

Hear It Is!

Oregon



**Hearing Loss
Association
of Oregon**

Summer 2008

Issue 34

The Hidden Gift of Uncertainty

By Marc F. Zola, LPC MFT

Medication is often touted as the answer to mental health issues like anxiety or persistent worry. But in watching people get better I can tell you that what seems to garner the best results is not a magic pill at all. Anxiety, for instance, is marked by persistent, seemingly uncontrollable worry or rumination. There *is* plenty of medication on the market; some of it helpful. But nothing seems to treat anxiety like allowing oneself the opportunity to experience the extreme worry of anxiety and 'live through it anyway'. The day that the anxiety sufferer is able to say, "I don't like this feeling, but I can live with it," is usually the first step to anxiety relief. In other words, worry is normal. Worry about worry may be problematic.

While some with hearing loss may suffer symptoms of anxiety (in fact the literature suggests those with hearing loss may be more susceptible to bouts of clinical anxiety or clinical depression) the fact is that not everyone with hearing loss will suffer from a mental illness. EVERYONE with hearing loss, however, will suffer from uncertainty. The uncertainty that accompanies hearing loss can be insidious and lead to a clinical mental health issue. *What will happen to me? Will I completely lose my hearing? What will happen at the [social event]?* These are unanswerable, uncertain questions that continually plague those with hearing loss. In fact, uncertainty is the one certainty of hearing loss. The uncertainty associated with hearing loss is a fact. The worry about the uncertainty of hearing loss is normal and best managed by taking the mindset, "It's perfectly normal for me to be worried about the (*immediate AND long term*) future." The moment one says, "I don't know what will happen so I shouldn't leave my house, spend time with friends or family, or even go to appointments," is the moment when the worry becomes stronger. Again – worry about hearing loss is normal. But worry about the worry breeds, you guessed it, more worry. The true antidote is to take small incremental steps to feeling the worry, accepting the sometimes '*awfulness*' of uncertainty and doing *it* (going to that social event, appointment or visit) anyway.

Scientist and Mathematician John Allen Paulos once said, "Uncertainty is the only certainty there is, and knowing how to live with insecurity is the only security." It is clear that hearing loss and the uncertainty that accompanies it are both incurable. Only when one embraces or even tolerates uncertainty does it become a path to self-acceptance, personal growth and even *management* of hearing loss.

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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 cvlcek@centurytel.net.

For advertising information and rates , contact Karen Swezey at kswezey@efn.org.

Deadline for Fall 2008 edition: September 15, 2008.

From My Lips to Your Ears

Editorial by Chuck Vlcek

After attending the Leadership Training Session at Newport and the national HLAA convention in Reno, one is supposed to have some enlightening experiences to share.

When you are just a joiner, all you have to do is attend a few meetings, share some experiences, and occasionally bring the refreshments. This statement is not a knock on joiners. Many have excellent reasons for not being able to do more, at least for the moment. They accomplish much simply by learning and sharing. But the point is that when you take a more active role, especially in leadership positions, you need to know more as well as do more. You have to learn how to run a meeting, communicate with other leaders, and grasp many things about organization that you never thought of before. Most of us in the Hearing Loss Association have only hearing loss in common, and are rank amateurs when it comes to management. Unless the hearing loss came late, it was likely to have inhibited the learning process for management, especially since communication skills are involved. There are emotional factors too, as pointed out in Marc Zola's front page article, but those who are able to take on leadership roles are likely to have them in check.

Leaders are supposed to serve the people they represent, and serve them well. Leadership training entailed a self-evaluation of what we need to do to serve you better. We now have some concrete ideas on what needs to be done, particularly in communicating with you, but it will take some time, so bear with us.

Attending the state leadership conference at the HLAA convention was a real eye-opener.

Much is being accomplished with just a few good people, but there are also communication problems between the state and national organization. These things will be worked out eventually. Part of the problem may be too few people trying to do too many things at once, and some things get overlooked.

HLAA has an excellent web site and newsletter, and it is being done with a smaller staff and budget than one would think. The convention was well run. Those of us who were involved in planning the state annual meetings, workshops, and leadership conferences can surely appreciate how big a job planning a national convention must be.

Neither the Leadership Training nor the HLAA convention would have been possible without strong support from our sponsors. Our leadership sponsors Sprint and Cochlear America are also important supporters of the HLAA convention. These sponsors are in the business of helping us hear better or at least communicate better, and through their sponsorship of such events they also help bring us together.

On a personal note I should mention that I had the opportunity to work with one of our sponsors, Cochlear America, at their exhibit booth. One of their staff was unable to attend the convention and Cindy Campbell and Linda Day suggested that I serve since I am a Cochlear Volunteer with a bilateral implant (Nucleus Freedom processors), and could share my experiences. I met about a dozen of their staff who were fun to work with, but also dedicated in what they do. I was also able to meet other Cochlear Volunteers at a reception and share experiences we have had with this amazing technology.

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NOTICE: Proposed Bylaws Change

At the June 7 board meeting, the following changes to the HLA-OR Bylaws were proposed (deleted items struck out, new wording in italics).

Under Article V (Governance), Part A (Board of Directors), Section 2 (Officers): "... The immediate Past President shall also serve as an ~~officer~~ *ex-officio member of the board with voting privileges for one year after leaving the presidency. The position of immediate Past President shall be deemed vacant if the president leaving that office has not completed his term as board member, is re-elected to the board, or if the current president is re-elected.*"

Under Article V, Part C (Nominations and Elections), Section 1 (Nominating Committee), subsection a (Composition): "... Current officers shall not serve on this committee. ~~The immediate Past President shall serve as chair of the committee.~~ *The current president shall appoint the chair of this committee.*"

The changes were proposed because the original language is contradictory. Also, there are times, such as now, when there is no immediate past president.

The board may vote on whether to ratify these changes at its next board meeting on July 19. Comments are welcome and can be mailed to Hearing Loss Association of Oregon, P.O. Box 22501, Eugene, OR 97402 or e-mailed to cvlcek@centurytel.net

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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 or mail to HLA Oregon, P.O. Box 22501, Eugene, OR 97402

LEADERSHIP TRAINING AT NEWPORT



We are grateful to the sponsors of our recent Leadership Training Event in Newport. We appreciate their assistance in helping us with providing this wonderful training opportunity. These fine companies are dedicated to helping people with hearing loss live full lives. We appreciate knowing that we can count on them for their support.

As part of the workshop, attendants participated in exercises to get to know each other better and to learn about each other's unique skills and interests.

Sprint representative and HLA Chapter Coordinator, Cindy Campbell, with the help of HLA member Bonne Bandolas, gave an overview of the recent developments in hearing-aid-compatible telephones, relay system services, and other computerized communication devices. Educational materials about cochlear implants were also distributed for all chapters to share with their members.

The highlight of the training session was a full day of training under the guidance of Martha Smith from Salem, who served as our instructor and facilitator. Workshop attendants shared information and brainstormed ideas about better communication strategies and tools that would help the Board communicating with each other and with chapters in Oregon. A major portion of the training was to get a better understanding of the Board's role, responsibilities, and expectations. Under the guidance of Martha Smith, Board members started to gather ideas on these topics and established preliminary priorities. Board members are currently working on developing these concepts further

We say a big THANK YOU to Rogue Brewery of Newport, who provided safe parking for our vehicles while we were in training.

And thank you to our cook, Carolyn Williams and her able assistant Norma Seely! You did good!!

And lastly, thanks to all who attended. It was a great learning opportunity.

Article submitted by Karen Swezey, top photo by Chuck Vlcek, and bottom photo by Karin Smith.





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Within Earshot: News You Need to Know

Inner Ear Sound Wave Discovery

MIT News, reprinted in Sound News

Sound waves in the inner ear are not just up and down waves. Some of the processed sound waves move from side to side. This new discovery expands our knowledge of how the inner ear functions and may affect future development of hearing aids.

For more than 50 years, it has been known that sound waves in the inner ear move up and down. Now, scientists from the Massachusetts Institute of Technology (MIT) have discovered that some inner ear sound waves move from side to side.

The sideways sound waves move along the tectorial membrane in the cochlea of the inner ear. The tectorial membrane is a tiny gelatinous structure. In spite of its small size it plays a big and previously unrecognized part in hearing, as it picks up and transmits energy to different parts of the cochlea via the side-to-side sound waves.

Scientists have so far been unable to explain in detail how the ear receives and discriminates between sounds. What, for instance, makes us able to hear a soft whisper or a single instrument out of tune in a symphony orchestra? The new knowledge of the movement of sound in the inner ear may bring us one step closer to an explanation.

The researchers at MIT hope that their discovery of the importance of the tectorial membrane and sideways sound waves may lead to improvements in hearing aids and cochlear implants. The new knowledge may also lead to advances in treating people with hearing loss related to the tectorial membrane.

Hearing Loss Course Available to Public Online

By Rob Phillips, PhD. and Chris Sutton

In a small but notable way, people with hearing loss have a whole new group of friends who understand hearing loss better than most people.

Some 150 men and women from across the U.S. and 12 more from Canada are completing an online course offered by The American Academy of Hearing Loss Support Specialists.

After years of planning, the Academy, which is sponsored by the Hearing Loss Association of America, opened the course in December 2005.

The course is open to adults, both professional and those simply interested in working with people with hearing loss. There are no prerequisites. Tuition is \$300, which covers the cost of six paperbacks and a DVD on various aspects of hearing loss, access to more than 300 articles also about hearing loss, four self-graded quizzes covering material in each of 45 lessons, and occasional online chats with nationally recognized experts.

Successful completion of the course earns the enrollee a certificate of completion -- not a credential, Academy sponsors emphasize -- a *certificate* that says the person passed the course and has the knowledge to show for it.

Course content is wide-ranging and focuses on helping enrollees learn about hearing loss and how to support people who are dealing with it.

Titles of the course's four "Classes" -- *Introduction to Hearing Loss; Coping with Hearing Loss; Assistive Technology and Services; and Advocacy, Resources and the Law* -- may seem bland, but they're clear and relevant to the subject.

For more information about the American Academy of Hearing Loss Support Specialists, contact Hearing Loss Association of America, 7910 Woodmont Ave., Bethesda, MD 20814, (301) 657-2248. Academy@hearingloss.org

Hearing Loss Tops List of War Injuries

Reprinted from Associated Press (March 2008)

SAN DIEGO -- Soldiers and Marines caught in roadside bombings and firefights in Iraq and Afghanistan are coming home in epidemic numbers with permanent hearing loss and ringing in their ears, prompting the military to redouble its efforts to protect the troops from noise.

Hearing damage is the No. 1 disability in the war on terror, according to the Department of Veterans Affairs, and some experts say the true toll could take decades to become clear. Nearly 70,000 of the more than 1.3 million troops who have served in the two war zones are collecting disability for tinnitus, a potentially debilitating ringing in the ears, and more than 58,000 are on disability for hearing loss, the VA said.

"The numbers are staggering," said Theresa Schulz, a former audiologist with the Air Force, past president of the National Hearing Conservation Association and author of a 2004 report titled "Troops Return with Alarming Rates of Hearing Loss."

One major explanation given is the insurgency's use of a fearsome weapon the Pentagon did not fully anticipate: powerful roadside bombs. Their blasts cause violent changes in air pressure that can rupture the eardrum and break bones inside the ear.

Also, much of the fighting consists of ambushes, bombings and firefights, which come suddenly and unexpectedly, giving soldiers no time to use their military-issued hearing protection.

"They can't say, 'Wait a minute, let me put my earplugs in,'" said Dr. Michael E. Hoffer, a Navy captain and one of the country's leading inner-ear specialists. "They are in the fight of their lives."

In addition, some servicemen on patrol refuse to wear earplugs for fear of dulling their senses and missing sounds that can make the difference between life and death, Hoffer and others said. Others were not given earplugs or did not take them along when they were sent into the war zone. And some Marines weren't told how to use their specialized earplugs and inserted them incorrectly.

Hearing damage has been a battlefield risk ever since the introduction of explosives and artillery, and the U.S. military recognized it in Iraq and Afghanistan and issued earplugs early on. But the sheer number of injuries and their nature - particularly the high incidence of tinnitus - came as a surprise to military medical specialists and outside experts.

The military has responded over the past three years with better and easier-to-use earplugs, greater efforts to educate troops about protecting their hearing, and more testing in the war zone to detect ear injuries.

The results aren't in yet on the new measures, but Army officials believe they will significantly slow the rate of new cases of hearing damage, said Col. Kathy Gates, the Army surgeon general's audiology adviser.

Considerable damage has already been done.

For former Staff Sgt. Ryan Kelly, 27, of Austin, Texas, the noise of war is still with him more than four years after the simultaneous explosion of three roadside bombs near Baghdad. "It's funny, you know. When it happened, I didn't feel my leg gone. What I remember was my ears ringing," said Kelly, whose leg was blown off below the knee in 2003. [*continued next page*]

Today, his leg has been replaced with a prosthetic, but his ears are still ringing. "It is constantly there," he said. "It constantly reminds me of getting hit. I don't want to sit here and think about getting blown up all the time. But that's what it does."

Sixty percent of U.S. personnel exposed to blasts suffer from permanent hearing loss, and 49 percent also suffer from tinnitus, according to military audiology reports. The hearing damage ranges from mild, such as an inability to hear whispers or low pitches, to severe, including total deafness or a constant loud ringing that destroys the ability to concentrate. There is no known cure for tinnitus or hearing loss.

The number of servicemen and servicewomen on disability because of hearing damage is expected to grow 18 percent a year, with payments totaling \$1.1 billion annually by 2011, according to an analysis of VA data by the American Tinnitus Association. Anyone with at least a 10 percent loss in hearing qualifies for disability.

From World War II and well through Vietnam, hearing damage has been a leading disability.

Despite everything that has been learned over the years, U.S. troops are suffering hearing damage at about the same rate as World War II vets, according to VA figures. But World War II and Iraq cannot easily be compared. World War II was a different kind of war, waged to a far greater extent by way of vast artillery barrages, bombing raids and epic tank battles.

Given today's fearsome weaponry, even the best hearing protection is only partly effective -- and only if it's properly used.

Some Marines were issued a \$7.40 pair of double-sided earplugs, with one side designed to protect from weapons fire and explosions, the other from aircraft and tank noise. But the Marines were not given instructions in how to use the earplugs, and some cut them in half, while others used the wrong sides, making the

devices virtually useless, Hoffer said. Today, instructions are handed out with the earplugs.

In any case, hearing protection has its limits. While damage can occur at 80 to 85 decibels -- the noise level of a moving tank -- the best protection cuts that by only 20 to 25 decibels. That is not enough to protect the ears against an explosion or a firefight, which can range upwards of 183 decibels, said Dr. Ben Balough, a Navy captain and chairman of otolaryngology at the Balboa Navy Medical Center in San Diego.

The Navy and Marines have begun buying and distributing state-of-the-art earplugs, known as QuietPro, that contain digital processors that block out damaging sound waves from gunshots and explosions and still allow users to hear everyday noises. They cost about \$600 a pair.

The Army also has equipped every soldier being sent to Iraq and Afghanistan with newly developed one-sided earplugs that cost about \$8.50, and it has begun testing QuietPro with some troops.

In addition, the Navy is working with San Diego-based American BioHealth Group to develop a "hearing pill" that could protect troops' ears. An early study in 2003 on 566 recruits showed a 25 to 27 percent reduction in permanent hearing loss. But further testing is planned.

And for the first time in American warfare, for the past three years, hearing specialists or hearing-trained medics have been put on the front lines instead of just at field hospitals, Hoffer said.

Marines and soldiers are getting hearing tests before going on patrol and when they return to base if they were exposed to bombs or gunfire.

"You have guys that don't want to admit they have a problem," Hoffer said. "But if they can't hear what they need to on patrol, they could jeopardize their lives, their buddies' lives and, ultimately, their mission." © 2008 Associated Press

ASSISTIVE LISTENING DEVICES (ALD'S)

(Source Unknown)

Assistive Listening Devices (ALD's) function with or without hearing aids or cochlear implant processors (CI) to help you hear better in groups, to enjoy television, telephone calls, and one-on-one conversations, even in noisy environments such as at parties and in the car. They are designed to enhance speech understanding and the enjoyment of music in everyday situations. ALD's increase the loudness of only specific sounds. In effect, they separate sounds the user wants to hear from sounds that are merely background noise. This makes it easier to hear and understand speech, even from a distance. ALD's extend the reach of the hearing aid or CI and the ear.

Assistive Listening Systems can help you enjoy the theater, classes, services in houses of worship and other events held in large meeting facilities. Wireless assistive listening systems are divided into three primary types: audio induction loop; infrared; and FM.

FM (frequency modulation) systems transmit and receive sounds as radio waves within a special range designated by the FCC. As with induction loop and infrared systems, an FM system consists of a transmitter and receiver. The FM transmitter can be coupled directly to a sound source (such as a PA system), or can pick up sound by means of a microphone. The speaker's voice is changed into an electrical signal and then into an FM radio wave which is broadcast through the air.

Sound can be picked up and transmitted to the ears in one of several ways. The receiver may be used with or without a hearing aid, with the hearing aid's or CI's telecoil, or with the hearing aid's or CI's Direct Audio Input connection.

An FM system can also be used as a completely portable personal listening system, making it a versatile listening option.

For example, an FM system can be used for TV and stereo listening, as well as for one-to-one and small group conversations. FM systems require receivers for all users and the receivers must have batteries checked and maintained.

Audio Induction Loop: The basic component of an audio loop system is a loop of wire encircling a room and connected to the output of an audio power amplifier. The signal fed into the amplifier can originate from a microphone, tape recorder, TV, or similar sound source. The loop of wire emits electromagnetic energy which is picked up by a telecoil receiver.

The receiver for this system is the telecoil in the user's hearing aid or CI. The listener can sit anywhere inside or near the loop and hear the sound without the disturbing effects of background noise or echoes. When a listener does not have a hearing aid, or does not have a hearing aid equipped with a telecoil, reception from the loop is impossible unless the listener uses a special telecoil receiver. This is a compact unit with receiver and earphones or an ear bud.

Some advantages of using this system are low maintenance, simple to operate, induction receivers are compatible with all loop systems, and the loop may be integrated with existing PA systems.

Disadvantages are the signal can spill-over to adjacent rooms, susceptible to electrical interference, limited portability unless areas are pre-looped, and requires installation of loop wire, which may be difficult in pre-existing buildings.

Infrared systems transmit sound in the form of harmless light waves that are invisible to the human eye. A special transmitter/emitter sends the desired signal on invisible light waves to individual wireless receivers worn by each listener. These receivers contain a photo detector diode or "eye" which picks up the infrared light and changes it into sound. [*continued page 13*]

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ALD'S (from page 11)

As with FM, listeners may use one of three basic methods to transmit the signal to their ears: (1) Without a hearing aid the receiver is used with an earphone headset or an earbud. (2) With a hearing aid or CI telecoil a silhouette inductor may be worn behind the ear, or a neckloop is worn around the neck. Both are plugged into the infrared receiver. The hearing aid or CI must be set to "T" to pick up the signal. (3) With a hearing aid or CI equipped with direct audio input the listener's hearing aid is connected directly to the infrared receiver.

Large-area infrared systems are being installed in more and more theaters and concert halls across the country, making it easier for people with hearing loss to enjoy the arts.

Since light waves do not travel through solid surfaces, transmission is confined to the room containing the infrared emitters. In addition, the path between transmitter and receiver must be unimpeded. Small versions of infrared systems are also available for interpersonal use, such as with the TV, in meetings, in classrooms, courtrooms, and even with the telephone. Infrared is not effective in sunlight.

All three systems can be used in houses of worship, meeting rooms, conference rooms, classrooms, museums, arenas, hospitals and tour buses. These systems help make the world more accessible for hard of hearing people.

Bluetooth technology allows a person to link two systems (such as FM receiver and neckloop) wirelessly, but presently no hearing aid or implant processor has a built-in Bluetooth receiver.

Some places have an Assistive Device Center where a number of these items are on display. Various meetings and conventions for and about the hearing impaired, such as the recent national HLAA convention at Reno, have exhibit booths manned by the vendors of these devices. There are also catalogs, some of which are available online. Put that search engine to work.

HLA-OR Election Results

President Cathy Sanders will serve another year, new board member Cheryl Davis has been voted to be our vice president, Chuck Vlcek will continue as recording secretary, and Bob Russell will continue as treasurer. Thanks go to outgoing V.P. Wayne Seely for his faithful service in that capacity.

Cheryl Davis is currently the director of the Regional Resource Center on Deafness at Western Oregon University. Their mission is to provide education and training to professionals serving individual who are hard of hearing or deaf. The center embraces the philosophy of Hearing Loss Association of America and Hearing Loss Association of Oregon. Cheryl has worked with several of HLAO chapters for the past 10 years. She has been conducting trainings with consumers, professionals, and students on the access needs facing individuals across the range of hearing loss.

Another new board member is Todd Landsberg. He is an audiologist who received his Doctorate of Audiology in 2007 from the University of Florida. Todd is a member of the Lane County Chapter of Hearing Loss Association. His dedication to helping others with hearing loss comes from his own experiences as a member of that very community. Todd is also a Lions Club member and Chair its local Hearing and Sight Committee.

Bob Williams elected to run for re-election to the board and won easily. Other returning board members are Cindy Campbell, who is our Chapter Coordinator, Andy Evans, Mark Foster, Peter Johnson, Stephen Sanders, Wayne Seely, and Karin Smith.

We welcome aboard our new members and hope they find it a rewarding and enlightening experience. We now have a total of 13 board members, but there is room for four more. We are here to serve you, and if you would like to help us serve by joining, send us your resume before next spring. Our Nominating Committee will put you on the ballot if you qualify.

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 2nd 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 43rd
Neotsu, OR 97364

Hearing Loss Assoc. of Clackamas County

Chapter is disbanding. Members will be attending the Portland chapter.

Contact: Karen Jacobson
e-mail: jkaren4@comcast.net
(503) 635-3856
3166 Stonebridge Way
Lake Oswego, OR 97034

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
(503) 413-7348 - voice or TTY
PO Box 2112
Portland, OR 97208
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
(541) 679-9655
732 Mulberry Lane
Roseburg, OR 97470

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

Contact: Bob Williams
e-mail: robertiw@comcast.net
(541) 258-5818
2020 South 12th #111
Lebanon, OR 97355

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

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

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

Cindy Campbell,
Oregon Chapter Coordinator
e-mail: hqnw@charter.net
(877) 271-7620 Toll free or
(503) 922-1961
4202 NE 43rd
Neotsu, OR 97364
or
Chapter Coordinator
Hearing Loss Assoc. of America
(the National Office)
e-mail: tbarrient@hearingloss.org
(301) 657-2248 - voice
(301) 657-2249 - TTY
(301) 913-9413 - FAX
7910 Woodmont Avenue Suite 1200
Bethesda, MD 20814

DISCLAIMER

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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 \$35 membership fee.

Or you can sign up online at 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.