may be reached via email at [marczola@yahoo.com](mailto:marczola@yahoo.com).

*"I am more and more convinced that our happiness or unhappiness depends far more on the way we meet the events of life, than on the nature of those events themselves." Wilhelm von Humboldt 1767 - 1835*

## From My Lips to Your Ears

Editorial by Chuck Vlcek

Having a hearing loss is one thing. What you do about it is another. That seems to be the theme in the lead article by Marc Zola on page one and the personal testimony by Leone Miller on page 10. It is the philosophy behind the original name for this organization: Self Help for the Hard of Hearing.

That said, not every hard of hearing person is cut from the same cloth or has the same history. Some are extroverted go-getter types that might have the drive to deal with and overcome problems but also might be more frustrated by the social consequences of hearing loss. Others are more laid back, living with the loss in a more passive manner that might be relatively comfortable but risk becoming too isolated.

Persons born with a hearing loss might well be more adaptive since they don't fully appreciate what they are missing but growing up among normal hearing children has its own challenges. Growing up exclusively among other hearing impaired children can just delay development of survival skills until adulthood or keep a person in a restrictive cocoon. Growing up "culturally deaf" is a whole other issue.

Persons who lose hearing later have the advantage of having language and social skills but losing something that you have had is more frustrating on both the physical and social level. The frustration is compounded when the loss is

progressive because the way things sound is always changing and expensive hearing aids are "outgrown".

Obviously a "one size fits all" approach is not going to work well in addressing the needs of hearing impaired people. This is one reason for putting out a reader survey (page 5). If you have a mild hearing loss that progresses slowly if at all, you may do just fine with an inexpensive hearing aid and not feel the need for much help or advice. Such a person might even still be in denial, in which case he is probably not reading this newsletter.

Hearing impaired persons who do read this newsletter are thus more likely to have a moderate loss or worse, and need every coping strategy and assistive device that is out there. Should this assumption be made when determining the content of this newsletter?

There is a small but growing number of hearing impaired people that have "graduated" to cochlear implants. For some (like myself) who never had normal hearing this could be the best aided hearing ever experienced. Truly, the glass is at least half full. Others may find the experience still short of the normal hearing once enjoyed or were without sound for so long that getting it back is a major adjustment. Thus CI users have some issues in common with hearing aid users but have others that are unique to CI users. How many column inches should be spent on them?

*Hear it is!* #35, Autumn 2008. Published quarterly by the Hearing Loss Association of Oregon, PO Box 22501, Eugene, OR 97402. Chuck Vlcek, Editor; Karin Smith, Assistant Editor; Karen Swezey, Business Editor.

*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 [cvlcek@centurytel.net](mailto:cvlcek@centurytel.net).

For advertising information and rates, contact Karen Swezey at [kswezey@efn.org](mailto:kswezey@efn.org).

Deadline for Winter 2008 edition: December 10, 2008.

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For questions or comments, contact  
the OTRS Account Manager:  
[damara.g.paris@sprint.com](mailto:damara.g.paris@sprint.com)



Mark your calendar and come celebrate HLAA's 30<sup>th</sup> Birthday! We'll be shakin' things up at the Gaylord Opryland Resort and Convention Center in Nashville: new to the educational program will be a track of workshops especially for Young Adults; there will be a 30<sup>th</sup> Birthday celebration on Friday night; and, there will be an off-site event on Saturday night that is sure to knock your cowboy boots off! Here's a tentative schedule of major events:

**Wednesday, June 17, 2009**

- ✦ Registration Open (through Saturday)
- ✦ State Leaders Meeting, Part I

**Thursday, June 18, 2009 – Official Opening**

- ✦ Board of Trustees Meeting
- ✦ Annual Business meeting
- ✦ Three days of workshops begin in the afternoon
- ✦ State Leaders Meeting, Part II
- ✦ Opening Reception in the Exhibit Hall
- ✦ Opening Session featuring Vint Cerf, vice president and chief Internet evangelist for Google and widely known as one of the "Fathers of the Internet"

**Friday, June 19, 2009**

- ✦ Research Symposium sponsored by the Deafness Research Foundation  
*An Update on the Latest Hair Cell Regeneration Research*
- ✦ HLAA 30<sup>th</sup> Birthday Celebration

**Saturday, June 20, 2009**

- ✦ Off-site trip to the Grand Ole Opry

**Sunday, June 21, 2009**

- ✦ Awards Breakfast

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## READER SURVEY: WHAT DO YOU WANT?

**Every good newsletter should have a reader survey of some kind. Here is yours.**

While we plan to continue printing the newsletter, we will also provide the option of sending it to you by e-mail in pdf format, or notifying you by e-mail that it has been posted on the HLA-OR website and providing a link. The electronic version is in color. Would you be interested in receiving it this way rather than having a printed copy mailed to you?

What kind of articles would you like to see? About hearing aids? Cochlear implants? Accessories and assistive devices? How to shop for them? About technological developments? About coping strategies? About human interest stories? About hearing related legislation? About our chapters and board of directors? Other?

Your degree of hearing loss and hearing history probably influences your outlook and which topics interest you most. Is your hearing loss mild, moderate, severe, or profound? Is it progressive? Did it begin at birth, before age 6, before age 21, or later? Do you use a hearing aid or a cochlear implant? Are you a friend or relative of a hearing impaired person? If so, what is that person's degree of loss and history?

E-mail your response to [cvlcek@centurytel.net](mailto:cvlcek@centurytel.net) or mail to HLA Oregon, P.O. Box 22501, Eugene, OR 97402

## HARD-OF-HEARING TIPS FOR WORKING WITH YOUR DOCTOR

(Adapted from an article from the American Academy of Family Physicians)

If you are hard-of-hearing, you may feel embarrassed sometimes. You may feel awkward saying that you didn't understand what was said. Sometimes you might pretend to hear something you didn't. You may feel that it isn't right to interrupt your doctor. But to get good medical care, try not to be shy about your communication needs when you visit your doctor. Be cooperative and pleasant, but assertive and persistent concerning your needs.

If you wear hearing aids or a cochlear implant, adjust them for the best possible sound levels.

If you use a personal amplification system, don't hesitate to ask your doctor to wear the microphone.

Tell the receptionist if calling your name isn't the best way to tell you that the doctor is ready to see you. Have them put a Communication Access Symbol (such as the one printed here) sticker on the outside of your folder by your name and inside where it won't get covered up, as a visual reminder to them that you don't hear well. These symbols are available in different sizes from the HLAA national office in Bethesda and some local chapters.

- Ask for a quiet, well-lighted room, without glare and with curtains and carpets if possible.
- Ask the doctor and nurse to speak clearly, to face you, to keep their mouths visible, and to repeat and rephrase as needed.
- If you need a procedure or exam, complete your conversation in a quieter room before moving to the exam room. If your doctor will be wearing a face mask for a procedure, ask to be told what you need to know ahead of time, because you can't read lips through a face mask. Another option is to have the nurse stand beside you and repeat what the doctor says during the exam/procedure.
- If your speech is difficult for others to understand, ask the doctor or nurse to be patient. Take your time. Feel free to write or type on a computer or other keyboard if you prefer.
- If you need an Assistive Hearing Device or an oral interpreter, request one when you make your appointment.

You have a right to understand everything your doctor or nurse tells you about your health. You may want to repeat sentences back, to be certain you heard correctly.

If your doctor uses a word that you don't know, ask for the word to be written down and explained clearly. If you need it, ask for a drawing or a model.

Don't be afraid that you're bothering the doctor with these questions. If it would help you, ask for written information about your condition, your medicines or your treatment choices. Be sure you clearly understand any medications given you, including dosage, purpose and special procedures, if any. Repeat instructions to make certain you have them straight. Don't hesitate to ask for written instructions.

*Morris, an 82 year-old man, went to the doctor to get a physical. A few days later the doctor saw Morris walking down the street with a gorgeous young woman on his arm. A couple of days later the doctor spoke to Morris and said, "You're really doing great, aren't you?" Morris replied, "Just doing what you said, Doc: 'Get a hot mamma and be cheerful.'" The doctor said, "I didn't say that. I said, "You've got a heart murmur. Be careful."*



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## ***Within Earshot: News You Need to Know***

### **New Developments in Tinnitus Research**

The June/July 2008 issue of the Scientific American Mind magazine gives a brief overview on a new product developed by researchers at Neuromonics in Bethlehem, Pa, to help individuals suffering from tinnitus. Apparently, some experts feel that when certain sound frequencies are impacted due to hearing loss, the brain becomes hyperactive trying to hear the missing data. Based on this assumption, researchers at Neuromonics have developed the Neuromonics Oasis device, which is similar to an iPod. The device supplies music to cover the noise of tinnitus and by adjusting the music it attempts to gradually train the brain to ignore the tinnitus and the repetitive music by the device. In clinical trials, the device has been successfully used in more than 2,000 tinnitus patients. On the other hand, because of it's high price tag of \$3,500 to \$6,000, only half of the clinic's patients were able to afford it. For details, see: Christopher Intagliata, "Quieting the Brain: Aiming at tinnitus's roots", Scientific American Mind, June/July 2008, page 12.

### **Lots of Issues with Captioning on Digital TV**

HDTV brings better pictures, better sound, and more channels and features. But closed captioning, the stalwart scroll of text that accompanies dialog, has proven trickier than many broadcasters - and their hard of hearing and deaf viewers might have once figured. Closed captioning has been around for more than 20 years, and has been required on most broadcasts and cable presentation since January 1, 2006.

There are problems, it turns out. June 27, the FCC Disability Access Working Group reported numerous flaws and foul ups in a report to the FCC Consumer Advisory Committee. The group, and advocates for hard of hearing and deaf people have pointed to muddled, misspelled, mis-sized, misplaced and poorly timed captions - particularly in live programming such as news and sports, but also in some taped programs.

For additional information you should check out [www.tvtechnology.com/pages/s.0082/t.14898.html](http://www.tvtechnology.com/pages/s.0082/t.14898.html)

### **Online Young Adults Group Formed**

Thru the efforts of the Hearing Loss Association of America ([www.hearingloss.org](http://www.hearingloss.org)), a new, online social community has been set up on the Web specifically for Hard of Hearing "young adults" (ages 18 to 35) who want to meet their contemporaries in their home towns and around the country. It's sort of a Hard of Hearing Facebook and gives young adults the opportunity to meet and interact with people their own age who have a hearing loss - something they don't always have an opportunity to do in their daily life in school, at work or even socially. If you, or someone you know, might like to learn more about this new outreach effort, go or send them to: <http://hearinglossnation.ning.com/>

### **Keep Your Hearing Aids Moisture Free**

It is safe to put all parts of your cochlear implant processor, hearing aid, or its components in the Dry and Store. The manufacturer of the Dry and Store system has found that it even prolongs battery life with the zinc air batteries if the individual lives in a humid climate. Moisture can clog the air holes in the batteries and putting them in the Dry and Store can help to remove the built up moisture.

For those who live in a moist climate or those whose processors get wet while they are being worn, it is a good idea to open them up to let the warm air circulate inside. For 3G cochlear implant users, that would mean removing the battery cover. For Freedom cochlear implant users, remove the Microphone Protector. Individuals who use zinc air batteries may want to pull out the battery compartment so the warm air can get inside. The battery rack with the batteries can be left inside the Dry and Store. For the Freedom rechargeables, it really makes no difference at all whether they are placed in the Dry and Store or not. The rechargeable batteries are in an air and moisture tight container so moisture or air can't get inside. The warm air and antibacterial lamp will not harm the rechargeable batteries.

*Thought for the day: what would Beethoven's music be like if he had gotten a cochlear implant?*



## ***More Earshots -- More News***

### **ADA Act of 1990 Updated**

Congress recently passed a bill to update the 1990 Americans with Disabilities Act by expanding protections for people with disabilities and overturning several recent Supreme Court decisions. The ADA Amendments Act expands the definition of disability and makes it easier for workers to prove discrimination. It explicitly rejects the standards used by the Supreme Court to determine who is disabled. Congress felt that the Supreme Court had improperly eliminated protections for many individuals by narrowing the definition of disability, misconstruing the intent of the 1990 Congress. In 2008 Congress said the definition of disability shall be construed in favor of broad coverage.

People with epilepsy, diabetes, cancer, multiple sclerosis and other ailments had been improperly denied protection because their conditions could be controlled by medications or other measures. In a Texas case, for example, a federal judge said a worker with epilepsy was not disabled because he was taking medications that reduced his seizures. In deciding whether a person is disabled, the bill says, courts should not consider the effects of "mitigating measures" like prescription drugs, hearing aids and artificial limbs. Moreover, it says, "an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active."

### **Hearing Aid Tax Credit Bill**

Have you been meaning to contact your congressional representative to get them to support the Hearing Aid Tax Credit but haven't got around to it yet? Just go to [www.hearingaidtaxcredit.org](http://www.hearingaidtaxcredit.org). The website was set up by HIA and BH just for this purpose. Do it now!

### **Airlines Getting You Down?**

HCAA executive director Brenda Battat has a message for us: "In our Labor Day mailing to you about how frustrating air travel can be, it looks like we hit a hot button! Many of you wrote back complaining about lack of access. People told us stories about missing announcements at gates, missing their plane, or missing on board announcements that would have saved them from missing their connections. Some people are so frustrated they are ready to sue."

"Well, we hear you! We are working with the US Department of Transportation (DOT) who tell us they are not receiving enough complaints. They think people with hearing loss are doing just fine with the airlines. Let's send them a message and let's make it loud and clear so they can hear us!"

"Download the form we've created for you to take with you when you fly. If you do have a problem, use the information to complain directly to DOT. Or send it to us and we will file the complaint with the DOT for you."

The form can be accessed by going to the HCAA website, selecting "Advocacy" from the menu on the right, then selecting "Complaints" from the menu on the right of the new page that appears. This brings up another page where you can follow instructions to click on the appropriate link provided.

### **Share the News!!**

**When you are done with your newsletter or Hearing Loss Journal, don't toss it out – SHARE IT with a friend or family member! So many people don't know about the good stuff that Hearing Loss Assoc. has to help them cope with hearing loss.**

## "If Only....."

(by Leone Miller - Springfield)

**If only**....crippling words if they cause us to focus on how poorly we handled an incident or problem, but empowering if they bring positive change.

My mother was hard of hearing. She was told that hearing aids wouldn't help. We lived in a house with loud TV and loud voices. Frequently she asked, "What?" and then answered before we had a chance to repeat. We rolled our eyes and presumed she hadn't been paying attention and tried to be patient. But we didn't understand. We didn't have a clue the loneliness and frustration she must have faced daily. She never tried to explain her feelings to us and in our ignorance we didn't provide the support she needed.

**If only** we'd known. I know now. I'm hard of hearing - deaf in one ear with a severe loss in the other. I know first hand the isolation, frustration, loneliness and yes, fear that hearing loss brings. I've seen the rolled eyes, heard the sighs of the impatient and experienced the lack of understanding others have toward those of us with this invisible

affliction. I know how physically and emotionally draining it is to pour every ounce of effort into hearing and understanding and how it feels to be left out or misunderstood.

But I'm determined to talk about my loss, to educate to advocate, to bring about change for others and myself and to support them in their loss. I don't have to apologize that I cannot hear but I need to speak up so others understand.

I belong to Hearing Loss Association of America (HLAA), a support group that has changed my life and my attitude in dealing with my loss. I'm not alone and my life has value.

No one will say "**if only**" about knowing I have a hearing loss because I'm up front about it. I ask for help. I tell others what they can do to help me cope. I'm happier for that, and strangely, so are they, because they understand my position and know how to help.

Everyone has a handicap. It may be physical. It may be mental or emotional. But it need not dominate our lives. We recognize it in golf, how about in the game of life?

### Important Notice!

If you haven't notified us in the last 18 months, that you'd like to continue receiving this newsletter, please do so by Dec. 31. Please send the form on page 16 (***and a donation to help pay our costs if you can***).

We don't want you to miss a single issue. But we'll need to remove your name if we don't hear from you. We thank you for your support.

## Lend Me An Ear

*Things getting harder to hear?* You may need to be tested.

Today, one in ten – or more than 28 million Americans suffer from hearing loss. By the year 2030, this number is expected to nearly double. The main cause of hearing loss for most people middle-aged or older is wear and tear. “We are living longer, and advancing age is a big factor,” says Baltimore audiologist Jodi Cook, Ph.D. As we age, damage to the ear increase slowly. “Over time, there is a partial destruction of the hair cells in the ear from a combination of ordinary exposure to noise and noise bombardment,” explains Cook.

The bombardment is a particular risk factor for baby boomers and younger people. Loud concerts and headphones are causing problems. “And let’s face it,” says Cook, “the world is just a noisier place than it was 20 or even 10 years ago. And the noisier it gets, the louder people turn up their earphones to drown out the noise.”

If you suspect hearing loss, you should be evaluated. If hearing loss is diagnosed, the most common solution is a hearing aid, but sometimes medical or surgical intervention is needed to improve hearing.

Are you suffering from hearing problems? Take the quiz at [RemedyLife.com/allears](http://RemedyLife.com/allears). Also seek help and support from your local Hearing Loss of America chapter.

**Source: Health focus + hearing, Remedy MD, Summer 2008**

*Can loud noise affect your hearing?*

**DEAFENITLY!**

## Hearing Aid Recycle

For years the Lions of Oregon have provided high quality rebuilt used hearing aids to people in Oregon who cannot afford to purchase new aids. Lions clubs all over Oregon collect hearing aids, as well as eyeglasses, and send them to the Oregon Lions Sight & Hearing Foundation. Lion volunteers sort and count the donated hearing aids and send them to our hearing aid re-builder, where they are placed in a Hearing Aid Bank for future recipients. The OLSHF receives a financial credit for the donated hearing aids. Every aid we collect helps to serve more of our neighbors.

Lions clubs in Oregon can team up with the Oregon Lions Sight & Hearing Foundation to sponsor recipients for aids from this bank. The club is asked to cover the cost of the hearing test, the ear impression(s), and the fitting of the aid(s). OLSHF pays the reconditioning fee and provides a six month warranty on the hearing aid(s).

Requests for aids are increasing faster than donations are being received. When you upgrade or otherwise no longer need your present one, please bring it to your local Lions club or deposit it in one of the yellow recycle boxes with the Lions logo on it. These boxes are found in all Umpqua (bank) stores and many other stores as well.

*Three old guys are walking in the park. First one says, "Windy, isn't it?" Second one says, "No, it's Thursday!" Third one says, "So am I. Let's go get a beer."*

*A man was telling his neighbor, "I just bought a new hearing aid. It cost me four thousand dollars, but it's state of the art. It's perfect." "Really," answered the neighbor. "What kind is it?" "Twelve thirty."*

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*Dr. Mehr has over 27 years experience working with individuals with hearing loss. He has served on the Oregon Speech and Hearing Association and Oregon Academy of Audiology Boards and as chairman of the Oregon Board of Examiners for Speech Pathology and Audiology.*

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HLA of Lane County

## Chapters to Receive ALD Kits

Do you remember the first time you tried Assistive Technology to help cope with your hearing loss? If you benefited from them, you may have immediately experienced a wave of emotions washing over you – a feeling of “**Wow – this really helps!**” or maybe a sudden sense of **\*connection\*** to the people and world around you. Have you ever wished you had a way to demonstrate Assistive Technology to others so they too could experience first-hand how it can enhance their lives? If you have your own equipment, have you ever used it to demonstrate or loan to someone new? Perhaps you’ve never tried Assistive Devices and would like to.

Assistive Technology can be expensive or hard to obtain so we think you will be excited to know about the Assistive Devices Demonstration Project. The Hearing Loss Association of Oregon is gathering easy-to-use Assistive Technology such as Pocket Talkers, alerting systems (for the phone, door bell and fire alarm), vibrating alarm clocks and other helpful devices. Our goal is to distribute these devices to various chapters so they can demonstrate them to the people they come in contact with – either one-on-one – or to groups.

We have nearly all the devices we need, but are still seeking donations to help us offset the cost of the remaining items needed for this project to be completed. Your donation would be most appreciated and every penny will be earmarked for this very important project if you note ALD Project on your check.

Because the Hearing Loss Association of Oregon recognizes the value of Assistive Listening Devices in improving the quality of life for hard of hearing and deafened people, we are excited to be establishing a basic kit for each Oregon chapter that wishes to participate in this program. The kits will consist of:

- ❖ Pocket Talker and couplers (ear buds, headphones and/or neck loop, Silhouette, directional microphones, earphones)
- ❖ an FM system (if donations allow)
- ❖ amplified phone/CapTel
- ❖ Alerting devices

- 🔔 Alarm clock (bed shaking, lamp flashing)
- 🔔 Strobe fire alarm
- 🔔 Door bell/knock signaler
- 🔔 Phone signaler

Other devices may be added as donations allow.

If you'd like to set up an appointment to check out the new ALD Demo Project, please contact one of the chapters listed in the back of this newsletter.

## Walk4Hearing in Oregon?

A number of state and chapters have successfully conducted Walk4Hearing programs. The Walk4Hearing is a nationally coordinated effort sponsored by the Hearing Loss Association of America. Its purpose is to increase awareness about the causes and consequences of hearing loss and to raise funds to provide information and support for people with hearing loss. The Hearing Loss Association of America depends on generous volunteers to raise funds and awareness at each of the Walk4Hearing sites.

Board member Mark Foster would like to see this done in Oregon next spring and has formed a planning committee for this purpose. The first meeting of the committee will be held on November 15 with Ronnie Adler, coordinator for the Hearing Loss Association Walk4Hearing.

An update will be provided in the winter issue of Hear It Is. In the meantime, if you would like to participate in the planning process, contact Mark Foster at [stumptown76@gmail.com](mailto:stumptown76@gmail.com).

**"Help make hearing loss an issue of national concern."  
-Rocky Stone, Founder**

### HLA-OR Board Meeting Dates

October 18, 2008	January 17, 2009
April 18, 2009	July 18, 2009

To confirm, contact President Cathy Sanders at [catsindallas@q.com](mailto:catsindallas@q.com) or call (cell) 541-623-4662. Meetings will be held at Albany General Hospital.

# 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.

**Bend Hearing Loss Association meets on the 2<sup>nd</sup> Wednesday of the month – 6:00PM at the St. Charles Medical Center - Rehabilitation Conference Room - Bend**

Contact: Lois Johnson  
e-mail: tomloisj@yahoo.com  
(541) 388-6869

**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  
Eugene, OR 97402

Linda Diaz  
warmheart2@comcast.net  
(541) 345-3212

**Central Oregon Coast Hearing Loss Assoc. Chapter is currently inactive. Interested people can contact Cindy Campbell for information and support as well as updates on meeting dates and times.**

Contacts:  
Cindy Campbell  
e-mail: hgnw@charter.net  
(503) 922-1961 or  
1 (877) 271-7620 toll free  
4202 NE 43<sup>rd</sup>  
Neotsu, OR 97364

**Hearing Loss Assoc. of Salem the 2nd Wednesday each month - 6:30 PM at the Salem Rehabilitation Hospital – Room 2A 2561 (2<sup>nd</sup> floor) 2561 Center St. NE**

Contact: Kathy Ladd  
e-mail: SHHHSalem@aol.com  
(503) 394-3863  
38427 Shelburn Dr.  
Scio, OR 97374

**Hearing Loss Assoc. of Portland meets the 3rd Tuesday each month - 7 PM at the Good Samaritan Hospital in the Wistar-Morris Conference Room - NW 22nd & Marshall – Portland**

Contact: Mark Foster  
e-mail: [hey\\_foster@hotmail.com](mailto:hey_foster@hotmail.com)  
(503) 413-7348 - voice or TTY  
PO Box 2112  
Portland, OR 97208  
[www.shhhor.org/portland/](http://www.shhhor.org/portland/)

**Hearing Loss Assoc. of Douglas County meets the 2nd Monday each month - 7 PM at the Mercy Hospital Community Education Room - 2459 Stewart Parkway -Roseburg (between Parkway Pharmacy & OfficeMax)**

Contact: Lorene Russell  
e-mail: [rlrussell@mcsi.net](mailto:rlrussell@mcsi.net)  
(541) 679-9655  
732 Mulberry Lane  
Roseburg, OR 97470

**Hearing Loss Assoc. of Lebanon meets the 3<sup>rd</sup> Thursday of each month – 6:30 PM at the Senior Center – 65 “B” Academy Square – Lebanon**

Contact: Bob Williams  
e-mail: [robertiw@comcast.net](mailto:robertiw@comcast.net)  
(541) 258-5818  
2020 South 12<sup>th</sup> #111  
Lebanon, OR 97355

*If you have an apple and I have an apple  
and we exchange these apples  
then you and I will still each have one apple.*

*But if you have an idea and I have an idea  
and we exchange these ideas,  
then each of us will have two ideas.*

*-George Bernard Shaw*

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

Cindy Campbell,  
Oregon Chapter Coordinator  
e-mail: [hqnw@charter.net](mailto:hqnw@charter.net)  
(877) 271-7620 Toll free or  
(503) 922-1961  
4202 NE 43<sup>rd</sup>  
Neotsu, OR 97364  
*or*  
Chapter Coordinator  
Hearing Loss Assoc. of America  
(the National Office)  
e-mail: [tbarrient@hearingloss.org](mailto:tbarrient@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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Here It Is! Oregon Autumn 2008 Newsletter

*I would like to receive (or continue to receive) this newsletter.*

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Organization Name \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

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 \$35 membership fee.

Or you can sign up online at [www.hearinglossOR.org](http://www.hearinglossOR.org) (click membership, then click application)

Donations to support **Hearing Loss Association** outreach efforts should be made payable to **Hearing Loss Association of Oregon** and mailed to P.O. Box 22501, Eugene, OR 97402.