

Spring 2013

Issue 53

Some Shocking Truths About Hearing Loss

By Gael Hannan

Hearing loss is one of those gifts that keeps on giving. Once you have it, your hearing loss presents itself to you, every day, in different ways. You never know what you'll be treated to – an uncaptioned TV show, a sales clerk whose lips point to her computer, a conversation with friends that spins out of control into incomprehension. Regardless of when hearing loss occurs, experiencing one of its truths for the first time can be shocking in its unexpectedness, its permanence, and its raw repercussions. We are bewildered at how such a thing could happen to us.

Becoming comfortable in the skin of hearing loss can take some time, and through the years I've had some shocking moments. I've long since accepted them, but at some point all of these "truths" have hit me in the face, hard. And some of them keep coming at you, as if you were a punching bag, over and over again. These may not seem startling to you, but if you are hard of hearing or deaf, you may have had your own moments: *"WHY did no one tell me about this? Can living with hearing loss get any worse? Could I pick a different disability, please God?"*

These were some – just some – of my shocking revelations:

Your hearing loss will never go away. You will always have it. Always, forever and ever, amen. And if you don't like it, that's too bad, because it's yours to keep and you can't re-gift it. I was small when I first learned this, but it didn't really hit me until I was a teenager, trying to communicate with mumbling, harmonal boys. Then I realized, *"This hard of hearing thing is not going to be easy."*

Hearing aids do not last forever. Just when you become used to them, attached to them, or even adoring of them, they die. At 20, I was thrilled, over the moon, to get my first hearing aid. It cost \$475 and was my first adult purchase. Some people buy cars or furniture -- I invested in a hearing aid, the first of many. It lived for perhaps six or seven years, which I now know is an incredibly long time, but I was expecting much longer, 10 or 20 years maybe? I felt betrayed when I had to replace it - because the new one cost a lot more than \$500. It's like your teeth; did your parents tell you that around age 50 or so your childhood cavity fillings would start falling out? *Hearing aids and dental work are both outrageously expensive.* Just saying. *(continued on page 6)*

From My Lips to Your Ears

Editorial by Chuck Vlcek

Things are happening in Oregon! The most obvious upcoming event is the 2013 HLAA national convention in Portland on June 27-30. There is a smattering of items related to this convention in this issue. Perhaps the most important is the award that Leone Miller and Karen Swezey will be receiving, on behalf of HLA-OR, from HLAA for the Survivor's Manual project (page 8). We offer them our congratulations for a job well done.

Another significant event in the works is our own Fall Workshop – see the flyer on page 15. We haven't had a workshop for several years now, partly due to efforts directed toward the Walk4Hearing. Since we are not doing a walk this year, we are getting back to the workshop. Our keynote speaker is Juliette Sterkens, AuD., national director for Loop America, who will be talking about looping Oregon. She will also be making a presentation at the HLAA convention, and an article on her views should appear in the summer issue of this newsletter.

The human side of hearing loss is presented in our lead article by Gael Hannan, who will also be speaking at the HLAA convention. She definitely has a sense of humor. An update on the state of movie captioning is provided on pages 11-12. It will be good to be able to read text when we can't read lips.

The aspartame – tinnitus connection (page 9) is a strange one. I have heard of artificial sweeteners being potential carcinogens, but tinnitus? And what other foods or additives might we have to worry about? One of my late aunts scolded me for adding sugar to my tea and now we can't use artificial sweeteners either? Should we just drink distilled water (and eat unleavened bread)?

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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 <u>info@hearinglossOR.org</u>.

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

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HLA-OR Quarterly Meeting Dates

The next meeting will be held on June 15, 2013 at Albany General Hospital

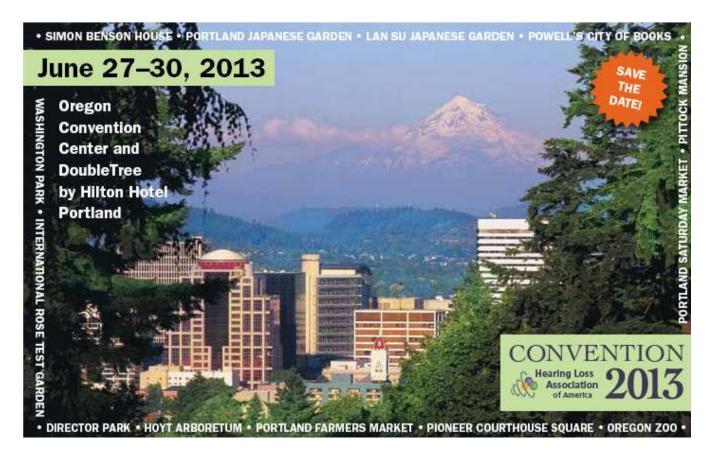
(3rd floor conference 1A). Other 2013 meetings will be held on 9/21 and 12/14.

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

HLA-OR Board and Officer Election Results

Incumbents Duane Davis, Chuck VIcek, and David Viers were re-elected to new 3-year terms on the Hearing Loss Association of Oregon board of directors. There were no new candidates. Board member Karen Swezey's term has expired and she chose not to run again. We appreciate her service and know she will continue to serve in other ways.

Incumbent President Bob Russell, Secretary Chuck Vlcek, and Treasurer Wayne Seely were re-elected to new one-year terms. Vicki March was elected Vice President, replacing Cheryl Davis who continues to serve on the board.



CONVENTION HIGHLIGHTS: KEYNOTE SPEAKER Howard Weinstein will give an inspiring life story about how his life changed after the death of his 10-year-old daughter. This year's topic for the RESEARCH SYMPOSIUM will be "Latest Developments in Hearing Rehabilitation Research". WORKSHOPS AND PRESENTATIONS will be held covering such topics as "Diabetes and Hearing Loss," "Approaches to Tinnitus Management," "Approaches to Auditory Rehabilitation," and Group Auditory Rehabilitation." EDUCATIONAL WORKSHOPS will be on four tracks: Advocacy, Assistive & Other Technology, Hearing Aids & Cochlear Implants, and Relationships.

The EXHIBIT HALL will display the latest cutting edge technology and services for people with hearing loss. An ENCHANTED EVENING is planned for the Forestry Center on Friday Night. An AWARDS BANQUET will be held on Saturday night which will also be a farewell for the retiring National director, Brenda Battat.

Transportation between the Double Tree Hotel and the Convention Center will be free and round the clock, transportation to the Forest Center will be free, and all attendees will receive a free pass for Tri-Met for the duration of their stay.

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

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

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

Truths About Hearing Loss (from page 1)

Learning to live well with hearing aids can take a long time. The aural rehabilitation process seems to be on a continual loop, like a movie played over and over. You wonder if the communication success touted by your hearing care professional is just an illusion, because just when you think you've nailed it, a bad hearing day knocks you flat on your butt. It's like golf – hit a brilliant shot in one game, lose 10 balls in the next. But there's good news: in my experience, the *bad* hearing days become fewer – and easier to recover from – when we learn how to kick down those communication barriers.

Every time you get a new hearing aid, it's like the first time. And I don't mean the sweet and wonderful stuff, like falling in love; I mean the extrememly loud and annoying stuff. You can hear yourself *breathing* – you can hear people on the other side of the *world* breathing, for heaven's sakes! I had a shock with my most recent set of hearing aids – I heard my own tummy rumbling! *OMG, you mean other people have been hearing me do that, all these years?* Having never heard anyone else's tummy growling, I didn't realize it was so loud! And then, after a few weeks of breaking in the hearing aids (when sometimes you want to break it in pieces) you realize the sounds are no longer as loud or grating. That's when you panic, convinced that you've become *deafer*, thanks to those damn-loud hearing aids! This happens, they say, because our brain has become used to the signals it receives but...you know...part of me is not 100% convinced.

Your loved ones forget or ignore the new rules of communication. And often. When your spouse-child-mom-dad-sister-best-friend-boss-from-hell takes the introductory (and emotionally delivered) course on "How to Communicate with a Person Who Has Hearing Loss", he or she may *still* not remember to communicate in an inclusive way. And here's the real shocker – neither will you. Let's admit it – who among us hasn't called their partner from another room – who then has the outrageous gall to *answer* you from the other side of the wall!

Hearing loss can turn you into a self-pitying whiner who looks under rocks for evidence of discrimination and bad behavior. I've been there and done that, at some point. The trick is being able to turn self-pity into acceptance, whining into advocacy and realizing that, while discrimination most definitely exists, what's usually under those rocks is simply the barrier of *ignorance* about hearing loss, which is when we put our self-advocacy into play. Absorbing the shocks of hearing loss takes time and supports – from our hearing care professional, family, other people with hearing loss and consumer organizations. We just have to reach out for them. Life with hearing loss will be better when we do.

Gael is a writer and consumer editor of The Better Hearing Consumer at <u>Hearing Health & Technology Matters</u>. She will present "Ear Rage! My Life with Hearing Loss" at the HLAA Convention in Portland on Friday, June 29, at 3:00 – 4:15 p.m. This article also appeared the May 2013 issue of the Manhattan, NY chapter newsletter and in the May 2013 issue of the Lane County, OR chapter newsletter "Sound News".





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Within Earshot: News You Need to Know

HLAA Convention Discounts

Individual chapters have been encouraged to provide scholarships for young adults attending for the first time. A scholarship will pay \$150 towards the registration fee. The Portland and Lane County chapters raised money for two scholarships apiece. Between them there have been three applicants, so one may still be available. Contact info@hearinglossOR.org.

Veterans who have suffered hearing loss as the result of service in Iraq or Afghanistan are eligible for free registration at the convention. In addition, HLAA will provide one year of membership in HLAA free of charge for these veterans. Subscribe at <u>www.hearingloss.org/content/join</u> or go to <u>www.hearingloss.org/content/contact-us</u> to inquire about registration.

Locals to be Honored by HLAA

HLA-Oregon will be receiving the HLAA Community Outreach Award for 2013 at its national convention in Portland for creating and maintaining the Survivor's Manual. The award recognizes HLAA organizations that have undertaken projects that serve the surrounding community by teaching others about hearing loss and the communication obstacles that it can create, followed by instruction in sensitivity training. Leone Miller began the project a few years ago. She and Karen Swezey have worked together with the many hands involved to update, reprint, and distribute more than 62.000 booklets so far. They will receive the award on behalf of HLA-OR at the breakfast ceremony on June 30.

William F. House, DDS, MD 1923-2012

Based on his innovative treatments of deafness, acoustic tumors, and tumors arising from the base of the skull, Dr. William F. House has often been referred to as the Father of Neurotology. He felt very strongly that cochlear implants should be made available to all, and devoted all of his personal resources to develop a low cost implant for the deaf.

Dr. House obtained his doctorate of dental surgery from UC Berkeley and his medical degree from USC in Los Angeles. Board certified in otolaryngology, he dealt with problems of hearing loss and is noted by the American Academy of Otolaryngology to have developed more new concepts in otology than almost any other single person in history. He received many awards in his lifetime, including the Physician of the Year award in 1985 by the President's Committee on the Employment of the Handicapped.

He is widely credited with introducing the use of the operating microscope to neurosurgery, using it for removal of tumors on the hearing nerve. He developed procedures for surgical treatment of chronically infected ears and cholesteatoma removal, the first surgical treatment for the debilitating vertigo of Meniere's Disease. He developed several of the basic surgical approaches for removal of tumors on the auditory nerve, including one to try to save hearing while still removing the tumor.

His greatest achievement was development of the cochlear implant to restore hearing to the profoundly deaf. His work resulted in the FDA announcing in November 1984 a pre-market approval for the 3M/House Cochlear Implant as the first medical device to restore a human sense. He continued to work to make a low-cost, simple cochlear implant available, especially for developing countries where the current commercially available devices are too expensive and the equipment and expertise required to set and adjust the devices is beyond the reach of the general population. Others are now pursuing this goal so that one day "all may hear".

Tech Topics

Does Diet Soda Ring a Bell?

The use of Aspartame, an artificial sweetener found in diet sodas and elsewhere, may cause tinnitus in consumers, especially if they are also using aspirin.

H.J. Roberts, M.D., a world expert on Aspartame, has written in his medical text, Aspartame Disease: An Ignored Epidemic: "Each of the components of aspartame-phenylalanine, aspartic acid, the methyl ester which promptly becomes free methyl alcohol or methanol - and their multiple breakdown products after exposure to heat or during prolonged storage is potentially toxic to the brain and inner ear. These organs are highly vulnerable to metabolic disturbances and neurotoxins because of their unique metabolic requirements. To make matters worse, aspartame is addictive. The free methyl alcohol is classified as a narcotic. It causes chronic methanol poisoning, which affects the dopamine system of the brain and causes the addiction. Many victims find it difficult to give up the habit."

"Aspartame and MSG are excitatory neurotransmitters. They excite brain neurons and increase levels of electrical activity in the brain and the auditory cortex, the area where tinnitus is perceived. We know that people with tinnitus have an elevated level of electrical activity, and reducing this activity is helpful for tinnitus. Increasing electrical activity increases tinnitus." Further. he states, "Tinnitus and hearing loss were compounded in several aspartame reactors by the use of considerable aspirin to relieve associated headaches or severe joint pain."

Fortunately, the tinnitus subsides in a few days after cessation of the use of Aspartame when it is the primary cause of the tinnitus. It is marketed under many names, including AminoSweet, NutraSweet, Equal, Spoonful, E951, Canderel, Benevia, and Natrataste.

Excerpted from an article in the Spring 2012 issue of the Georgia state newsletter.

Invisible Captions for Movie Theaters

Will we be seeing another new technology to watch captions in movie theaters? Unique glasses and ultraviolet light could be the key, according to a video on invisible captions.

Captions would be viewed with lightweight, halfframe glasses which can be manufactured at low cost. The business plan includes collaboration with Regal Cinemas in Rochester, New York for testing.

See a video about this technology at:

http://www.youtube.com/watch?v=CeadEx7oc9E&sns=em

See pages 11 and 12 for an update on the state of captioning in theaters.

Solar Powered Hearing Aids

Yes, there is such a thing. It was invented by Howard Weinstein who will be the keynote speaker at the 2013 HLAA convention in Portland. He had taken a volunteer position with the World University Service of Canada to work at Camp Hill Community Trust, a community for people with disabilities in Botswana. He implemented the startup company Godisa Technologies, where he employed persons with hearing loss and physical disabilities. Through Godisa, Howard produced three new products: a solar energy powered hearing aid, an analog solar charger, and a rechargeable battery. The innovation of these new products won Godisa an International Design Award for the best product in Africa in 2005

After four years in Botswana, Howard went to Brazil to replicate his social business. He employs people who are deaf to manufacture hearing aids run on the new solar powered battery technology. Through the broad distribution of these hearing aids, especially to children at a critical time in their development of speech and cognitive abilities, Howard will create new access to hearing aids and improved social integration for the largely excluded population of low-income people with hearing loss in the developing world. No products were patented and the technology is offered for free.

Chapter Capers

<u>Salem Chapter</u>: The OHSU Cochlear Implant team made a presentation at the March meeting. Twenty-five people attended, including five new persons.

<u>Benton-Linn County Chapter</u>: Chapter coordinator Cathy Sanders spoke at their February meeting, which was well attended.

<u>Portland Chapter:</u> Cathy Sanders is sharing the Portland newsletter with other chapter leaders.

<u>Lane County Chapter:</u> Their May newsletter has an article on looping and lists five local locations that have loops. They will not be having a picnic this summer.

<u>Douglas County Chapter:</u> The chapter gained one new member who dropped by on her way to a Rock Club meeting in an adjacent room. She is interested in helping to rejuvenate the chapter.

<u>HLA-OR</u>: Chapter coordinator Cathy Sanders has received a booklet of guidelines for chapter coordinators from HLAA. She is still digesting it. She is discussing the idea of having a second coordinator in Oregon with Elizebeth LeBarron from HLAA.

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

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

CI Corner

A cochlear implant increases your risk for meningitis. Meningitis is a serious bacterial infection of the fluid surrounding the brain, and can be fatal. While this risk is low, the Centers for Disease Control (CDC) and the FDA recommend vaccinations for pneumococcus; a common bacteria that causes ear infections and meningitis in people with cochlear implants. While these vaccines are to prevent meningitis, this is not a "meningitis vaccine". There is such a thing, but it treats a type of bacteria that does not threaten the cochlear implant user.

What does this mean for you? If you or someone you know has a cochlear implant, you need to follow the vaccination schedule for people at "high risk" for infections. This depends on your age.

Children: For children, it is recommended they receive immunizations for *Haemophilus Influenzae* type b, Pneumococcus (also called Prevnar or PCV 7 or 13) as well as an annual immunization against influenza. These are part of the standard pediatric immunization schedule. The main difference from other children is that once your child is over 2 years old, they should also get the adult form of the vaccine called "Pneumovax". There are some specific recommendations regarding the immunizations depending upon your child's age, and they can be found here: <u>http://www.cdc.gov/vaccines/vpd-vac/mening/cochlear/dis-cochlear-gen.htm</u>

If you have questions, contact your pediatrician.

Adults: If you are over the age of 18 and have a cochlear implant, you should have been immunized with the Pneumovax vaccine. In addition, it is recommended that you get a yearly flu shot. And if you are considering a cochlear implant, get your vaccine two weeks prior to your implant surgery. For more information go to:

http://www.entnet.org/HealthInformation/Cochlear-Meningitis-Vaccination.cfm

We hope you have found this information helpful. Please send any questions you may have regarding cochlear implants to <u>cochlear@ohsu.edu</u>.

- OHSU Cochlear Implant Team

Movie Captioning – Finishing the Job

By John Waldo

Over the past couple of years, we have made a great deal of progress towards our long-held goal of making movies truly accessible for those of us with hearing loss. Favorable court decisions in both the federal courts and in Washington State have firmly established the legal principle that federal and state disability laws require movie theaters to make movie soundtracks understandable through captioning or other equally effective means. Most of the nation's largest theater chains have either installed caption-viewing devices or have committed to doing so. In California, Cinemark and AMC have reduced that commitment to a formal agreement with the Association of Late Deafened Adults (ALDA).

Cinemark has completed its installations in California. It is displaying captions on a CaptiView device, a display screen somewhat larger than a cell phone affixed to a flexible goose-neck stand that fits into the seat cup-holder. Regal is displaying captions on special glasses manufactured by Sony. Because of limitations on Sony's ability to produce the glasses, Regal is phasing in its caption offerings, but expects to be finished by the end of 2013.

AMC is trying to use CaptiView devices with digital projectors from a different manufacturer, and the switch that supposedly makes those devices compatible has not worked well. So AMC has fallen short of its intended schedule in California and elsewhere. We are continuing to monitor that situation, and while we are being patient, we also believe that the problem cannot continue forever before AMC has to find a different solution.

The efforts to provide full accessibibility are not finished. The purpose of this article is to discuss issues that still need to be resolved, and what we might be able to do about it.

Technical failures: Even where captioning is theoretically available, it doesn't always work. The equipment may be malfunctioning, or the theaters may not have remembered to order the caption stream. The problem is that because the previews aren't captioned, we often don't find out that there is a technical problem until the movie starts, meaning we miss a significant chunk of it while trying to get the problem resolved. This is a fairly common occurrence across the country and at the various theater chains. What we need is some sort of test, prior to the previews, that will let us know whether things are working. At this point, I don't know whether such a thing is even technically possible, but I intend to follow up with the theaters on this issue.

Looping in addition to captioning: Although devices that permit us to view the captions prepared for most movies are a huge step forward, they are not the only answer. Most of us would prefer to actually understand the soundtrack aurally, and not need to glance back and forth from the viewing device to the screen. Some people are able to do just that through the use of induction loops that feed the sound directly into the t-coil devices incorporated into many hearing aids and cochlear implant processors. Whereas the volume-enhancing devices that most theaters now offer must be used instead of rather than in partnership with our personal devices, that direct feed permits us to take advantage of our individual assistive technology.

Looping can be done in a number of ways. All or a portion of a room may be looped, which means the user only needs to activate the t-coil setting in their hearing aid or CI. Alternatively, individual loops may be provided that fit around the user's neck and plug into a receiver unit.

Earlier this year, Cinemark had agreed to provide t-coil compatible neck loops in Arizona in addition to captions. I sent a demand letter to the attorneys for Cinemark, AMC, and Regal asking that they commit to providing loops on a nationwide basis. I received assurances last July that all were in the process of supplying neckloops. However, it is not clear how much progress the theaters are actually making towards implementing that commitment. I would urge anyone who wants to use a neck loop to ask at the theater, then to follow up with a written complaint if the theater cannot provide the loops.

Adequate publicity: The theaters vary in terms of how well they publicize the availability of caption-viewing equipment. Regal is doing a fine job of this. They indicate on their own website (<u>www.fandango.com</u>) the movies for which captioning equipment is available, and they work cooperatively with the Captionfish website (<u>www.captionfish.com</u>) to make their information available to that site. A Regal-owned and operated complex in Houston, TX had a prominent and impressive lobby sign illustrating the glasses and indicating they were available.

(continued next page)

Cinemark is doing a halfway job of publicity. Their website publicity is fine. Unlike Regal, they continue to advertise in newspapers, but their newspaper publicity about captioning is worthless. At the bottom border of their boxed ad giving theater locations and show times, they have a little "cc" bug that indicates that captioning equipment is available. Yet they do not indicate which complexes have the equipment and which don't, nor do they indicate which movies are captioned. The status of lobby displays is unknown at this time.

The smaller theater chains: Unfortunately, some of the smaller chains seem to believe that the court rulings applicable to the major chains do not apply to them. Recently, attorneys at the Disablity Rights Center in Los Angeles filed suit against the Arclight theater chain for failing to provide caption-viewing equipment.

The size of a theater's operation is important, because neither state nor federal disablity laws require businesses to undertake accommodations when doing so would impose an "undue burden". The problem is that there is really no guidance from either the courts or the regulatory agencies as to where the line lies between an "undue" and "due" financial burden.

The critical issue is going to be whether or not the theaters have converted to digital projection. Movies are being reduced to digital data transmitted either on computer discs or over the internet. "Film" is becoming a remnant of the past, and there are real questions about whether theaters that cannot afford the expensive transition to digital can even survive. The good news is that digital projection makes captioning easier and less expensive. The bad news, though, is that even though captioning devices can work with traditional film, it is becoming increasingly impractical to actually offer that service.

The problem is that the major theater chains have all converted to digital projection, or will do so shortly. Because of that, the market for equipment that will display captions compatible with film has shrunk dramatically. Just as the days of theaters that do not convert to digital appear to be numbered, so are the days of film-captioning equipment manufacturers. For those reasons it appears to be a waste of time and effort to press for captioning at theaters that have not converted to digital projection.

When theaters do convert, they should be able to make captioning immediately available irrespective of their size. The equipment to display closed captions on individual viewing devices must be purchased and installed, and that involves some out-of-pocket costs. But open captions projected on the screen may be displayed without any additional equipment – one merely needs to select that option from the digital menu for that particular showing. Theaters believe that open captioning is distracting to the hearing audience, and reduce attendance. The courts have generally agreed, and have said that theaters are not required to show open captions where closed captions are available. But if theaters elect not to install equipment to show closed captions, they should become accessible through occasional open-caption showings.

Upcoming Department of Justice rulemaking: the federal Department of Justice issued an Advanced Notice of Proposed Rulemaking a couple of years ago dealing with movie captioning. The proposal was that DOJ would require theaters to show (closed) captions for half of their movies, with the requirement to be phased in over five years. A lot of us objected strenuously. We took the position that the ADA states that captioning must be provided unless the theaters can demonstrate that doing so would impose an "undue burden", and that the DOJ could not toss that standard out and substitute a broad performance-based standard that might require too much from some but too little from others. The DOJ will soon take the next step and issue a proposed rule, but the contents of that rule is not yet known. DOJ did take note that the larger chains have provided (or promised to provide) full captioning capability. The issuance of the proposed rule will trigger another round of comments and publicity on all of the issues involved. Stay tuned.

John Waldo is a practicing attorney focusing on advocacy for and representation of people with hearing loss. He has had a hearing loss since childhood and has a cochlear implant. He is Advocacy Director and Counsel for the Washington State Communication Access Project (Wash-CAP) and also OR-CAP. This article originally appeared in the California state newsletter and has been condensed to fit into these two pages. Also see page 10 of the summer 2012 issue of <u>Hear It Is</u> for an article on movie captioning.

Something to think about ...

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Hearing Loss Association of Oregon INVITES YOU TO CHARTING A COURSE TO EMPOWERMENT

Workshops for helping people with hearing loss navigate "life" through self-advocacy and technology.

KEYNOTE SPEAKER: Juliette Sterkens, AuD., "Looping Oregon"

Saturday, Sept. 21st, 2013, 8:30 AM to 3:30 PM (Registration ~ 8:0-9:30 AM ♦ Workshop starts at 9:30 AM)

Salem Hospital, Community Health Education Center (Building D) 939 Oak Street SE, Salem, OR 97302



Special Rate on Hotel!! Best Western Plus- Mill Creek Inn 3125 Ryan Drive SE, Salem Phone: 503/585-3332 Fax: 503/375-9618 \$103.39 plus tax per night -- Double Queen.
La Quinta Inn and Suites 890 Hawthorne Ave Southeast Salem Phone: 1-503-391-7000 Fax: 1-503-391-7222 \$79.00 plus tax per night.
Make reservations under Hearing Loss Association of Oregon FALL WORKSHOP rate.

Registration is necessary as seating is limited. The \$15 workshop fee includes beverages and lunch. To register for this workshop, send your \$15 check or money order, made payable to "Hearing Loss Association of Oregon".

Mail to: Hearing Loss Association or Oregon, PO Box 22501, Eugene, OR 97402 **Lunch will not be available if registration is received after Friday, September 6th.**

*	NAME
*	ADDRESS
*	PHONE NUMBER
*	EMAIL (if applicable):
*	ARE YOU INTERESTED IN BEING A VOLUNTEER? VES NO
*	If you have dietary restrictions, please contact Mary Fagan at <u>hlasalem@live.com</u> or 503-409-5491.

Dr. Allan S. Mehr

Board Certified Audiologist

Pacific Audiology Center

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

Michael W. Kelber, MD, FAAFP Salem Family Physician

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

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

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

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

Thanks for Your Support!

We are grateful for your commitment to support Hearing Loss Association of Oregon. With your help, we can continue to reach out and educate Oregonians about hearing loss and the many ways to cope with it. *Knowledge is power.* We love sharing helpful information.

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

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

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

Donald Nachtway Jo D'Antonio

Need Assistance to Keep In Touch?

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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.

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

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

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

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

WESTERN OREGON UNIVERSITY

REGIONAL RESOURCE CENTER ON DEAFNESS

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

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

Applications are generally due mid-March each year.

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

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

HLA of Portland meets the 3rd Tuesday each month (except June, July and August) - 7 PM in the North-South 1st Floor Conference Room, Building #2 of Legacy Good Samaritan Medical Center, 1040 NW 22nd Ave., Portland 97210

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

HLA of Douglas County meets the 2nd Monday of even-numbered months - 6 PM at the Mercy Hospital Community Education Room, 2459 Stewart Parkway, Roseburg (between Parkway Pharmacy & OfficeMax)

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

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

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

For an electronic version of this newsletter:

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

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

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

Cathy Sanders Oregon Chapter Coordinator e-mail: catsindallas@q.com (503) 881-1642 (cell) or (503) 623-4662 (home) 1131 SW Marietta Lane Dallas, OR 97338 or Chapter Coordinator Hearing Loss Assoc. of America (the National Office) e-mail: elebarron@hearingloss.org (301) 657-2248 - voice (301) 657-2249 - TTY (301) 913-9413 - FAX 7910 Woodmont Avenue Suite 1200 Bethesda, MD 20814

DISCLAIMER

Opinions expressed in this newsletter are those of the individual author and are not necessarily those of HLA-OR. Mention of products and services does not mean endorsement. nor should exclusion indicate disapproval. Personal experiences and diverse opinions related to hearing loss are welcome for publication, and should be mailed to HLA Oregon at the address listed Unless otherwise noted, readers below. 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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		Or you can sign up online at www.hearinglossOR.org (click membership, then click application)
		Hearing Loss Association of Oregon is a 501(c)(3) charity and depends on donations and grants. All personnel are volunteers. Please send your donation to support our efforts to *Hearing Loss Association of

Oregon* PO Box Box 22501, Eugene, Oregon 97402.