Ed Roberts contracted polio at the age of fourteen in 1953, two years before the Salk vaccine put an end to the epidemics. He spent eighteen months in hospitals and returned home paralyzed from the neck down except for two fingers on one hand and several toes. He slept in an iron lung at night and often rested there during the day.

He spent a critical period of his youth quite seriously and persistently trying to commit suicide, by starving himself. He went from 120 pounds to 50 pounds and he also discovered how powerful the mind is, when you make up your mind. He suddenly decided to eat and to live. And then he had to begin his own life. He discovered how important it is to help yourself and to move on from that and to go beyond what people think your limits are.

We make such fundamental errors in taking care of people all the time. Think about your own life. If you had people taking care of you, making all your decisions, what is there to life, really? Almost all our social programs are set up take care of us or put us away in institutions to be cared for.

One of the first steps in his new life, was to get out of the iron lung and into a wheelchair. This required overcoming fear of the unknown, but it’s no life without taking risks. Leaving the iron lung and going out on his own and being pushed around in a wheelchair was a big step for him because he knew that if he got in trouble out in the community he could die, and very quickly. Polio left him without the ability to breathe, the iron lung breathes for him. To get time out of the lung, he had to learn how to swallow air into his lungs, then to ride in a wheelchair and use a portable respirator that forces air into him.

He attended school by telephone hook-up until his mother insisted that he go to school once a week for a few hours. At school he faced his deep fear of being stared at and transformed his idea of his personal identity. He gave up thinking of himself as a "helpless cripple," and decided to think of himself as a "star." He credited his mother with teaching him by example how to fight for what he needed.

His career as an advocate began when a high school administrator threatened to deny his diploma because he had not completed driver's education and physical education. After attending the College of San Mateo he was admitted to the University of California at Berkeley. He had to fight for the support he needed from the California Department of Vocational Rehabilitation to attend college because his rehabilitation counselor thought he was too severely disabled to ever get a job.

"We've tried cripples before, and it didn't work," is how a college dean justified the rejection of the UC Berkeley application of Ed Roberts, quadriplegic from polio, in 1962. Undeterred, Roberts persisted, and Berkeley grudgingly reversed the decision, making the newspaper headline: "Helpless Cripple Attends UC Classes." Prior to the 1960s, most universities had no students with significant disabilities; thus, Roberts' acceptance was a historical milestone. However, when Roberts first arrived with his wheelchair as well as his 800-pound iron lung and oxygen tank, he immediately realized that he was unprepared for the campus' hilly terrain. Without ramps, he was unable to reach any classroom or dorm room.

When his search for housing met resistance in part because of the 800 pound iron lung, the director of the campus health service offered him a room in an empty wing of the Cowell Hospital. Roberts accepted on the condition that the area where he lived be treated as dormitory space, not a medical facility. His admission broke the ice for other students with severe disabilities who joined him over the next few years at what evolved into the Cowell Residence Program.
Against insuperable obstacles, Roberts ceaselessly fought for not only his own rights but also the rights of all people with disabilities, stressing, "I'm paralyzed from the neck down, not from the neck up."

He received his B.A. and M.A. in political science from UC Berkeley in 1964 and 1966, respectively. Although he was a candidate for a Ph.D. in political science at UC Berkeley, he did not pursue this degree.

In 1976, newly elected Governor Jerry Brown appointed Ed Roberts Director of the California Department of Vocational Rehabilitation - this same agency that once labeled him too severely disabled to work.

In addition to setting the precedence for people with significant disabilities to attend college, Roberts formed a disability advocacy student group. The group developed a sense of identity and elan, and began to formulate a political analysis of disability. They began calling themselves the "Rolling Quads" to the surprise of some non-disabled observers who had never before heard a positive expression of disability identity. The Rolling Quads set out to prove they could live outside institutions. They established the first Center for Independent Living. Today, there are hundreds of centers around the nation and the world. The centers preach an end to the segregation of the disabled from the rest of society and the end of the separation of the kinds of disabled from each other, from the blind and deaf, to the paralyzed, and those impaired by disease and birth defects.

As Roberts himself explained in his speech, The Emergence of the Disabled Civil Rights Movement, "I suddenly realized something that has since been extremely important to me — that I'm part of a minority that is as segregated and devalued as any in America's history. I am part of the disabled minority. It's essential to see the disabled as whole people who marry, have a child Lee, as I did, and get divorced too. We are not super cripples but we are role models. We are examples of people who even with the most severe disabilities have been able to lead fulfilling lives in the community and work, have families, and overall play significant roles.

"There are very few people even with the most severe disabilities who can't take control of their own lives. The problem is that people around us don't expect us to. We have built a system of public policy based on old attitudes that actually allow the disabled off the hook, a system that believes we will not work or participate in our communities when in fact we've discovered that the reality is just the opposite.

"Once doctors have learned how to save our lives – and they're awfully good at it now – what is there for us? What's a life living in an institution or a nursing home someplace? Not much of a life. No social life, no real ability to move on. Yet, we spend billions and billions of dollars on these. What we have to do is break that money loose from very strong special interests and move it into the community and deal with quality of life issues. We do not want to be segregated in the traditional sense.

"We, the Disabled Rights Movement, want access to public buildings, workplaces, and most of all public transportation. We want the right to live outside institutions. We want an end to discrimination in employment, and we want long-term health care that includes well-trained and well-paid attendants so we can function in the world of the able-bodied."

One-third of our urban transit systems still don't have an accessible bus. But through demonstrations, lawsuits brought by the movement's legal arm and political lobbying that crosses political lines, the access of the disabled community continues to expand. After a long struggle, the airlines have allowed the disabled onboard, enabling Ed Roberts to become a frequent flyer and to take the independent living movement and the idea of Civil Rights for the Disabled overseas.

He founded two leading national disability organizations: the Center for Independent Living and the World Institute on Disability. The Center for Independent Living was the first independent living service and advocacy program run by and for people with disabilities, providing a model for a new kind of community organization designed to address the needs and concerns of people with a wide range of disabilities. The World Institute on Disability is a think tank whose purpose is to promote the civil rights of the disabled, to get them out of institutions.

After decades of unremitting advocacy by Roberts and his colleagues, the world now has ramps, handicap parking, closed captioning, and other provisions that benefit people with and without disabilities. Because of his distinguished accomplishments, Ed Roberts is considered the "father of the disability rights movement." Through the hills he climbed, literally and metaphorically, Roberts transformed the lives of millions of people. He was awarded a MacArthur Fellows Grant in 1984. His wheelchair is now held at the Smithsonian Institution.

Inspired by Ed Roberts, Zina Jawadi applied for and was granted her high school's highly selective Near Scholarship, a year-long independent research funded by the history department, comparing the history of access to education in the disability rights movement with the civil rights and feminist movements in the 1960s. Through her research for the Near paper and her experience with the Hearing Loss Association of America, she observed that although Roberts successfully removed physical barriers, attitudinal and educational barriers remain. Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act have ensured some educational and social rights, yet people with disabilities continue to suffer from more poverty than all other minorities combined. Ed Roberts died in 1995 before eradicating those attitudinal and educational barriers.

In his honor, the Ed Roberts Campus was built in Berkeley and opened in 2011. The Ed Roberts Campus is home to the Center for Independent Living, the World Institute on Disability, the Disability Rights Education & Defense Fund, and other disability organizations. As part of her research, Zina visited the Ed Roberts Campus and was thoroughly awed by its accessible design.

To us all, Ed Roberts is a hero and a role model.
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By Mitzi Shpak, HOT EERZ

Those of us with hearing loss need something more than just hearing aids or cochlear implants to be able to engage our world to the fullest. When we make the decision to find that something, we begin to shop. But where? We may have noticed a few mingy items tucked away on a shelf at our audiologist’s office, mostly stuff for drying out our HA’s. My personal experience with four different audiologists over the years, has been that no information about these products is ever offered – and very little information is given when asked.

To help us talk on the phone or hear the TV, the audiologist can order some very nice, very expensive, gadgets from our hearing aid or CI manufacturer. No real choice – you pay their price – take it or leave it. A lot of money and you have another set of wires to untangle or something else to hang around your neck and another thing you have to remember to plug in to keep charged up.

If you are the independent type you get on the internet and start shopping the websites that carry products for the disabled. Lots of choices! In fact, way too many choices and no way to know what is going to work for you.

The really intrepid among us go beyond what’s offered in Assistive Listening Devices (ALD’s) or Personal Sound Amplification Products (PSAP’s – the FDA designation that delineates the difference between these devices and hearing aids).

Intrepid would describe Richard Einhorn, the composer whose hearing loss compelled him to scour the consumer electronics market to find the electronic bits and pieces that would allow him to continue in his career as well as engage his social world.

At the recent HLAA Convention in Austin, Einhorn was the Keynote Speaker presenting ‘A Life in Music After Hearing Loss’. He is credited with calling our smartphones the “Swiss Army Knives” of communication. The audience was shown some of the simple consumer electronics he has paired with his iPhone to make conversation understandable. I caught up with him at the reception and got more detailed information on what he uses which I will be glad to pass on if you contact me care of this newsletter. He does caution that “you need to be knowledgeable and comfortable with technology”.

Einhorn’s set-up is only for the iPhone. Basically you need 1) an iPhone 5 or 5s; 2) an excellent pair of in-ear earphones; 3) Blue Mikey Digital directional microphone 4) Apple 30-pin Lightning adapter ; 5) SoundAmp R app. At the reception he removed his HA’s and used only his iPhone with this set-up, to be able to successfully converse in small groups amid the cacophony of background noise.

For those of us less inclined to put together our own system there are other very interesting products to be had. Since the theme of the convention was new technologies to help us hear, the Emerging Technologies Symposium showcased some of the most interesting of these.

Easily the most popular was the Bluez, wireless bone conduction headphones. These very sleek headphones do NOT sit on your ears – they go around the back of your head, come over the top of your ears and the ‘speakers’ in front of your ears and sit on your cheekbones (more precisely, slightly above the Temporomandibular joint) – the sound is conducted by vibration through your cheekbones and directly into your cochlea.

They use Bluetooth to pair with your smartphone – any smartphone, you’re not limited to using an iPhone. You can listen to your music or make or receive phone calls – with no wires. They were developed as a safety measure for runners – your ears are free to hear the ambient sounds around you (less likely to get run over by a car if your ears aren’t blocked with earbuds). For those of us with HA’s or CI’s they are a real convenience since they aren’t in or on our ears. I got to try them at the convention and was very impressed. The manufacturer sent me the Bluez to try out at our recent HLAA-LA meeting. Several members with various levels and types of hearing loss, wearing HA’s and CI’s (or both) tried them out with Judy Garland singing “Over the Rainbow”. Most HA wearers experienced some of the best musical sound they had heard since experiencing hearing loss. Some CI users were ecstatic at the sound; for some it was OK; and for some it didn’t work. It may have to do with the brand of CI, the age of the CI or the type of hearing damage. You could see immediately if it worked – their faces lit up.

My own reaction --- I enjoyed listening to the music. That may sound simple, but I never listen to music with headphones or earbuds – I find it annoying. Hearing the music through bone conduction was very pleasant. The hearing members at our
meeting who tried the Bluez 2 loved them – Danny Tubbs, “It’s like the music is right IN my head”. Our captioner can’t wait to get a pair of Bluez 2 for herself.

And that brings me to what I think is an important issue. The Bluez 2 is not an aid specifically for the handicapped. It’s a stylish, desirable product that anyone can use. It doesn’t mark someone with hearing loss - there’s no stigma attached to using them. We need to do as Richard Einhorn has done and scour the consumer electronics market for products that enhance our engagement with life --- for less money - and without the visible stigma attached to some of the products offered by the makers of our HA’s and CI’s. Many people wait years before acquiring any hearing help because they don’t want to be seen as hard of hearing or deaf. To change that we need to act on two fronts: 1) we need to change our own perception of hearing loss in order to project a new image to others 2) we need stylish equipment to help us project that image.

Another interesting and stylish product I tried at the convention was the Quattro 4.0 from ClearSounds. I’m still waiting for one to arrive so our members at HLAA-LA can ‘road test’ it. It was hard to evaluate at the show—so much background noise and it was paired with their cell phone playing music I wouldn’t want to hear if I weren’t hearing impaired. It’s got some exciting features – like an attractively designed, removable microphone that you can take out and place on the table close to the person speaking to you. Hopefully, we’ll have it in hand before the next newsletter comes out.

My personal rant: I remember growing up in the 1950’s. If you wore glasses you were called ‘four-eyes’. Women would rather walk into walls than wear glasses (see “How to Marry a Millionaire” – Marilyn Monroe is walking into walls). It was even worse in the centuries before the invention of glasses – you were ‘weak-eyed’ and less of a person, certainly less marriageable. All that has changed – glasses are a fashion statement – people who don’t need them wear them to project a certain image. When Harry Potter became famous, little children begged their parents for glasses. If we could just get J.K. Rowling to give Harry Potter a hearing aid or a cochlear implant our work would be done. Outside of severe vision loss or blindness, no one who wears glasses is considered disabled. We can and must make that change in perception happen for hearing loss. **We need to change it from DISABILITY to correctable physical glitch.** As technology advances, hearing loss will become less disabling, less isolating and more correctable. CI’s have made it possible for many to rejoin life and every advance in hearing aid technology brings a number of us back into life. We have to bring the image of hearing loss in line with the abilities we have with the current technology. We can’t leave our perception of hearing loss stuck in the Dark Ages.

-- Next time: more new/improved technology from the HLAA Convention and InfoComm 2014 in Las Vegas.
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Dept of Justice MOVIE CAPTIONING Regulations

By John Waldo. He is an attorney whose practice focuses on legal issues arising out of hearing loss. He has been closely involved in the issue of movie captioning since 2007. He wrote a friend-of-the-court brief in the Ninth Circuit case, represented plaintiffs in court cases in Washington and California, and testified at a Department of Justice hearing on the proposed 2010 captioning regulations.

After four years of weighing well over 1,000 public comments about movie captioning, the federal Department of Justice (DOJ) has just issued proposed regulations that give those of us with hearing loss virtually everything we could want. The proposal would require all theaters that have converted to digital projection to install closed-captioning devices in all of their auditoriums within six months of the effective date of the regulation. According to recent estimates from the theater industry, that regulation would affect more than 90% of movie screens nationwide.

This proposal has been many years in the making. The Americans with Disabilities Act (ADA) requires movie theaters to provide “auxiliary aids and services,” defined as “effective methods of making aurally delivered information available” to people with hearing loss. Captioning does that by putting dialogue and other aural information into writing, enabling us to “hear” with our eyes.

Theaters resisted providing any captioning, in part for technical reasons and in part because they believed Congress had effectively exempted them from any captioning obligation. That belief was based on statements from Congress to the effect that the ADA does not require theaters to show movies with open captions, that is, captions that appear on the screen and are visible to everyone.

A number of lawsuits followed, some totally unsuccessful, some partially successful. Things changed dramatically in 2010 for both legal and technical reasons. On the legal front, decisions from the Ninth Circuit Court of Appeals and a Washington state court declared that theaters must show closed captions, where captions appear on individual viewing devices, unless the theaters could demonstrate that doing so would essentially put them out of business. The courts said that while open captioning may not be required, possibly because it could alter the movie-going experience for others, that concern did not apply to closed captioning.

On the technical front, the long-awaited conversion from traditional film to digital movies finally got under way. In place of 35 millimeter film, theaters now receive computer data packages. Not only is digital distribution and projection much less expensive than film, but the packages can contain considerably more information, including captions.

The captions are prepared for most movies, and distributed free of charge to the theaters. The theaters must purchase and install the equipment necessary to display the captions. So at the same time the courts were prodding the theaters, technical developments made captioning easier and cheaper.

At that point, the Department of Justice jumped in. In a proposal apparently drafted prior to those favorable court rulings, the department proposed requiring theaters to equip half of their auditoriums to show closed captions, and to phase in that requirement over a five-year period. People with hearing loss objected massively, filing over 1,000 comments to the effect that being able to see only half of the movies wasn’t good enough. We also made the legal argument that the language of the ADA requires theaters to do everything they can afford, and it would be improper to substitute an across-the-board standard that might require too much of some theaters but would permit other theaters to do less than they could manage.

In the four years the DOJ spent analyzing the responses to the 2010 proposal, a great deal changed. The industry-wide adoption of digital technology is essentially complete. Some new movie releases are only available in digital format, not on film. In conjunction with that change, and perhaps prompted in part by actual or possible legal actions, many of the larger theater chains like Regal, AMC and Cinemak began providing caption-viewing capability in all of their theaters.

The theaters offer two distinctly different types of caption-viewing devices. Regal offers glasses that fit over regular eyeglasses and display the captions on the inside of the lens. The glasses are transmitted electronically but wirelessly to a receiver connected to the glasses. The other devices are solid-state display units mounted to a flexible arm that fits into the cup-holder. Each device has its advantages and disadvantages. The glasses let people view the captions in the same line of sight as the movie, but some people find them uncomfortable. The cup-holder devices avoid any discomfort, but some people find it difficult to look at the captions then back at the screen. While most theaters offer either one type of device or the other, a few offer both, which in many ways seems to be an optimal approach.

Because the situation was proceeding in a generally satisfactory manner, despite some glitches and some holdouts, many of us were concerned that any proposed regulations would be a step backwards. We need not have worried. The DOJ appears to have essentially adopted all of the arguments made in court and in comments responding to the 2010 proposal. The present proposal tells virtually all theaters to install captioning equipment, and to do it essentially right now.

This proposal does not cover every conceivable situation. There are still a few theaters that have not undertaken the very expensive process of installing digital projection equipment. In many cases, these are under-performing theaters that the owners will close when the leases expire, and would have done so irrespective of any captioning requirement. In some cases, these were small operations that could not afford the conversion. They will either cease operations or become something like museums once new releases are no longer available on film. DOJ has proposed either that any captioning requirement for theaters using film have a four-year deadline or that the whole question of captioning for those theaters be set aside until it become clear whether any will survive.
Drive-in theaters will also be exempt from any captioning requirement under the proposal. There is presently no technology that will deliver closed captions at drive-ins because of the geographical size of the facilities, and because those theaters are becoming scarce, DOJ sees little chance that any such technology will be developed.

There may also be some smaller operations – single-screen theaters and small multi-screen operations – that would find it too expensive to install captioning equipment all at once and meet the six-month deadline. That situation is likely to be more prevalent in smaller towns, but could also apply to some independent theaters in big cities. I think it would be appropriate for DOJ to grant some time extensions, but only if during the interim, the theaters offer periodic open-captioned showings.

In a digital theater, open captions can be turned on for selected showings at no cost to the theater. While the theaters believe that some hearing patrons find visible captions distracting, I think that if open-captioned showings are advertised well in advance, and if people who don’t like captions have ample opportunities to attend non-captioned showings, this is something that can be done at little or no cost to the theaters. (A couple of small theaters in Washington State are offering periodic open-captioned showings, and we are discussing the possibilities with others).

The regulations provide for a minimum number of viewing devices, depending on the number of seats in the theater complex. The proposal would require the theaters to train their staffs on activating the captioning equipment, and would require that the equipment be kept in good working order.

In addition, the proposal would require that the theaters adequately publicize the availability of captioning equipment in all advertising, including on the exterior marquee. This is a very welcome development, because a number of theaters that have done a good job of providing captioning equipment have done an inadequate job of publicizing that fact. It does little good to announce that a theater has caption-viewing equipment available without also saying which movies come with captions and which ones do not.

I would also like to see illustrated displays of the captioning equipment in the lobby, and perhaps a short announcement made on screen prior to the previews. I find that whenever I pick up one of the cup-holder devices and carry it into the theaters, a number of folks ask what it is. (I suspect that there are also a number of people in the theaters who may wonder whether I’m looking at my cell phone during the movie, which is generally forbidden). It seems to me that it would benefit both the theaters and the patrons to let everyone know what the devices are, what they look like, how they work and how to get them.

The proposed regulations can be viewed online at www.ada.gov. Comments are invited, and are due on or before September 30. My comments will generally be along the lines of “hurray” and “thanks.” The regulatory wheel has ground slowly, but I think it has produced an exceedingly fine result.
They said nothing could be done about hearing loss.

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HLAA is embarking on a campaign to support enactment of the Help Extend Auditory Relief Act of 2013, HR 3150, the Hear Act by Congress. The HEAR ACT would provide for Medicare coverage of hearing health services and hearing aids.

HLAA California State Association is supporting this campaign. Along with our national organization, we are asking you to help support the campaign by writing a letter to your representative in Congress. Let your representative know just how important hearing is to you and how coverage under Medicare will help you and your family, your friends and your community. Please read the information below about HR 3150, copy and paste the sample letter that follows into an email, or write your own message, and send it to your representative in Congress today.

ACTION NEEDED - HEARING AID COVERAGE UNDER MEDICARE: YOU CAN MAKE A DIFFERENCE!

In September of 2013 a bill was introduced in the U.S. House of Representatives that if passed would provide hearing aid coverage under Medicare. Specifically, HR 3150, the Help Extend Auditory Relief Act of 2013 would:

• amend the Social Security Act to include Medicare coverage for hearing rehabilitation, including a comprehensive audiology assessment to determine if a hearing aid is appropriate, a threshold test to determine audio acuity, and various services associated with fitting, adjusting, and using hearing aids.
• extend Medicare coverage to hearing aids, defining them as any wearable instrument or device for compensating for hearing loss. To date only 21 US Representatives have signed on as co-sponsors of this bill. Let's make our voices heard! You do not need to be 65 years and older to advocate that your representative support this bill by signing on as a co-sponsor. We all know a family member or friend who could benefit from the passage of this law and believe it or not, someday you will be over 65.

Please contact your representative by phone or email and urge him/her to co-sponsor this bill. Include a reminder that one out of 3 people over the age of 65 has a hearing loss and this is the age group that is the most politically active and has the highest percentage of voters. Many of these constituents would be hugely grateful for this support. Make your comments short, to the point, and from the heart.

If you do not know who your representative is, go to: http://www.house.gov/representatives/find/ and search by zip code. Use your representative's email to send your comments and make your feelings known. A sample letter follows at the end of this message.

If you would like to read the text of this bill, go to: http://thomas.loc.gov/cgi-bin/bdquery/z?d113:h.r.3150: Content for this message is taken primarily from the HLAA website. For more detail see: http://www.hearingloss.org/content/hearing-aid-coverage-medicare. Thank you for your advocacy effort!

SAMPLE LETTER: You can use the sample letter below to get started:

The Honorable (your representative's name)
US House of Representatives
Washington, DC

Dear Representative,

I write to you today to express my support for H.R. 3150, the Help Extend Auditory Relief Act of 2013, introduced by Representative Matt Cartwright (PA-17). Nearly 17% of all Americans report some sort of hearing loss, including a third of all individuals over the age of 65. A study conducted by the National Council on Aging (NCOA) found that individuals over 50 years of age living with untreated hearing loss are more likely to become isolated and suffer from depression. Other studies have shown a link between hearing loss and dementia.

For many people, hearing aids are a simple solution. They can significantly improve quality of life. Unfortunately, without the benefit of insurance coverage, hearing aids and related hearing services can be prohibitively expensive. Currently, Medicare does not cover the cost of hearing aids, leaving seniors to pay out of pocket for their hearing exams and hearing aids except for those who have private insurance that covers part of the cost; and such policies are few. Hearing aids are incredibly expensive, ranging from $600 to over $5,000 each. These high price tags prevent many seniors from seeking a very basic solution that could dramatically improve their lives.

The Help Extend Auditory Relief Act of 2013 would benefit America’s seniors by amending the Social Security Act to include Medicare coverage for hearing rehabilitation, including hearing tests and hearing aids. Under H.R. 3150, Medicare recipients could receive a comprehensive audiology assessment to determine if a hearing aid is appropriate, a threshold test to determine audio acuity, and various services associated with fitting, adjusting, and using hearing aids.

I urge you to co-sponsor The Help Extend Auditory Relief Act to improve the health and quality of life for many seniors. Please become a cosponsor of this important bill today.

Sincerely,

[Be sure to sign your name and include your address]
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The Stanford Initiative to Cure Hearing Loss (SICHL) is a large scale research effort at Stanford to find biological cures for hearing loss.

The ability to communicate—to hear, process sound, and respond—makes life more engaging and stimulating. Untreated hearing loss can discourage social interaction which often leads to depression, anxiety, and disconnect from the rest of the world. People with hearing loss express greater dissatisfaction with their friendships, family life, health, and financial situation, and many become withdrawn and isolated. Depression is common in older adults who have trouble hearing.

Imagine the world in silence. No Schubert concertos. No birdsong. No whispered secrets among friends. No warning beeps from oncoming traffic. No gleeful laughter from children at play. Life without sound is like an outline of a drawing—the picture is there but it lacks the depth, richness, and dimension of a color portrait.

According to the World Health Organization, 2014, 360 million people worldwide suffer from hearing loss, which is more than the entire US population. Approximately 36 million American adults - 17 percent of the entire population—report some degree of hearing loss. Two out of every 1,000 babies in the United States are born deaf or hard-of-hearing. Close to a million children in America have hearing loss. Health experts estimate that one in three adults over the age of 65 has developed a hard-capping hearing loss. The numbers continue to increase as the population grows older. Almost 50 percent of American seniors experience some form of hearing impairment. Noise pollution from military service, industrial activity, and MP3 players amounts to 19 percent. Noise exposure and modern drugs such as chemotherapy or certain antibiotics are toxic to our hearing. These environmental exposures, in combination with the effects of aging and genetic disposition, cause a worldwide pandemic of hearing loss, which is what we are currently experiencing.

For centuries, people afflicted with hearing loss had little hope. Although hearing aids, cochlear implants, and other hearing assistive devices currently alleviate hearing loss, no present cure is available for those with sensorineural hearing loss, hearing loss caused by damage in the cochlea. Fortunately, there may be hope for those with hearing loss.

A few years ago, Stanford University launched an audacious and intensive effort, dubbed Stanford Initiative to Cure Hearing Loss (SICHL), staffed with a stellar world-class interdisciplinary team of ear and hearing loss scientists and doctors, dedicated to finding a cure for sensorineural hearing loss. According to visionary head of the initiative Dr. Robert Jackler, Stanford otologist-neurotologist, Chair of Otolaryngology Head and Neck Surgery Department, the team consists of more than 150 experts in the field. SICHL comprises multiple research teams, each exploring the ear from a different perspective, such as hair cell regeneration, molecular therapy, gene therapy, and stem cell therapy. In its attempt to find a cure for sensorineural hearing loss, the team is studying the ear holistically and is incorporating many other fields, such as mathematics and graphic design.

Imagine the world as it could be. Dr. Jackler believes Stanford University has the unique ability to cure a major disability in our lifetime. We sit on the cusp of a time, in which we believe that we can categorically cure a large percentage of inner ear hearing loss, whether it is in children or adults.

On June 18, 2014, SICHL hosted a Future of Hearing event. Dr. Jackler welcomed the guests, introduced the guest speakers as well as the team, and explained the science behind hearing loss, the necessity and urgency to find a cure, and SICHL's plans to reach its goal. Dr. Vinton Cerf, the Inventor of the Internet and honorary guest speaker, expressed his support for the initiative and shared the impact of hearing loss on his own personal life as a hard of hearing person as well as on his wife, Ms. Sigrid Cerf, who wears cochlear implants. Dr. Cerf then moderated a panel discussion, which featured Dr. Jackler, Dr. Stefan Heller, the world-renowned ear scientist who discovered auditory stem cells, Ms. Suzanne Colodny, hard of hearing Stanford alumna and Tom Evslin, founder of NG Advantage LLC. Each panel speaker expressed his/her excitement about the initiative and its importance. From my personal observation and the excitement I sensed from other attendees, the event was a smashing success.

Following the panel discussion, various SICHL researchers were available for private discussions about their research. For example, Dr. Nicholas Grillet, one of the exceptional researchers in the team, passionately expressed his love for insects; when I asked him what sparked his infatuation with the ear, he said, "The ear is my insect." I was captivated by this profound quotation that embodies the entire team: brilliant, innovative, creative, unique, and revolutionary.

Several members of the Hearing Loss Association of America (HLAA) were present, including HLAA Silicon Valley (HLAA-SV) co-presidents Earl Mizuguchi and Maggie Iller, HLAA-SV secretary and HLAA California State Association (HLAA-CA) board member Lynne Kinsey, HLAA Diablo Valley (HLAA-DV) president Ann Thomas, former HLAA Peninsula president Jaynie Kind, HLAA-CA board member Bonnie Neylan and Zina Jawadi, HLAA-CA vice-president.

The video of the Future of Hearing event is a must-see, especially for anyone with hearing loss. In addition to summarizing the goals of SICHL, the captioned video contains valuable information about the science behind hearing loss.

HLAA Austin TX Convention Wrapup

Young Adult First Time Attendee

By Johnny Palmer

Once the time to go to Austin rolled around, I was nervous. I had never been to anything like this and I felt very alone. I had spent plenty of time the week before pondering the convention workshops and carefully trying to decide where to spend my time every day. I even had a full day-to-day schedule showing what I was going to do each hour. I threw that away the first day in Austin.

When I got there, I didn’t really know where to go, and the convention hall just seemed so massive with so many possible things to see, in addition to all the workshops. I found the keynote speaker to be the highlight of my first day. Richard Einhorn was fascinating, and his experience with late deafness and how he is actively advocating for new kinds of technology, combined with his continued work in music production was nothing short of inspiring. I met up with a few of the young adults after the keynote speech.

The second day, I really jumped into the workshops. I went over to the convention hotel and attended the FCC Update on Closed Captioning workshop. That was a particularly interesting workshop, because I am taking a Film and Media class for my Master’s degree this summer, so I was already planning on writing my term paper about captioning. I learned a lot about the many recent changes in FCC regulations, particularly for TV captioning. After that workshop, I went to the Dogs for the Deaf presentation. I loved getting to hear about the various advantages of having a guide dog for the deaf, and it certainly encouraged me to begin the process of applying for one!

That night was the Texas Swing at the Scholtz; Beer Garden. I enjoyed getting to eat some authentic Texas BBQ, but the best part about the night was immediately after. A bunch of the young adults, including members of the Stone family, decided to flag down a charter bus and head downtown to Sixth Street to check out the bar scene. This was my first real chance to get to know some other young adults from around the country in a social situation.

The next morning, I got up and went to the Hamilton CapTel presentation. It was very interesting, because I had never really tried many of the captioning services for smartphones. The important step was knowing that many services were out there; I just needed to find the right one. After that presentation, I got to reunite with all my new friends from the night before at the Dealing with Hearing Loss Between Ages 18-40 workshop. The speaker was a deaf young adult. I learned so much from her, that I would recommend that workshop to anyone about to go into college or go off on their own for the first time. After that workshop, we all split up and I went with one other guy to the Enjoying Music with a Cochlear Implant workshop. That was really cool, because it involved a lot of audience interaction, mostly talking about their recent cochlear implantations and how different it is to listen to music after receiving a cochlear implant.

That night was the Banquet, and the food was absolutely fantastic. The other young adults and I decided to leave a little early because we wanted to go see the bats at the Congress Street Bridge, something that Austin is famous for. Well, they never really showed up, so that was disappointing. We ended up on Sixth Street again with many of the same people of the night before. I really loved getting to know them even more, and it was actually very easy for us to communicate at the bars because we could all sign to each other.

The next morning, we decided to wake up at 8 am so we could see one of our fellow young adults given an award for her website and show our support. We were all very tired, but it was so great to see them all again for a little bit before we ended up going our separate ways, promising to keep in touch and hoping to reconnect in St. Louis next year!!

Ann Thomas--Hamilton Relay Award

Ann Thomas received the Hamilton Relay 2014 Better Hearing & Speech Month Recognition Award for the State of California.

Ann has gone above and beyond to take on the role of educator within her community, making sure everyone is aware of the technology and services available to individuals with hearing loss. Her peers describe her as being tenacious, constant and filled with determination – always searching for ways to enhance the awareness of hearing loss in the general population.

Ann is currently the President of the Hearing Loss Association of America – Diablo Valley Chapter (HLAA-DV) where she works with local and national leaders to promote hearing loss awareness and education. She is also the designer and editor of the HLAA-DV bi-monthly newsletter. In addition to promoting awareness, she spearheaded a project to install a phase array induction hearing loop in the room where HLAA-DV holds their meetings. She is also instrumental in organizing events, designing promotional materials and creating safety literature for individuals with hearing loss.

Ann is also a member of the Americans with Disabilities Act (ADA) Compliance Committee. Within this committee, she provides education and consultation services to the California Hospital Association and city governments. Within the community, she educates on topics related to ADA, CA Unruh Act compliance and assistive listening devices and advertises the availability of accommodations for individuals who are hard of hearing. Ann also collaborates with hearing loss organizations including Association of Late-Deafened Adults (ALDA), Hearing and Speech Center of Northern California and Deaf Counseling, Advocacy & Referral Agency (DCARA).

We commend Ann for her leadership, advocacy and determination on behalf of individuals who are hard of hearing.
Whooping Cough may cause Hearing Loss

By Gail Morrison

The Long Beach Press-Telegram has been running several issues on the whooping cough epidemic, the latest being, Is Vaccination Rule Linked to Epidemic? (07/08/14), one article focusing on the fact that parents are exempting their children from getting vaccinated. Nowhere has it mentioned that whooping cough may cause hearing loss. So, HLAA-CA Board of Trustees member Gail Morrison wrote to the newspaper.

Here are excerpts from the newsletter article.
There is a 2012 law that California parents may claim that their religion forbids getting their children vaccinated against once dreaded and disabling diseases like polio, mumps, pertussis and smallpox. This allows parents who believe false myths to exempt their children from the vaccinations usually required for public school enrollment, even if they really have no religious beliefs at all.

This law now allows parents merely to check off a box on a form, rather than having a doctor or school nurse sign a paper attesting that they have been informed of the benefits of vaccinations, as was previously needed for an exemption.

Is it just coincidence that the first six months of this new “personal belief” rule saw cases of pertussis, also known as whooping cough, more than double from last year? Through mid-June, 4,558 cases had been reported in the state, fully 1,100 during a single two-week period in June. There were three deaths in this year’s first six months. The state’s officially declared whooping cough epidemic is now on pace to top even 2010, when California recorded 9,120 cases, 809 hospitalizations and 10 deaths from the ailment. That year saw the most cases in more than 60 years.

Here is Gail Morrison’s reply. Her letter was published July 14 on the Opinion page. I’ve been seeing several recent articles in the Long Beach Press-Telegram on the epidemic of Whooping Cough. This is scary to me!

I had whooping cough as a child. I have a severe to profound hearing loss along with vision loss. I was walking and talking at 9 months of age when I was exposed to a child with whooping cough. I survived, but I did not walk or talk again until I was two years old. Unfortunately, at the time, there were no services, programs, or testing of infants for hearing loss. When I "recovered" everyone thought that I was OK. Hearing loss is an invisible disability. No one could see my disability. Throughout my childhood and public schooling, I "slipped through the cracks" and no one suspected that I had hearing loss. I had difficulty learning to read; I couldn't hear the consonants or vowels that children need to hear to learn to read. I had vision problems, but that was corrected with glasses. I didn't get hearing aids until I was 61 years of age because I didn't know what to do. Now, I belong to a wonderful organization called Hearing Loss Association of America www.hearingloss.org that has helped me get my life back.

HLAA was founded in 1979 by Howard "Rocky" Stone, a former CIA agent who lost his hearing and couldn't find any information or support. His mission was to help people with hearing loss cope in the hearing world and to help them-selves. There are 48 million people with hearing loss in the United States. Some of them might be like me. I shudder to think of how many more will be added to that number from people not getting a whooping cough vaccine! Please protect these young ones from this very disabling disease!

Gail G. Morrison, Past President
HLAA- Long Beach/Lakewood Chapter
Member, HLAA-CA Board of Trustees

2014 Board of Trustees Election
Deadline October 15, 2014

The Hearing Loss Assn of California Nominations Committee announces applications will be accepted to fill three Board of Trustees’ positions. An applicant must be a member of HLAA and a resident of California. The term of office is three years with two Board meetings a year in February and August.

Information for applying may be obtained online at www.hearinglossca.org or from Susan Shaffer, Nominations Chair, 9341 Gordon Avenue, La Habra CA 90631-2457, sshaffer@hearinglossca.org.

Please send completed applications to Susan Shaffer, postmarked no later than October 15, 2014.

Specializing in hearing loop installations throughout California.

Tell us which places in your community would benefit from a hearing loop and we will advocate to help you hear.

info@otojoy.com (805) 728-9114

Proud supporter of: Get in the Hearing Loop
**Southern California**
Segerstrom Center – Costa Mesa
Saturday matinee
Once, August 30, 2014
Pippin, November 22, 2014
Grinch, December 13, 2014
Kinky Boots, January 10, 2015
Dirty Dancing, February 14, 2015
Nice Work If You Can Get It, March 21, 2015
Guys and Dolls, April 18, 2015
Annie, May 23, 2015
Motown, June 27, 2015
Phantom of the Opera, August 15, 2015

Ahmanson – Los Angeles
Saturday matinee
We Will Rock You, August 23, 2014
The Trip to Bountiful, October 25, 2014
Dame Edna & Barry Humphries’ Final Farewell Tour, March 14, 2015
Cinderella, April 25, 2015
Matilda, June 27, 2015

Pantages Theater - Hollywood
Sunday matinee
Jersey Boys, October 19, 2014
Pippin, November 9, 2014
Kinky Boots, November 30, 2014
Wicked, January 11, 2015
Newsies, April 12, 2015
Motown the Musical, May 17, 2015
Phantom of the Opera, June 28, 2015

Civic Theater- San Diego
Sunday matinee
Kinky Boots, September 28, 2014
Jersey Boys, October 26, 2014
Dirty Dancing, January 11, 2015
Cinderella, May 10, 2015
Motown the Musical, June 14, 2015
Pippin, August 30, 2015

La Jolla Playhouse
Sunday Matinee
Kingdom City, September 21, 2014
Hunchback of Notre Dame, November 23, 2014
The Darrell Hammond Project, February 22, 2015

**Griot Theatre of the West Valley - Encino**
Sabah El-Amin, Executive Director
Sabah@griottheatre.org
www.Griottheatre.org

Hollywood Bowl
Two weeks advance notice requested
Lili Herrera, Accessibility Services, 323 850 2125

**Northern California**
Berkeley Repertory Theatre
Sunday Matinee
An Audience with Meow Meow, October 19, 2014
Party People, November 16, 2014
Red Hot Patriot, January 4, 2015
Xs and Os (A Gridiron Love Story), March 1, 2015
Tartuffe, April 12, 2015
Head of Passes, May 24, 2015
One Man, Two Guvnors, June 21, 2015

Cal Shakes –Orinda
Wednesday evening
Midsummer Night’s Dream, September 10, 2014

SHNSF (Orpheum, Curran, Golden Gate) – San Francisco
Saturday matinee
Motown the Musical, September 13, 2014
Pippin, October 18, 2014
Chicago, November 15, 2014
I Love Lucy, November 16, 2014 (Sunday matinee)
Kinky Boots, December 27, 2014
Newsies, March 14, 2015
Matilda, August 8, 2015
Phantom of the Opera, September 26, 2015

Sacramento Community Theatre
Friday evening
Jersey Boys, November 21, 2014
Dirty Dancing, January 2, 2015
Joseph & the Amazing Technicolor Dreamcoat, January 30, 2015
Rain, a Tribute to the Beatles, March 20, 2015
Once, April 17, 2015
Cinderella, May 15, 2015

Sacramento Music Circus
Friday evening
La Cage aux Folles, August 22, 2014

Please support Captioned Live Theater for the effort they are making to accommodate us, and help spread the word to our hearing loss community. People with hearing loss who have shunned live theatre, need to get back into the theatre-going habit.
## Resources for Hearing Loss Questions or Concerns

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<tr>
<th>Hearing Loss Resource Specialists</th>
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<tbody>
<tr>
<td>Jennifer Stuessy, Greater Los Angeles</td>
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<tr>
<td>Agency on Deafness (GLAD), Los Angeles</td>
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<tr>
<td>323-478-8000, <a href="mailto:jstuess@gladinc.org">jstuess@gladinc.org</a></td>
</tr>
<tr>
<td>Pauline Gaeta, Center on Deafness</td>
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<tr>
<td>Inland Empire (CODIE), Riverside</td>
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<tr>
<td>951-275-5000, <a href="mailto:pgaeta@codie.org">pgaeta@codie.org</a></td>
</tr>
<tr>
<td>Colette Noble, NorCal Services for D/HH, Sacramento, <a href="mailto:cnoble@norcalcenter.org">cnoble@norcalcenter.org</a></td>
</tr>
<tr>
<td>Sr. Ann Rooney, LMFT, Burlingame</td>
</tr>
<tr>
<td><a href="mailto:amrooney@sbcglobal.net">amrooney@sbcglobal.net</a></td>
</tr>
<tr>
<td>Bruce Harris, Berkeley <a href="mailto:bjharris@ieee.org">bjharris@ieee.org</a></td>
</tr>
<tr>
<td>Ann Thomas, Walnut Creek</td>
</tr>
<tr>
<td><a href="mailto:AThomas@hearinglossdv.org">AThomas@hearinglossdv.org</a></td>
</tr>
<tr>
<td>Valerie Stern, LCSW, Sunland</td>
</tr>
<tr>
<td>Psychotherapist - hearing loss and grief, certified equine assisted psychotherapist</td>
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<tr>
<td>310-936-0939, <a href="http://www.valeriesternlcsw.com">www.valeriesternlcsw.com</a></td>
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<tr>
<td>Alison Freeman, PhD, West L.A. Sherman</td>
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<tr>
<th>For Parents</th>
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<tr>
<td>Independently Merging Parents Association of California (IMPACT)</td>
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<tr>
<td><a href="http://www.impactfamilies.org">www.impactfamilies.org</a></td>
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<tr>
<td>Nationwide, <a href="http://www.handsandvoices.org">www.handsandvoices.org</a></td>
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<tr>
<td>Oral Deaf Education, Oraldeafed.org</td>
</tr>
<tr>
<td>Free Parent handbook, DVD, videos</td>
</tr>
<tr>
<td>Education Helen Walter</td>
</tr>
<tr>
<td><a href="mailto:hwalter1@dc.r.com">hwalter1@dc.r.com</a>, 951-849-6713</td>
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<tr>
<th>For Youth</th>
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<tbody>
<tr>
<td>Training &amp; Advocacy Group (TAG), LA</td>
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<tr>
<td>Self-Advocacy group for D/HH children &amp; teens, <a href="http://www.tagkids.us">www.tagkids.us</a></td>
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<tr>
<td>HEAR YA NOW, Young Adults Group</td>
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<tr>
<td>Social events, online community</td>
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<tr>
<td><a href="http://www.hearyanow.tumblr.com">www.hearyanow.tumblr.com</a></td>
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<th>Cochlear Implants</th>
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<tr>
<td>Cochlear Americas</td>
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<tr>
<td><a href="http://www.cochlearamericas.com">www.cochlearamericas.com</a></td>
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<tr>
<td>MedEl <a href="http://www.medel.com">www.medel.com</a></td>
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<tr>
<td>Advanced Bionics</td>
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<td><a href="http://www.advancedbionics.com">www.advancedbionics.com</a></td>
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<th>Clinics</th>
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<tr>
<td>UC Irvine</td>
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<tr>
<td>Cochlear implant services, research</td>
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<tr>
<td>714-456-5853, <a href="http://www.ent.uci.edu">www.ent.uci.edu</a></td>
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<tr>
<td>The HEAR Center, Pasadena</td>
</tr>
<tr>
<td>Hearing/speech therapy, Community outreach, hearing aid dispensing. All ages, <a href="http://www.hearcenter.org">www.hearcenter.org</a>, 626-796-2016</td>
</tr>
<tr>
<td>House Ear Clinic, Los Angeles</td>
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<tr>
<td>Cochlear implant services</td>
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<tr>
<td>213-483-9930, <a href="http://www.hei.org">www.hei.org</a></td>
</tr>
<tr>
<td>Stanford University</td>
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<tr>
<td>Cochlear implant services</td>
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<tr>
<td><a href="mailto:cochlearimplant@stanford.edu">cochlearimplant@stanford.edu</a>, 650-736-4351, <a href="http://www.med.stanford.edu/ohns">www.med.stanford.edu/ohns</a></td>
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<tr>
<th>Hearing and Speech Center, San Francisco</th>
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<tr>
<td>415-921-7658, <a href="mailto:info@hearingspeech.org">info@hearingspeech.org</a></td>
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<tr>
<td><a href="http://www.hearingspeech.org">www.hearingspeech.org</a></td>
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<tr>
<td>Lucile Packard Children’s Hospital, Stanford</td>
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<tr>
<td>Pediatric hearing loss</td>
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<tr>
<td>650-498-2738, <a href="mailto:jwinnelberg@lpch.org">jwinnelberg@lpch.org</a></td>
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<tr>
<td>John Tracy Clinic</td>
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<tr>
<td>Pediatric hearing loss, free services world wide</td>
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<tr>
<td><a href="http://www.johntraylorclinic.org">www.johntraylorclinic.org</a>, 213-748-5481</td>
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<tr>
<td>Oberkotter Foundation</td>
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<tr>
<td>Pediatric hearing loss, free materials, oral schools, <a href="http://www.oraldeafed.org">www.oraldeafed.org</a></td>
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<th>Financial Aid</th>
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<tr>
<td>Audient Alliance</td>
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<tr>
<td>audientalliance.org, 206-838-7194</td>
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<td>Let them Hear Foundation, Palo Alto</td>
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<tr>
<th>Career Counseling/Employment Services</th>
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<tr>
<td>HILAA Employment Toolkit</td>
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<tr>
<td><a href="http://www.hearingloss.org/advocacy/employment.asp#jobtoolkit">www.hearingloss.org/advocacy/employment.asp#jobtoolkit</a></td>
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<tr>
<td>GLAD/EDD</td>
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<tr>
<td>GLAD/Employment Development Dept</td>
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<tr>
<td><a href="http://www.gladinc.org">www.gladinc.org</a></td>
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<tr>
<td>213-478-8000, <a href="mailto:info@gladinc.org">info@gladinc.org</a></td>
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<tr>
<td>Dept of Rehabilitation, (DOR)</td>
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<tr>
<td>Dept/HH Advisory Comm (DHHAC)</td>
</tr>
<tr>
<td>Stephanie Stansell</td>
</tr>
<tr>
<td><a href="mailto:Stephensstansell@yahoo.com">Stephensstansell@yahoo.com</a></td>
</tr>
<tr>
<td>Vocational Rehab provides clients with hearing aids/devices necessary to secure or retain employment. <a href="http://www.dor.ca.gov">www.dor.ca.gov</a></td>
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<tr>
<th>Defa/Disabled Telecomm Access (DDTP)</th>
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<tr>
<td>Administrative Committee (TADDAC)</td>
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<tr>
<td>Toni Barrient (Hard of Hearing)</td>
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<tr>
<td><a href="mailto:thbarrient@yahoo.com">thbarrient@yahoo.com</a></td>
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<tr>
<td>Nancy Hammons, (Late Deafened)</td>
</tr>
<tr>
<td><a href="mailto:hammonsnn@aol.com">hammonsnn@aol.com</a></td>
</tr>
<tr>
<td>Equipment Program (EPAC)</td>
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<tr>
<td>Brian Winic (Hard of Hearing), <a href="mailto:lovetoheear@aol.com">lovetoheear@aol.com</a></td>
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<tr>
<td>Free Telephones (CTAP)</td>
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<tr>
<td><a href="http://www.ddtp.org/ctap">www.ddtp.org/ctap</a></td>
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<th>Lawyers</th>
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<tbody>
<tr>
<td>David Grey, <a href="mailto:david@greyslaw.com">david@greyslaw.com</a></td>
</tr>
<tr>
<td>Special education law</td>
</tr>
<tr>
<td>John Waldo, <a href="mailto:john@wash-cap.com">john@wash-cap.com</a></td>
</tr>
<tr>
<td>Captioning of movies/theatre</td>
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<tr>
<td>Gaylord &amp; Nantais, gaylordnantais.com</td>
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<tr>
<td>Hearing Loss Claims</td>
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<th>Hearing LOOP &amp; ALDs Directory</th>
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<tr>
<td>List &amp; Find your Loop and ALD</td>
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<tr>
<td><a href="http://www.alldocator.com">www.alldocator.com</a></td>
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<tr>
<td>All about Loops</td>
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<tr>
<td><a href="http://www.hearingloop.org">www.hearingloop.org</a></td>
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<tr>
<td>Lip Reading Classes</td>
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<tr>
<td><a href="http://www.hearinglossca.org/communication">www.hearinglossca.org/communication</a></td>
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<th>Online Videos</th>
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<tr>
<td>HLAA, <a href="http://www.hearingloss.org/content/video-series-learn-about-hearing-loss">www.hearingloss.org/content/video-series-learn-about-hearing-loss</a></td>
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<tr>
<td><a href="http://www.hearingloss.org/content/video-series-hearing-assistive-technology">www.hearingloss.org/content/video-series-hearing-assistive-technology</a></td>
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<th>Captions</th>
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<tr>
<td>Captioned movies search engine</td>
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<tr>
<td>Captionfish.com</td>
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<tr>
<td>Captioned Netflix instant library</td>
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<tr>
<td><a href="http://www.phlixie.com">www.phlixie.com</a></td>
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<tr>
<td>Captioned videos of world’s leading thinkers, TED.com</td>
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<tr>
<td>Captioned/looped theatre</td>
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<tr>
<td>Griot Theatre, griottheatre.org</td>
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<tr>
<td>Captioning Advocacy Group</td>
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<tr>
<td><a href="http://www.CCACaptioning.org">www.CCACaptioning.org</a></td>
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<td>Angel Sound</td>
</tr>
<tr>
<td>Online download</td>
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<tr>
<td><a href="http://angelsound.emilyfufoundation.org">http://angelsound.emilyfufoundation.org</a></td>
</tr>
<tr>
<td>Request an installation CD via email</td>
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<tr>
<td><a href="mailto:angelvoice@emilyfufoundation.org">angelvoice@emilyfufoundation.org</a></td>
</tr>
<tr>
<td>i-phone/ipad application now available in the App Store: i-angelsound</td>
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<tr>
<td><a href="http://angelsound.tigerspeech.com/angelsound_mobile.html">http://angelsound.tigerspeech.com/angelsound_mobile.html</a></td>
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<thead>
<tr>
<th>Speech Therapy</th>
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<tbody>
<tr>
<td>Lisa Roeder, MS, CCC-SLP, Walnut Creek</td>
</tr>
<tr>
<td>Cochlear Implant or hearing aid users 925.945.1474 <a href="mailto:roeder@speechpat.com">roeder@speechpat.com</a></td>
</tr>
<tr>
<td><a href="http://www.speechpathologygroup.com">www.speechpathologygroup.com</a></td>
</tr>
<tr>
<td>Melissa Eisenberg, M.S., CCC-SLP</td>
</tr>
<tr>
<td><a href="mailto:mellissasl@ymail.com">mellissasl@ymail.com</a>, 858-232-5842</td>
</tr>
<tr>
<td><a href="http://www.SanDiegoSpeechPathology.com">www.SanDiegoSpeechPathology.com</a></td>
</tr>
<tr>
<td>Aural Rehab Group for CI, San Diego</td>
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<tr>
<th>Assistance Dogs for hard of hearing/deaf</th>
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<tr>
<td>Canine Companions for Independence</td>
</tr>
<tr>
<td><a href="http://www.cci.org">www.cci.org</a> 800-572-2275</td>
</tr>
<tr>
<td>Sam Simon Foundation</td>
</tr>
<tr>
<td><a href="http://www.samsimonfoundation.com">www.samsimonfoundation.com</a>, 310-457-5898</td>
</tr>
</tbody>
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<tr>
<th>Other Resources</th>
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<tbody>
<tr>
<td>Hard of Hearing / Late Deafened Program at DCARA <a href="http://www.dcara.org">www.dcara.org</a></td>
</tr>
<tr>
<td>Better Hearing Institute <a href="http://www.betterhearing.org">www.betterhearing.org</a></td>
</tr>
<tr>
<td>Living and Coping with Hearing Loss by Sam Trychin, <a href="mailto:samtrychin@adelphia.net">samtrychin@adelphia.net</a> <a href="http://www.trychin.com">www.trychin.com</a></td>
</tr>
<tr>
<td>Hearing Loss Information <a href="http://www.HearingMojo.com">www.HearingMojo.com</a></td>
</tr>
<tr>
<td>Hearing Loss Help E-zine <a href="http://www.hearinglosshelp.com">www.hearinglosshelp.com</a> <a href="mailto:neil@hearinglosshelp.com">neil@hearinglosshelp.com</a></td>
</tr>
<tr>
<td>Deafness in Disguise History of hearing devices. beckerexhibits.wustl.edu/did</td>
</tr>
</tbody>
</table>
HEARING LOSS ASSOCIATION OF AMERICA
California State Association/Chapters

Find a chapter - www.hearinglossca.org/chapters
Facebook: Hearing Loss Association of America – chapter name

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City of Orange Chapter
Toni Barrient
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949-373-5223

Please join us. Meet others who are facing the challenge of everyday life with a hearing loss. Meetings are free and informal. Bring a friend or family member. Everyone is welcome. Hearing loss is a daily challenge you can overcome.
You do not have to face hearing loss alone.

Is your chapter on Facebook?
Social networking has become the way to do outreach, get your projects known and recruit new members. Danny Tubbs metromann@yahoo.com of the HLAA-LA chapter will be glad to help you set it up.

No chapter near you? Our Chapter Coordinators will help you to set up a local group.
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310-829-3884 phone

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JOIN US! Membership includes national and state memberships, Hearing Loss Magazine and The Hearing Loss Californian newsletter. Rates are $20 Student, $35 Individual, $45 Couple, $60 Professional. For international and corporate rates, please visit www.hearingloss.org. Please make check out to HLAA and send it to Hearing Loss Association of America, 7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814 (include name/mailing address/zip code/email/phone) OR you can join on line at www.hearingloss.org/membership/renew.asp.

HEAR YA NOW is a network of young adults in California ages 18-40. We aim to unite young adults with hearing loss through social events and an online community where information is exchanged about resources, support, advocacy, and scholarship opportunities. Join our active Facebook discussion group HEAR YA NOW: http://www.facebook.com/groups/hearyanow. In order to join, email us at hearyanow@gmail.com with your name, brief hearing loss story, and why you want to join HEAR YA NOW. Website: www.hearyanow.tumblr.com; Twitter: www.twitter.com/hearya_now; YouTube: www.youtube.com/hearyanow

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FREE newsletter The Hearing Loss Californian. Please send your name/mailing address/zipcode/email to Grace Tiessen, 714 Prospect Blvd., Pasadena, CA 91103, gracetiessen@gmail.com.

FREE. Hearing Health magazine, a quarterly publication of Deafness Research Foundation. Sign up on line at http://www.drf.org.

HLAA-California publishes The Hearing Loss Californian quarterly in mid February, May, August and November. The newsletter is available through mail, and on line at www.hearinglossca.org.

Demographics. Our database consists of 5300 records--1250 California HLAA members; 1345 California audiologists; 1350 California Hearing Aid Dispensers; Dept of Rehabilitation HoH/D counselors; Itinerant Teachers of the HoH/D; Office of Deaf Access outreach centers; members of the Association of Late Deafened Adults; Kaiser Permanente audiologists; members of AG Bell Assn for the D/HoH; Costco Hearing Aid Centers; HEARx Hearing Aid Centers; Sonus Hearing Aid Centers and others interested in hearing loss issues.

Editor: Grace Tiessen, gtiessen@hearinglossca.org
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Who We Are

Hearing Loss Association of America, California State Association
(HLAA-CA) is a state association affiliated with Hearing Loss Association of America. Residents of California who join our national organization automatically become members of HLAA-CA.

Hearing Loss Association of America (HLAA) is an international, non-sectarian, educational, consumer organization of hard of hearing people, their relatives and friends. It is devoted to the welfare and interests of those who cannot hear well but are committed to participating in the hearing world.

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(301) 657-2249 TTY
(301) 913-9413 Fax
info@hearingloss.org

HEARING LOSS ASSOCIATION OF AMERICA
CALIFORNIA STATE ASSOCIATION
Supporting chapters throughout California

Hearing Loss is a Leading Public Health Issue

Hearing Loss Association of America
The Nation’s voice for people with hearing loss.

Hearing Loss Association of America opens the world of communication to people with hearing loss through information, education, support and advocacy.

The national support network includes the Washington, D.C. area office, 14 state organizations, and 200 local chapters.

Our clear, straightforward message has changed the lives of thousands of people.

Hearing loss is a daily challenge you can overcome.
You do not have to hide your hearing loss.
You do not have to face hearing loss alone.

HLAA: www.hearingloss.org
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