



Wake Chapter Newsletter



November 2021

Websites: [Wake Chapter](#) [HLAA-NC](#) [HLAA National](#)

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Upcoming Virtual Meetings

<p>Wake Chapter Virtual Meeting Thursday Nov 18th 7 p.m.</p>	<p>NCATP Assistive Technologist Brittany Hawley will outline the services available through the state program and answer your questions during this Zoom event. We'll also set aside time during the call for participants to describe or even demonstrate their favorite forms of assistive technology. It promises to be a fun opportunity to learn from each other. See more information about this meeting.</p>	
<p>Asheville Chapter Virtual Meeting Tuesday Oct 26th 6:30 p.m.</p>	<p>Dr. Mark Fagelson, Professor of Audiology, East Tennessee State University, will present "50,000,000 Can't Be Wrong" about tinnitus. You're invited to attend this virtual meeting. Should be interesting, since tinnitus is a very common problem for people with hearing loss. Below is the link to that Zoom meeting:</p> <p>https://us06web.zoom.us/j/5059456126?pwd=Y1BsQmNWU3picG5TTnpVYU1tRHpGdz09</p>	

HLAA 2022 National Convention

The HLAA 2022 Convention is June 23-25 in Tampa, Florida! HLAA is very excited to be hosting an in-person Convention again. This year the exhibit hall, workshops, demo presentations, plenary sessions, social events and Research Symposium will all be held under one roof at the brand new JW Marriott Tampa Water Street. When you aren't learning and networking at the most communication accessible convention for people with hearing loss, you can explore Tampa's new Sparkman Wharf area or cruise down the local Riverwalk. Start planning your trip now!



Convention registration will open on Monday, November 29. Visit the Convention page (hearingloss.org/programs-events/convention) for more information. Be sure to register by March 4, 2022 to receive early-bird rates!

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2021 NC Walk4Hearing Success

North Carolina Walk4Hearing welcomed **360 walkers from 37 outstanding teams**, and **raised more than \$48,000!** Because of you, people with hearing loss receive the support, information and services they need in your community and across the country.

Special thanks to Wendy Dembeck, Wake Chapter Team Captain, and to all our walkers and donors. Our Wake Chapter team raised \$2,623, had 10 members and 41 donors, but you can still donate to the Wake Team until Dec 17th. Mail checks made out to **NC Walk4Hearing**, to the Treasurer (address below) and indicate Wake Chapter in the memo section.

Steve Latus, NC Walk4Hearing Treasurer
1320 Heritage Hills Way
Wake Forest, NC 27587



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Focus on Wake People: Wendy Dembeck

I was not introduced to the world of hearing loss until quite late. As an English teacher who read poetry aloud because the sounds of the English language are like music, who led book discussions at several libraries in our county, who attended Broadway theater regularly as well as the New York Philharmonic, and who loved socializing with groups of friends, my gradual but increasing loss of hearing beginning when I was 53, two years before retirement, meant gradually withdrawing from the things I loved best. Lesson #1: Hearing loss is more than a physical issue. It's life altering.

For several years as my hearing deteriorated, I wore hearing aids, finished my teaching career, and managed theater and movies until I could no longer understand; I attended rather than led book discussions but rarely participated, and stood relatively silent but with a smiling façade in the noisy bar after Thursday night golf league.



In 2009, one week before we were set to go on an Alaska cruise/tour, I woke up able to understand very little of what I heard. We frantically called a local otolaryngologist and was lucky enough to get an immediate appointment. When we arrived at the office, however, we learned I would be seen by the covering physician, an older man, who tested me for everything from Lyme disease to Lupus and other autoimmune diseases. Results the next day all came back negative. He was not surprised. He felt I had auto-immune inner ear disease for which there was no real test, only markers. However, he knew a doctor in New York City's Eye and Ear Hospital.... Fast forward. Miraculously, that doctor, Dr. Lindstrom who had written textbooks on my problem, had an appointment canceled. I grabbed it. He was wonderful, agreed with the diagnosis based on the markers, and put me on a very strong course of prednisone so I could go to Alaska. It was a wonderful trip, and I was fine.

Auto-immune inner ear disease inflicts less than 1% of people with hearing loss. Cochlear implants might be in my future, Dr. Lindstrom said. When I was back in New York, Dr. Lindstrom cut the prednisone and sent me to a rheumatologist who prescribed methotrexate which allowed smaller doses of prednisone to work. Twice a year or oftener, both doctors adjusted the amounts, trying to keep them as low as possible to avoid consequences, but I sometimes swelled up or had other reactions, some of which are permanent.

In 2015, the meds seemed to be losing their effectiveness and my hearing deteriorated even further. We moved to North Carolina in Oct. I'd told Dr. Lindstrom that I'd come back to see him in New York. He laughed at the thought and told me to have a "meet and greet" with Dr. Tucci at Duke. They'd worked together.

Dr. Tucci was a game changer. The first thing she asked me was, "Aren't you tired at the end of the day from trying so hard to hear?"

I never put my exhaustion and my hearing together. Yes, I was totally wiped out every day. At that first meeting, I agreed to a cochlear implant, and the rest is history!

In the spring of 2016, I had my right implant. I chose Med El because at the time, it was the only implant where MRIs were possible. I really worked at rehab, sitting with an open book and listening to the audiobook at the same time, re-learning sounds. I listened to music I knew—old rock 'n roll to work on sounds. I tried to re-learn the sounds of musical instruments so I could enjoy symphonic music again; that was the most difficult and only partially successful. I joined a Facebook Med El recipient site, heard about the wonders of going bilateral, and in 2017, I had my left implant. Incredible difference. I was better able to hear direction of sound (but not perfectly), and overall, with additional practice, including some therapy at Duke, I understand much better. I use hearing assistive devices, particularly Roger and Audiolink, and I will soon be getting Audiostream when my right implant is updated. [\(scroll to continue on next page\)](#)

I attend lectures and go on tours and find no one refuses to wear Roger. I hear the narrations! I am confident enough to form a book club through Elon University's Life@Elon and go back to discussing books. I use a T loop to attend theater again, and I am able to listen to music on my car's radio—though it has to be familiar for me to really know what's playing.

Big rooms, high ceilings, restaurants, and more than a small group remain troublesome, but one never knows the next technological breakthrough. I never realized I was so tired and depressed, and I am not anymore.

One last help for me has been joining the Wake Chapter. I was welcomed by friendly, knowledgeable people who understand in a special and personal way. I've learned a lot from them. I have a long way to go in learning about hearing loss, but the journey has become less frightening and more enlightening. No words can express how that feels.

Focus on Wake People: Share Your Story?

For the last several newsletters, we've included personal stories about HLAA Wake board members and their hearing loss. These stories are inspirational and give readers information about how others are successfully dealing with hearing loss and its challenges. We have a few more months of stories from board members, that will be included in future newsletters. Next year, after we've finished the board member stories, other Wake Chapter members (If you receive this newsletter, you're a "member"), are encouraged to submit your stories about your hearing loss and how you're dealing with it.

If you are thinking about submitting your story for a future Wake Chapter newsletter, start drafting it now. When you're ready, submit it to the Wake Newsletter Editor, [Steve Barber](#), via email as a text document plus a photo. Your story can be a paragraph or two ... or a couple of pages ... it's up to you.

Over-the-Counter Hearing Aids Update

The Food and Drug Administration (FDA) has just released their proposed rules on over-the-counter (OTC) hearing aids. This is one step closer to seeing OTC hearing devices on the market for adults with mild to moderate hearing loss. You can read HLAA's web page explaining more about that [HERE](#). The Hearing Loss Association of America (HLAA) will file comments with the FDA on the proposed rules within the 90-day comment period. In case you're interested, that HLAA web page provides additional links, including a link to the actual FDA proposed rules.

Most Wake Chapter members have losses that are beyond the design goals of OTC hearing aids. Many of us need all the help we can get from professionals in selecting and fitting hearing aids, but OTC hearing aids will eventually be an option for many people with mild to moderate hearing loss.

We, as people experienced with hearing loss, are likely to be asked about whether OTC aids are a good idea. OTC hearing aids may be fine for some people with mild to moderate losses, but we can share some things for them to consider:

1. A professional hearing test is a good idea. It can establish whether your loss meets the OTC guidelines, and may identify problems that can be fixed or require medical attention. Without a test, most people new to hearing loss have no way to determine whether their loss is worse than OTC hearing aids are designed to fit. Hearing loss is often gradual, so it's hard to know how bad it is.
2. OTC hearing aids are "self fit"; they don't have the benefit of a professional fitter. OTC hearing aids can be compared to drug store reading glasses ... they may help but there may be better solutions.

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Focus on Tech: How Sounds Get to Us

When we think of waves, we often think of amplitude waves (Figure 1), but that's not exactly the way that sound waves work. Instead of the vertical peak and valley pattern of an amplitude wave, sound waves are really air molecules moving in patterns of compression and rarefaction as they bump into each other and move back and forth (Figure 2). When the wave patterns reach your ears or your hearing aid or cochlear implant, they must get to your brain, where real sound perception occurs. But this article will focus on how the sound gets to you, and we'll cover how it gets to your brain in another Focus on Tech article.

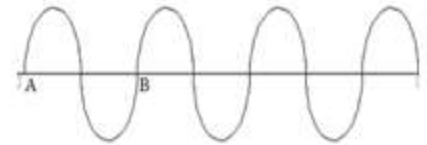


Figure 1 Amplitude wave

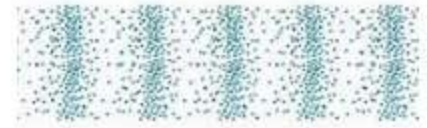


Figure 2 Compression wave A B

But even Figure 2, although it's more representative, does not really depict how sound waves look or travel.

- First, sound waves don't usually have fixed wave lengths or amplitudes (compression strengths). The wave length is the distance between one cycle of the wave, as illustrated in the above figures as the distance between **A** and **B**. In both of those figures, the wave length of each cycle is the same length. Figure 3 uses an amplitude image to better illustrate how a sound wave can have varying wave lengths (frequencies) and varying amplitudes (volumes).



Figure 3 Varying amplitude and frequency

- Second, sound waves don't just travel in a single direction; they spread out at the speed of sound (about 750 miles/hour in air) spherically in all directions from the source ... much like ripples on a pond spread out in two dimensions... except sound waves spread out in three dimensions instead of two. Figure 4 illustrates a simple (with equal wave lengths and amplitudes) 3-dimensional sound wave.

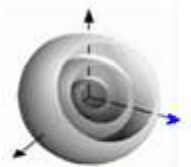


Figure 4 Spherical wave

- Third, Figure 5 illustrates how sound waves are reflected by any surface they encounter and continue on their journey. Note that Figure 5 only shows a handful of paths; sound waves actually travel in and are reflected in all directions. So, when sound waves arrive at your ears, you will hear each sound in the wave that travelled directly to you, but you will also hear the same sounds again slightly later and at slightly lower volume than the same sound that arrived directly. This is called "reverberation" and it can "muddy" the sound.

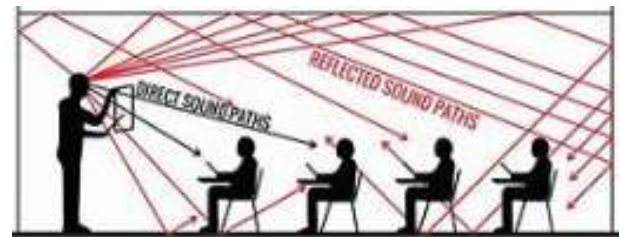


Figure 5 Reverberation

It's one reason that it's hard to hear in noisy indoor environments. It's also why directional microphones can help by somewhat suppressing sounds coming from the back or sides.

- Fourth, the sound pressure level (SPL) is reduced by 6 dB every time the distance doubles (Figure 6). 6 dB doesn't sound like much, but it significantly affects how loud things are as the distance between you and a sound source increases. SPL and perceived volume aren't the same thing, but distance does reduce the perceived volume.

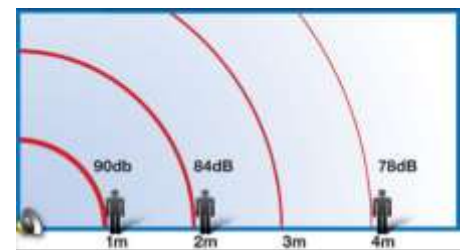


Figure 6 Sound pressure and distance

So, you'll just have to think of all these not-perfect illustrations, when you want to imagine how sound waves travel to you. But remember: sound waves aren't like amplitude waves or ocean waves; they are compression waves. Sound waves get complicated because they can include intensities that vary, wave lengths that vary, volume that's reduced with distance and reverberation that muddies the perceived sound. It's amazing we can hear at all!

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More About Wake Chapter's Next Meeting

What comes to mind when you read or hear the term “assistive technology”?

For those of us with hearing loss, this phrase might be associated with sign language, television captions, captioned and hearing-aid compatible phones, assistive listening devices such as a Pocketalker or assistive listening systems employing hearing loop, FM or infrared technologies.

Hearing loss, however, can limit our understanding and awareness of more than just language.

Alerting or alarm devices that use light and vibrations, or a combination of these techniques – with or without sound – let us know when a particular event is occurring. They enable us to wake on time to get to work or catch a plane. They let us know when someone is at the front door. They even can save our lives when our home is filling with smoke or carbon monoxide.

State residents can learn more about assistive technology – and borrow devices and test them at home – through the North Carolina Assistive Technology Program (NCATP). And you can learn about this program at the HLAA Wake Chapter virtual meeting on **Thursday, November 18, at 7 p.m.** NCATP Assistive Technologist Brittany Hawley will outline the services available through the state program and answer your questions during this Zoom event.



We'll also set aside time during the call for participants to describe or even demonstrate their favorite forms of assistive technology. It promises to be a fun opportunity to learn from each other.

Our virtual meetings employ assistive technology – they are captioned – and are open to all. If you receive HLAA Wake Chapter email messages, you will automatically receive an email reminder a couple days prior to the meeting that includes the Zoom link. If you're not on the HLAA Wake Chapter email list, send an email to Steve Barber (steve.barber@earthlink.net) and request the meeting Zoom link.

Open Captions at AMC Movie Theaters

Like to go to movies and see Open Captions ... Not just Close Captions that require special captioned glasses, or a display on a cup holder gooseneck? Well, selected AMC theaters are planning to provide Open Captions of selected showings every week of movies. Open Captions means the text is displayed right on the screen like on your TV ... NOTHING to borrow, wear or fiddle with ... and no worries about germs or viruses.



Here's a [link to the specific theaters](#) that will soon be scheduling Open Captioned showings of movies. The only theater planning to schedule Open Captioned movies in the Wake County area is the Park Place 16 in Cary. If we support their selected showings, they may expand the number of Open Captioned showings.

HLAA Wake Chapter Contacts

Steve Latus (President)

slatus@comcast.net

Steve Barber (Media)

steve.barber@earthlink.net

Janet McGettrick (Member Outreach)

jmcgettrick106@gmail.com or 919-469-0924

Susan Goldner (Treasurer)

goldaub1@aol.com

630 Upchurch St, Apt H
Apex NC 27502

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