

# ***Hear It Is!***

Oregon



Autumn 2016

Issue 67

## **Tired of Listening? Read on ....**

Have you ever gone to a lecture, a party, a noisy restaurant, and come home exhausted? Welcome to the world of auditory fatigue. In an article which appeared on the Say What Club website, author Chelle Wyatt related listening to a lecture on the subject. Susan Naidu, an audiologist at the University of Utah, spoke to Chelle's local HLAA chapter. Susan noted that auditory fatigue is a very real phenomenon that is not clinically recognized but that many professionals are familiar with it.

The fatigue is due to the extra work the brain has to do to comprehend speech in challenging situations, especially for those with hearing loss. An article written by Ian Noon refers to it as concentration fatigue. He described his own experience: "I went to a great conference today. It was riveting and I was hooked on pretty much every word. And then I got home and collapsed on the sofa. I'm not just tired, I'm shattered. I've had to turn my ears off to rest in silence and my eyes are burning."

For persons with hearing loss, straining to hear and understand speech is just part of the task. Visual cues also come into play, such as speechreading and body language, and the mind races to fill in the blank spots using context and pure guess work. Often the result is brain overload.

Noise provides an additional challenge, even for those with normal hearing. Modern technology in hearing aids and cochlear implant processors such as directional microphones and noise reduction programs provides some relief but noise is still a problem.

Chelle noted that because of the intense concentration, workers with hearing loss may take more days off or stay home evenings and weekends to recuperate. Those who do not work may withdraw – it is easier to stay home and watch TV with captions.

Fighting fatigue involves advocacy and planning. Use CART (live captioning) and/or assistive listening devices at meetings. Seek quiet places to converse and reduce any background sounds. Make sure that you and persons with normal hearing are aware that your tolerance for listening for long periods of time is going to be limited, even under more ideal circumstances. With the holidays coming up, that is good advice.

## From My Lips to Your Ears

Editorial by Chuck Vlcek

A rather contentious election has ended with fairly surprising results. While we ponder how the new administration will treat issues related to hearing loss (and disabilities in general), we should remember that hearing loss and other disabilities are no respecter of party affiliation. It can affect Democrats, Republicans, Libertarians, Green Party, etc. alike. In this area we are all in it together and so we should all pull together.

The latest issue of the Hearing Loss magazine has several articles by persons describing their experiences growing up with a hearing loss. Each has had experiences with individuals who have been rather unkind to them. But at least one author has stated that this behavior is due to ignorance and has chosen to try to educate that person. I would add that a person who makes a thoughtless remark should count his blessings – you never know when a disability will be coming to an earlobe near you.

The Difference Between Then and Now (page 7) is rather compelling. I had also

grown up with hearing loss (a few years earlier than the author) and was one of the more fortunate ones in gaining a career with a decent salary. Certain teachers and professors did help me along the way. But life would certainly have been easier with today's resources. It is a good outline for parents who have just discovered that their child has a hearing loss.

### HLAA, Oregon State Association

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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](mailto:info@hearinglossOR.org).

For advertising information and rates, contact Eileen Marma at [info@hearinglossOR.org](mailto:info@hearinglossOR.org).

Deadline for Winter 2017 edition: Dec. 31, 2016.

## Board Election Notice

Elections will be held in April 2017 for up to 11 seats on the HLAA-OR Board of Directors (3-year term). We meet once each quarter (see schedule in the middle of this page). There may also be committee meetings. A full description of Board duties and activities is provided by the Board Reference Manual at: <http://www.HLAA-OR.org/HLA-OR BoardReferenceManual.pdf>. Should you be interested in serving on the board or have questions, please contact the Nominating Committee Chair at [info@hearinglossOR.org](mailto:info@hearinglossOR.org) **no later than January 13, 2017**. 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 (see page 4 to join).

## HLAA-OR Quarterly Meeting Dates

The next meeting will be held Jan. 14, 2017 at Albany General Hospital (Reimer Building). Other meetings are on Apr. 8, July 8, and Oct. 14, 2017.

To confirm, contact President Clark Anderson at [clarkoa@msn.com](mailto:clarkoa@msn.com) or leave a message at (541) 736-4804. Guests are invited to attend but should first contact President Clark Anderson.

## CHAPTER & LEADERSHIP BUILDING WORKSHOP

**Saturday, March 4, 2016, 8:30 AM to 4:00 PM**

*Register by Feb. 24 (see page 6) ♦ Workshop starts at 9:00 AM  
Meeting will be in Conference Room.*

Best Western Plus Vancouver Mall Dr. Hotel and Suites  
9420 NE Vancouver Mall Drive, Vancouver, WA 98662-6172

**Website:** <http://book.bestwestern.com/bestwestern>

**Email:** [corrinhousely@gmail.com](mailto:corrinhousely@gmail.com) **Phone:** 360/256-0707 **Fax:** 360/256-6813

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**Ask for** Hearing Loss Association Rate: \$99.00 per night. + tax



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**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

Or call 301-657-2248 (Voice); 301-913-9413 (Fax) or [www.hearingloss.org](http://www.hearingloss.org).

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

### **Save Your Ears!**

We get one pair of ears, and we hope they will work well for a lifetime. But today's earbuds and headphones can deliver sound loud enough to permanently destroy the delicate hair cells that allow us to hear well.

In the November-December issue of the Hearing Loss Magazine, Leslie Lesner, Au.D., FAAA, CCC-A wrote an article entitled "Earbuds, Headphones, and Hearing Loss". In that article, Leslie outlines the problem – and a solution.

The problem is that Noise-Induced Hearing Loss (NIHL) can develop gradually over several years, but the resulting hearing loss is permanent. Prolonged exposure to sounds above 85 decibels is unsafe. Exposure to sounds above 100 decibels is very unsafe. Playing music through standard earbuds at their maximum volume can chip away bits of your hearing in as little as 15 minutes of continued use.

The solution was provided by several manufacturers of headphones and earbuds which have output-limiting volume controls that still allow you to enjoy the music while limiting long-term damage to your hearing. Some have tips that seal the ear canals preventing outside sounds from interfering with your music, allowing you to get great sound quality at safe volumes.

Earplugs or earmuffs can protect you from loud environmental sounds such as lawn mowers, ambulance sirens, or even the school cafeteria. You will still hear these sounds, but at a safe level. There are many types and sizes of ear protection available, and you can even see an audiologist about getting custom ear plugs that are molded to fit your ear.

This is a good investment. Special earphones, earmuffs, and ear plugs are relatively cheap. Hearing aids and cochlear implants are very expensive.

### **Chapter Building Workshop Scheduled**

As noted in previous issues of this newsletter, the Chapter and Leadership Building Workshop was scheduled for March 4, 2017. Further details have now emerged (see box at bottom of page 3). The \$20 workshop fee includes beverages, lunch, and materials. Seating is limited so registration *must* be received by Friday, February 24, 2017. A check or money order payable to "Hearing Loss Association of Oregon – Leader Training" can be mailed to the Hearing Loss Association of Oregon, 1131 SW Marietta Lane, Dallas, OR 97338. Persons who expect to be active in a chapter or form a new chapter are encouraged to attend.

### **Survivor's Manual Reprint Planned**

HLAA-OR's board of directors is planning to order at least 10,000 new copies of the popular Survivor's Manual, aided by a generous donation from the Lane County chapter to help cover the cost. Most copies from the previous printing have already been distributed. Readers are encouraged to volunteer to help with the distribution of the next batch. Richard Little, a board member and chapter coordinator, is seeking grants to cover the cost of future editions of the manual.

### **"Aid the Silent" Nonprofit Launched**

Emma Faye Radkin, Miss San Antonio 2015 and 2017, grew up with a hearing loss and wrote about her experiences in an article titled "Hearing Loss Can be a Beautiful Thing" which appeared in the November-December issue of the Hearing Loss Magazine. In January 2015 she launched a nonprofit called "Aid the Silent". Its purpose is to provide children who are deaf or have a hearing loss with the tools and resources needed to help them find personal success. Aid the Silent offers a platform to raise funds for deaf ministry, deaf research, deaf education, and deaf resources. For more information visit [www.aidthesilent.com](http://www.aidthesilent.com).

## The Difference Between Then and Now

In the November-December issue of the Hearing Loss Magazine, Larry Medwetsky wrote an article entitled "Confidence Comes When You Truly Find Yourself" beginning on page 29. It describes his journey through the school system after losing much of his hearing to scarlet fever at the age of 3-1/2 in 1958. A section of that article, titled "The Difference Between Then and Now", is reproduced below:

"I sometimes wonder how things would have been different if I was born 50 years later and diagnosed at three-and-a-half-years-old in 2008 instead of 1958.

When I first lost my hearing, my parents were essentially left on their own to navigate the system. Schools were not equipped to address the needs of children with disabilities, and school personnel received no training in dealing with the needs of children with hearing loss.

Nowadays, audiologists are recognized as the experts in hearing loss. Pediatric and educational audiologists are in a better position to understand and address the needs of a child with hearing loss than medical personnel who have had little training in this area. Audiologists clearly understand how amplification (be it hearing aids or cochlear implants) can benefit children with hearing loss if that is the route that parents choose.

With the various pieces of legislation which have been enacted, my parents would have been referred to a Committee on Preschool Special Education (CPSE) when I was four years old. The CPSE would consist of various professionals such as a psychologist, audiologist, speech-language pathologist (SLP), teachers, and possibly others. Along with my parents they would determine which services and accommodations would best meet my needs.

Because of my post-lingual hearing loss and the extent to which hearing aids are able to assist me, I would likely have been able to attend my local school, but with audiology and speech-language services available to me. I would almost certainly be provided with a hearing assistive listening system, and classroom acoustics would be addressed.

The SLP would work on my articulation and ensure that my language was not delayed. I would also likely have had a resource teacher (or an audiologist or SLP) who would stay in contact with my regular education teachers to monitor how I was doing in class. They would provide the regular teachers with possible strategies such as having the teacher adjust his or her speaking style or rate, facing the class when speaking or writing down instructions to ensure I did not miss important information.

My audiologist would keep my parents apprised of any changes in my hearing. If so, they might suggest changing the settings of my hearing aids or possibly discuss whether new hearing aids would be a better option. My progress would be monitored on an annual basis (or more frequently, if needed) by the Committee on Special Education (CSE), which serves children ages 5-21, and at least every three years I would have a comprehensive reassessment to make sure that academic and related services were meeting my needs and, if not, make suggestions for change.

When graduating from high school, the CSE would develop a plan for a smooth transition to college. This transition plan would be sent to the college's Office for Students with Disabilities (OSD). My rights under the Americans with Disabilities Act (ADA) of 1990 would allow me to receive the necessary and reasonable accommodations that would best meet my academic needs. In addition to whatever I might tell my professors, OSD personnel would also inform each of them so they would be aware of my hearing loss and the various accommodations that might be of benefit to me. Even after college, the ADA would continue to provide protection, giving me equal access and opportunities to succeed at work, as long as the accommodations were reasonable and enabled me to meet the requirements of the job."





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\*Professional certification of hearing loss required to participate in this program. A standard phone line and Internet connection are also required. The free phone offer includes free delivery, installation and in-home training by a friendly CaptionCall Trainer.

## Chapter Capers

**Douglas County Chapter:** Frank and Dolores Elias will host the Christmas party on December 10, replacing both the November and December regular meetings. The chapter has just been informed that it will no longer be able to meet at the Mercy Education Center (which had a permanently installed induction loop system), where it had been for the last 15 years. A search for a new meeting place is under way.

**Portland Chapter:** Glenn Johnson, Chapter Board Member and CapTel Representative was the speaker for its Nov. 21 meeting. Glenn brought CapTel captioned telephones and demonstrated them on live calls. The State of Oregon Public Utility Commission lends captioned phones at no charge to people who qualify due to hearing loss. The chapter also scheduled its holiday potluck and gift exchange for Dec. 19. Future meetings are on Jan. 16, 2017 (speaker/topic TBA), Feb. 20 – National Court Reporting and Captioning Week, and March 20, when Nicole Brent from Cochlear will talk about cochlear implants.

**Lane County Chapter:** The chapter has made a generous donation to help cover the cost of a reprinting of the Survivor's Manual.

**Central Oregon Chapter:** This chapter has disbanded. Contact information has been removed from pages 14-15.

**What is your chapter doing? Send your story to the editor at [cvlcek@centurytel.net](mailto:cvlcek@centurytel.net) See pages 14-15 for contact information for these chapters and events.**

## CI Corner

### **Bilateral implants in children: CI1 vs CI2**

In 2016 Wolters Kluwer Health, Inc. presented an abstract titled "Sequential Bilateral Cochlear Implantation in Children: Outcome of the Second Implant and Long-Term Use. The study was conducted by Marte Myhrum and seven other researchers.

The basic purpose of the study was to determine how useful a second implant in children would be when applied sequentially. Participants received their first implant (CI1) between 1988 and 2008 and their second one (CI2) between 2003 and 2009. They were observed from surgery to a minimum of 5 years after the second implant. There were two groups: "A" consisted of 110 prelingually deaf children (severe to profound) with little or no acquired oral language before implantation, and "B" consisted of 50 prelingually deaf children with acquired language before implantation, along with perilingually and postlingually deaf children.

CI1 speech perception was, on average, 28% better than CI2 among group A children and 20% better among group B children. Bilateral speech perception was 3% better than CI1 alone among group A children and 7% better among group B children. A longer inter-implant interval predicted poorer CI2 speech perception in group A children but only among group B children who did not use a hearing aid during the inter-implant interval.

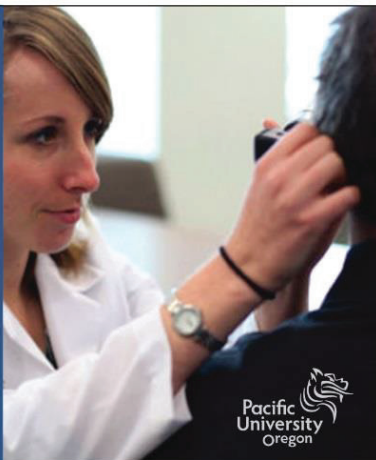
The research team discovered that at least five years after CI2 implantation, 25% of group A children and 10% of group B children chose not to use the CI2. Among group A children, longer inter-implant intervals and later age of the child at CI2 implantation were risk factors for non-use. A large difference in speech perception between the two sides was a risk factor for both groups.

A bilateral advantage for speech recognition in noise was mainly obtained when the noise source was near the "best CI".

- OHSU Cochlear Implant Team (see ad on page 12)

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## Cochlear Implants Boosted by Gene Therapy Plus Tiny LEDs

In an article written for New Scientist magazine in July 2016, author Clare Wilson stated that researchers are hoping that through **optogenetics**, they can use micro-LED lights to make better cochlear implants than those used by deaf people today.

Standard cochlear implants function by stimulating nerves using an electrode placed inside the cochlea, a tiny spiral cavity inside the ear. These work, but sounds are somewhat distorted and muffled. People who aren't deaf can normally discriminate between about 2000 different sound frequencies, whereas cochlear implants allow only about a dozen to be distinguished.

It's hard to create cochlear implants with more frequencies, known as channels, because each extra one needs to stimulate auditory nerves at a different point along the cochlea. The fact that electricity can spread through living tissue means that frequencies merge when channels are too close to each other. In contrast, light doesn't spread through tissue. Light can be focused more conveniently than current.

Tobias Moser and his team at the University Medical Center Göttingen in Germany plan to develop an optical cochlear implant with 100 channels, using micro-LEDs as the light source. By using optogenetics – gene therapy that makes nerves sensitive to light – they hope to make much more sophisticated implants.

They have already shown that this approach works in mice when a single-channel optical implant is used. Moser announced at the Federation of European Neuroscience Societies conference in Copenhagen, Denmark, that his team had restored hearing to deaf rats with a 10-channel version of the implant.

For this technique to work, the animals first have to undergo gene therapy four weeks before the device is implanted. Using a harmless virus called adeno-associated virus, Moser's team gave the rats a gene that made their auditory nerves become active when exposed to light.

A similar optogenetic approach is already being tested in people as a treatment for blindness. But Moser says he and his team are some years away from testing their own technique in people, because they need to find a way to make the LEDs last longer, and to demonstrate that they are safe and reliable.

### Monthly Presentations for Cochlear Implant Users

Cochlear® is a manufacturer of Nucleus® cochlear implants and Baha® bone-anchored hearing devices. Cochlear® sponsors monthly presentations for users of implants and similar devices, alternating between Beaverton and Clackamas locations.

On **Thursday, December 15th**, the session will be 6 to 8 pm at Courtyard by Marriott, 8500 SW Nimbus Ave, Beaverton 97008. The speaker will be David Baldrige, an Associate Prof. at OSU, presenting his research on the employment experiences of people who are Deaf/hard-of hearing (DHH).

On **Tuesday, January 24th**, the session will be 6 to 8 pm at Denny's Banquet Room, 15815 SE 82nd Drive, Clackamas 97015, topic TBA.

Please register beforehand at [Cochlear.com/US/event](http://Cochlear.com/US/event) (they'll ask for your zipcode) or by calling: 1-877-432-7844. Each monthly meeting is an opportunity to connect with others, learn more about healthy hearing and hearing solutions, and receive hearing loss news, tips and updates from Cochlear.





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[Cochlear@ohsu.edu](mailto:Cochlear@ohsu.edu)  
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# We ask for Your Support!

If you benefited from reading this edition, got a pearl of wisdom, or found a new resource for yourself or family member, please make a donation to support this newsletter.

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:

**HLAA, Oregon State Association, PO Box 22501, Eugene, OR 97402**

**We thank the donors who have contributed since the last issue.**

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# 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.

**HLAA of Salem meets the 4<sup>th</sup> Tuesday each month (except July and August) - 6:00 PM at the Salem Hospital Community Health and Education (Building D), Creekside Overflow Room, 939 Oak Street SE, Salem, OR.**

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

**HLAA 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](mailto:angora@comcast.net)  
(541) 345-9432 voice  
PO Box 22501  
Eugene, OR 97402

Clark Anderson  
e-mail: [clarkoa@msn.com](mailto:clarkoa@msn.com)

## **Hearing Resources Audiology Center in Portland's Hollywood District has re-opened under new ownership!**

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[info@hearingresources.com](mailto:info@hearingresources.com)  
[www.hearingresources.com](http://www.hearingresources.com)  
503-774-3668

HLAA of Portland meets the 3rd Monday each month (except June, July and August) 6:30 PM in "Building 2", 2<sup>nd</sup> floor, on the Legacy Good Samaritan Campus, 1040 NW 22<sup>nd</sup> Ave. (at Marshall), Portland 97210

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

HLAA of Douglas County meets the 4<sup>th</sup> Monday of each month at 6:30 pm. Next regular meeting will be on Jan. 23, 2017.  
**New location to be determined later.**

Contacts: Vincent Portulano, President:  
email: [HLAADC@outlook.com](mailto:HLAADC@outlook.com)

Ann Havens, Secretary (541) 673-3119

HLAA of Linn and Benton Counties meets the 3<sup>rd</sup> Thursday of each month (except July, Aug., and Dec.) – 6:30 PM at the Senior Center, 65 "B" Academy Square in Lebanon.

Contact: John Hood-Fysh  
e-mail: [jhood-fysh@wwmore.com](mailto:jhood-fysh@wwmore.com)  
(541) 791-3725 (H) (541)-220-8541 (cell)  
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