

**Hearing Loss Association of America (HLAA) – Los Angeles Chapter Meeting
Huntington Memorial Hospital – East Room, Wingate Building
Pasadena, CA
1/27/18**

MEETING COMMENCES AT 10:12 A.M.

HEATHER LEHR: Is everyone on Telecoil?

Is everyone on Telecoil? Switch over, can you hear me? Yeah? Everyone on Telecoil? Are you on Telecoil? Are you Telecoil? Can everyone hear me? Testing, one, two, three.

Okay.

I am so happy to see you all here today.

Welcome.

First thing I wanted to do say is how much I appreciate you all being here because it takes a lot to get up early on a Saturday morning, to be here.

Not only to help yourself, but, as you know, we are an active chapter and we help others.

So, I appreciate all of you and your dedication to helping yourselves and others through our mission.

So, we're having a little bit of a different meeting today.

We've got a terrific speaker for you so I want to be able to get to him right away because the information that he's going to give you is mind-blowing.

But, what I'm going to first do is our fabulous Wow Awards.

So, everyone knows that deaf people, sometimes when they get excited about something, they say wow this way with a W-O-W, wow.

So, our Wow Awards go out to people who have gone above and beyond the past month.

And the first wow award for this month is our fabulous Lisbeth for representing on Jeopardy.

(Applause)

HEATHER LEHR: She represented herself and our chapter and people with hearing loss, on Jeopardy and she was fabulous. And we're so very proud of her because that would have scared me to death to go -- not only to do that but to have hearing loss and do that.

So, I would like for her to say a few words.

If possible.

LISBETH: Certainly, one of the things is that when you go on these game shows is let them know you have hearing loss because on Jeopardy, they said, oh, if, we'll test it out and if you can't hear then we will cut out all of the video and audio clues because those you don't have written down, and that way you have the board, nice big letters that you can read.

And, it uses lights to tell you when you're supposed to ring in.

So, there you can do it without having to hear because you can see.

Your only big clue is knowing whether you know being able to hear Alex to know when he says can you move to the next clue? Or no, and moves onto somebody else.

But it was a ton of fun, they were so nice and helpful and always checking to make sure I could still hear.

And, Mitzy and Joe was in the audience and she could hear because the studio had good acoustics too and she was just using her regular hearing aids and she could hear the speakers and the players and Alex and Johnny Gilbert with his talking also.

So, don't let that stop you from doing something like that.

It was just so much fun, and thanks guys.

AUDIENCE MEMBER: How much did you win?

LISBETH: I came in second so for second place you get \$2,000, which --

(Applause)

HEATHER LEHR: Great, okay, well thank you so much. Isn't this agreed? Don't we love the A.D.A.?

I went to the Women's March in my wheelchair and I was could psyched I could get on the subway and I could get -- I mean I was just rolling everywhere because of these wonderful ramps that are everywhere.

So, I'm pretty excited about all this stuff.

And our next Wow Award this is pretty much this is from somebody who pretty much deserves a wow award every month to the fabulous Liz, because she constantly rolls up her sleeves, constantly does so much work for this chapter, not only for this chapter, but for the state group, her amazing newsletters.

And I have to say on a personal note she is always helping me bringing things up that I need to remember because I'm a very new member and she's been here for a long time and I really do appreciate your counsel and good advice.

So -- yeah.

(Applause)

LIZ: Actually, I've been around longer than Heather but not all that long.

I do love the newsletter, and obviously we love help with the newsletter if anyone wants to participate, by submitting articles.

I have some other little tasks that could stand help, too.

So, thank you so much.

And, I love seeing you all, even though it is really early for me.

HEATHER LEHR: Me too (laughing).

Okay.

So next thing, you guys know that the Walk4Hearing is coming up in June -- is it June 10th I already forgot the date.

GARY JACOBSON: June 9th.

HEATHER LEHR: And we as a chapter are a little bit behind schedule.

We are supposed to have like a walk chart person and we're supposed to be like already getting money and we sort of haven't started yet because we were having so much fun last month at our party.

So, this is the party chapter as you all know.

And we have our priorities, so, but now it's time to get to business and, fortunately, wonderful Gary, they had a big meeting with all of -- with National and a

bunch of the people who are really involved in the Walk4Hearing getting sponsors and all that last week and Gary went as our representative and he would like to make a report to you about the walk, to let you kind of know what's happening.

And they're changing the format.

I'm going to turn it over to Gary.

GARY JACOBSON: Good morning everybody.

My name is Gary.

Okay.

We had the meeting at Marie Callender's in Whittier last week, there were 11 of us at the meeting, all the chapters were involved plus two people from National.

Of course, Lonnie was there.

Now, they're going to -- they're going to be changing some of the formats due it to our requests for the walk because there were a few things that we don't wanted and a few things that we want to emphasize.

First of all, how many of you went to the walk last year?

Do you remember we used to have a guy going around with a balloon, making faces and stuff like that?

We're not going to have him this year.

Because, it really didn't catch on with the kids, believe it or not.

We're going to have what they call the bumper house -- the kids play inside the house.

And they'll have a couple of people to keep an eye on them and everything.

We'll still have the face painting.

Now, some of you knew that we wanted to move the walk to L.A.

Because, Long Beach was too far away.

Well Lonnie said no.

We're staying in Long Beach because she thinks that if we move to L.A., it will put the kids in danger.

(Room laughing)

GARY JACOBSON: But she doesn't live here.

But that's the thing.

But I personally wanted to go to L.A. because we would have more exposure to the public because Long Beach went way by the ocean.

Nobody knows anything about it.

DANNY: I mean if I had been at the meeting, which I wasn't, I would have brought up the Rose Bowl they have a park set up there and tables and walk around -- it's a really nice place to do it, and children are not in danger at the Rose Bowl.

GARY JACOBSON: You got it.

Now you know that the Walk is going to be on June 9th, Saturday, June 9th, somebody wanted to have it on Sunday, no.

Because some people are going to be in church, they want everybody to be on there on Saturday.

And I recommended that we need to have signage on the highway saying this is a Walk4Hearing for the Hearing Loss Association, let people know that we're here.

Because people drive by, walk by, they don't know who we are.

So that's part of the problem we're going to work on.

Okay.

We have the bumper house -- the website is not ready yet.

There seems to be issues with it, with the website.

They're changing the logo for the walk, but we don't know what it is.

Lonnie didn't bring the picture so we don't know what the logo's going to be.

And, there's a problem with the t-shirts because those of you who went to the walk, they ran out of t-shirts last year.

So, we need to fix that problem.

So, Lonnie said that if people register earlier than three weeks before the walk, you'll be guaranteed a t-shirt.

There were a lot of people who registered like one week, two weeks before the walk.

So, please register now, or when the website sets up.

So, we know what's going on.

And we're going to have a deaf musician at the walk.

Somebody who does magic tricks.

That will catch on with the kids.

So, if -- the emphasis will be on the children this year and maybe the future.

Okay.

Now on the walk, we need sponsors -- big-time.

We need some of you to go out and talk to the companies and find out if they will sponsor us for the walk.

I would like to have somebody to go to Trader Joe's in Pasadena, the headquarters and talk to them and maybe they could sponsor us for the walk.

AUDIENCE MEMBER: The thing is I think it's going to be hard for an L.A. business to sponsor something in Long Beach.

The whole point of sponsoring is that if you sponsor and then you get clients or customers back.

So, to me, it's like if we're going to do Trader Joe's, why not do Trader Joe's in Long Beach.

And that's what I told Ronnie you're trying to find businesses in L.A. to be sponsors but nobody's going to sponsor down in Long Beach.

TERI: I live in Long Beach and I'm orthogonal speak to Trader Joe's.

GARY JACOBSON: The reason why we want to speak to -- they've got the money.

HEATHER LEHR: Maybe there's a little bit of confusion.

The headquarters of Trader Joe's is in South Pasadena.

So that's why he was --

GARY JACOBSON: I think they moved to Monrovia.

HEATHER LEHR: Okay, never mind.

GARY JACOBSON: The reason why I'm picking out Trader Joe's, something like 35-40 years ago I was part of the Alexander's Ranch Association we had a wine tasting party at Pasadena City College, all of the wine and the cheese, guess who donated the wine and cheese? Trader Joe's.

Why? The vice president of Trader Joe's daughter was deaf.

So, we had a connection with them.

Maybe it will work.

Now, if they can't sponsor the second item, we need people who donate items for the raffle.

Talk to companies or people, restaurants, Trader Joe's, whatever and they can donate gift basket for the raffle.

This is where the money comes in and it's a lot of fun.

People like to put a lot of money to get whatever they want.

So, we have to concentrate on that.

We don't wait until May or April -- we start now.

Because this is a year-long thing.

She had another question.

TERI: Yes, what about Costco?

GARY JACOBSON: I thought about Costco because there's a Costco -- right, they have one in Long Beach so if you could talk to them or you could write a letter to Washington, the headquarters, maybe they will sponsor it.

So, the best place you can sponsor would be headquarters of corporations.

Maybe you can ask the president if he'll sponsor it -- who knows? He's got the money (laughing).

Okay.

I have stuff here for you and this is about the walk, the date and everything.

You can get people or people who can donate you can give to.

And these are the kits for sponsorship that you fill out.

I don't have that many because there's not going to be that many sponsors, but if you can do it, it would be fantastic.

And, this tells you a little bit about HLAA, the facts, the figures about how much we make -- and this might be good for you.

Now, has anybody got any donations this year?

What are you waiting for?

I mean I already sent out a donation and there's stuff -- I'm up to \$1,000 already.

It can be done.

Don't wait until later, start now.

You have five months to get the people to donate money to the walk.

And maybe you might be able to get five or \$10,000 from these people.

You never know.

We need to be proactive and go after them.

Ronnie says that our donations rocked last year.

I don't think so.

Actually, our donations between 2015 and -- I mean 2016 and 2017 actually went up.

So --

DANNY: But the walk used to be every other year so now it's every year and you know you hit up the same people for donations, I mean it's difficult.

People want to support us.

The only other thing I want to say and I hate to seem negative, but all the chapters put in all this work getting sponsors and donations, the least they can do is have a t-shirt for us.

I mean 60 percent of the money go to National but we're doing all the work to get them the money, and they run out of t-shirts.

So, you tell Ronnie -- at least we can have a friggin' t-shirt.

GARY JACOBSON: We need to form a community for the committee for the chapter, they are now allowing us to have tables to promote the chapter, so you'll have forms or whatever -- oh it's on, forms with where we have the meeting, so hopefully -- brochures and everything.

We'll allow two chairs at the table.

To come up with the chapters.

There will be five chapters involved.

She says that they're going to give us two tables so, I don't know how that's going to work.

But, at least it's better than nothing because they all were complaining, there was no recognition of the individual chapters.

Now, people can come up and ask questions about your chapter.

Somebody came up with the idea we should have like a signage several places showing what's where. Like at the mall – yeah, it's like a map, it shows you where our table is where the bagels are and whatever.

But the point is we need recognition so we need to have a committee to have two people at a time, at the table.

You can rotate like every hour, every two hours.

But we have to work on it and see what happens.

We can print out brochures like that.

I have a colored printer and I can print them up.

It's like, it just like what I did with this -- I printed that up.

And I'll tell you a little bit about this in a minute.

Okay, here is the check you receive for customers, for donations.

You can mail them to Jeff Schayes, if you need his address, I can send you his address, send me the email and --

LIZ: Okay two things. The first is the t-shirt issue.

Last year they had more little sizes.

I knew several people who needed extra-large and they ran out of those first.

Very, very poor planning.

The second thing is if you need to get a hold of the treasurer of the California Association it's on the website.

Hearinglossca.org you can find Jeff's address there.

GARY JACOBSON: Jeff's usually at the table where the t-shirts are.

You would find him there, usually.

LIZ: But if you want his address it's on the California Association website.

GARY JACOBSON: And he lives in Orange County, I can give you his address, it's not a big deal.

All right, I know she needs to have him talk.

Okay.

I made this out -- I gave it to the clients and they love it.

It's about trying to get money for the chapter for the Walk4Hearing.

And I have a perfect cartoon -- what's he saying? Is it important?

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And that's what the caption is.

And you might want to look at that time and see what happens, you might be able to use it.

It's worth a try.

Please start going for donations now, sponsorship and the raffle, okay?

Any questions?

So, you're all ready for the walk?

AUDIENCE MEMBER: Yes Gary!

GARY JACOBSON: I'm going on leave everything here for you all because I have to leave at 11:00 because I have some appointments today.

So, I have to leave.

Sorry.

So, if you have any questions, send me an email or send it to Heather and she'll forward it to me.

Okay?

HEATHER LEHR: Absolutely.

(Applause)

HEATHER LEHR: While Gary is the heavy who is going to twist your arm to get money, I'm the fun lady and I do want to tell you that the walk is a blast.

We have a group of -- I think Lisa you started the group, the L.A. Stars? Or is that something that goes -- oh you did.

Sorry.

We have a group that call ourselves the L.A. Stars so when you sign up to for the walk on the national website, you put L.A. Stars your group, right?

AUDIENCE MEMBER: You find the group L.A. Stars.

HEATHER LEHR: Can you explain that a little bit because a lot of our members are flu and they don't really know anything about the walk.

Would you be able to explain that, Danny?

So, we have a really fun group, we all go together, we wear t-shirts, we're loud.

We have signs.

And we all meet together so -- and Danny's going to tell you how you sign up for our group, and how you get -- so in our group, our L.A. Stars gets the credit for any money that you raise.

DANNY: Well currently the website's down and they ran out of t-shirts but, basically, when the website's up, it is kind of hard to navigate but you go to the chapter, and you can actually start your own group, you don't have to join the L.A. Stars but we thought it was fun as a group to join the L.A. Stars, it kind of says what L.A.'s all about, and we are the stars.

I don't know who's going to be the Captain this year.

HEATHER LEHR: We don't have a recruited one --

DANNY: So, whoever's going to be the Captain of the L.A. Stars needs to go and initiate it first and then we can all join.

Once I get in I can report next month on exactly how to do it.

If the website's up.

HEATHER LEHR: Okay, does everyone understand that? If anyone has questions about the walk, obviously it's five months down the road so we have time to get to get our act together.

But it is a very fun activity and I hope we can all make it.

GARY JACOBSON: The treasurer's report, really quick our balance is a little bit over 16,200.

We did not get any money from Amazon or Ralph's last month, please chop Amazon or Ralph's so we can get money from them.

DIANE: I shop Amazon all the time, I have the chapter designated as getting a percentage of what I shop.

But for all the shopping that I have done, the chapter has netted a total of 8:00H \$8.54 from me because some of the stuff you buy doesn't qualify for the donation. But that's the way I do my part but you might see something coming up in March because I did a lot of shopping in December.

HEATHER LEHR: Anyone has any questions on how to sign up so the chapter gets donations from your Amazon or Ralph's purchases? Talk to Diane at the break,

okay is this? Because we need to move along, I think Jen you're going to make the announcement about our wonderful speaker?

JENNA: Ray, I don't have your bio, so -- but we're going to have Ray Goldsworthy speak today.

Can you hear me?

And, I heard Ray speak at the Cochlear implant meeting a few months and I thought he was fabulous, he has a Cochlear implant, himself, and he is incredibly knowledgeable and I'm going to let you do your own baby owe, Ray.

DR. RAY GOLDSWORTHY: I think I can give my bio because part of what's in my bio is how I lost my hearing and all that kind of stuff.

So -- let me just say how I lost my hearing and where I am now and I'll tell my story before saying anything about improving sound processing for Cochlear implants.

So, does this help? Can everybody hear me well through this? Yes, good.

So, I was born with normal hearing and I had normal hearing up to the age of 12 and at that point I lost my hearing.

And I got my implant a year later.

And I was about -- that was about 30 years ago so I have a Cochlear device and it's 30 years old I checked off that milestone sometime late last year.

So, this is 30 years old.

And I studied -- so I had it, and at that time I was 13 going on 14 so there's some time where I struggled in school because of my hearing loss.

But then something kind of clicked and I really got excited about mathematics, and I went to -- first small school in Memphis and then the University of Kentucky and then at the University of Kentucky I really got hooked on physics and I got hooked so something called signal processing.

So, basically, taking something like sound and converting that into something like electrical stimulation.

So, it was kind of like obvious to me at that point I could work on the signal processing that occurs on Cochlear implants, I have a Cochlear implant so I went onto study that.

And I got my Ph.D. between the joint program between Harvard University and the Massachusetts Institute of technology and I studied sound processing.

And then I went onto to do some development work and I was -- what's called a principal investigator a number of business grants from the National Institutes of health to design signal processing for Cochlear implants and develop auditory training software for hearing impaired people.

And, then about three years ago, I transitioned from Sensimetrics Corporation to USC so I'm a Professor now at USC in the Keck School of medicine, Otolaryngology, and what I work on is try to improve sound processing for Cochlear implants.

And so, we -- I am I'm interested in perception.

So, perception is the thing that I'm really interested in, so I want to know how well you can hear.

How well you can hear musical pitch, how well you can hear speech, how well you can hear speech in the presence of background noise.

For those of you who have some kind of binaural hearing that is you can hear from both ears I'm interested in how well you can hear sounds coming from.

I'm completely deaf on this side because I'm completely deaf on this side I don't have any spatial hearing so if I close my eyes and say hey I'm over here I have no idea.

How many people here have no spatial hearing?

How many people have some spatial hearing?

Like if I -- if I took out some keys like I say hey I'm over here, I'm over here, how many of you could hear? So, I have no spatial hearing.

So how is that provided in the implant? Actually, let me show you some other things, I'm going to use these slides.

Like gingerly because there's a lot of slides here here's a baby with a Cochlear implant you may have -- but I wanted to touch upon a couple other things that are being done at USC that are following in the footsteps of Cochlear implants.

So Cochlear implants is really ground-breaking.

And something that's being worked on at USC is this following the footsteps of Cochlear implants, retinal implants.

And so, there's blind people who are getting retinal implants this is a man who has a retinal implant.

He is otherwise blind and he has an electrode array that is in the back of his retina so it's surgically implanted in the same way a Cochlear implant restores your hearing by stimulation, this man's eyesight his vision had been partially restored using a retinal implant.

There's amazing things that are going on.

And we also see people with their arms being restored, this man lost his arm right here, this whole thing is robotic and so to control that kind of robotic arm, we need to have sensors, sensors that are embedded on his muscle tissue to pick up his intent so when he wants to pick up that bottle of water and take a drink from it, we need to know what he wants to do.

How do we know what he wants to do? We have sensors here.

The technology, again, is Cochlear implants led the way.

Cochlear implant is the most successful medical intervention of this sort.

Although, deep brain stimulation is another one that's catching up in terms of the numbers of people.

So, you know what a Cochlear implant is here's the electrode array that is planted in the cochlear and you use those electrodes to directly stimulate the auditory nerve.

So, what I'm trying to do is improve the math used to convey that information.

So, I don't want to keep going with these slides.

I'll stop there.

Are there any questions about what I've said so far? Do you have any questions for me?

JOHN: Who made your Cochlear implant?

DR. RAY GOLDSWORTHY: This is Cochlear implant corporation so cochlear Corporation was really the big game in town they did the pediatric trials 30 years ago when I got the device so my implant 30 years old has 22 electrodes which is as many that they're implanting today.

The slight difference, limitation of mine is the speed of stimulation cannot be turned up as much as the newer devices but there's 22 electrodes.

JOHN: Is that the original device?

DR. RAY GOLDSWORTHY: This is the original device.

They made them to last.

JOHN: Wow that's good is to hear.

JENNA: I was wondering for people who end up getting two implants, so I mean obviously the whole point is to do high-frequency so we can discriminate.

AUDIENCE MEMBER: Can she have the microphone, please.

JENNA: Oh, can you hear me?

Okay but what I was wondering is ... would it be possible for people who want to get a second implant to have lower tones on that implant so you have more -- like right now because I have a hearing aid, I get the low tones of natural hearing and then the high tones, of course, for discrimination.

And, a lot of people because I'm on the forums for Cochlear implants and people complain that having two implants, everything is high and squeaky and you never get back to sort of those lower tones.

So, I was just wondering if they have any thought about bringing in lower tones, if you end up having a second implanted?

DR. RAY GOLDSWORTHY: Yeah, very good question.

So that's a very good question.

There's -- you have to understand a little bit the why of what causes the lower tones.

And what causes the lower tones is that the cochlea is tonotopic all that means is it's like a piano and that low frequencies are in one place and high frequencies are on the other.

I actually have a better picture of this.

So, in this one this is what the cochlea looks like and the surgeon comes in and the electrode array is pushed in.

And, the lowest frequency tones are up here.

So, one way getting this deeply inserted as far as possible so that's one way to restore lower frequency sound.

But the brain is also so open to change, and especially with pitch perception.

That it's quite possible that the -- your perception of pitch sort of something becomes a new normal.

You can start hearing lower frequency sounds so my pitch perception for me after 30 years is normal and I hear low pitches and high pitches because it's what I've known for 30 years.

With an implant on one side and hearing in the other, it's that pitch mismatch might be a little bit more persistent because you always have the normal hearing reference which is saying no this is really low.

So, the implant, you can try to adjust your brain to say this is low now but it's always referencing the other side, and there's a little bit of an imbalance.

But, yeah.

JOHN: Is it hard to restore the lower pitch then using a Cochlear implant?

DR. RAY GOLDSWORTHY: Well pitch is conveyed using two different mechanisms in the auditory system.

And the first mechanism is this place code that I just mentioned.

If you stimulate this electrode, you will hear a high pitch sound.

If you stimulate this one, you'll hear a low-pitch sound.

And so, with that mechanism, the only way to restore truly low frequency pitches is to go deeper.

But the second mechanism is that you have a timing code.

And so, the speed at which you stimulate also produces a pitch per cent.

So, one of the things that I'm using on is to use stimulation speed to provide more information about pitch and that way you can improve your pitch perception.

AUDIENCE MEMBER: The sound that's coming out is it working with the existing hearing you have is it like a telephone or --

DR. RAY GOLDSWORTHY: So, I have no existing -- I don't have any acoustic hearing.

I only have hearing that has been restored by the electrode array.

If I take this off, I am completely and profoundly deaf.

HEATHER LEHR: Can we hold -- can we hold off the questions until he's finished with his presentation?

DR. RAY GOLDSWORTHY: Well no, not at all, I'm opening it up.

HEATHER LEHR: Oh, okay, I'm sorry.

DIANE: The only thing I want to mention, if the room is open to questions, can we please pass the microphone around so we can hear the questions too.

JENNA: I was just going to say but that's Ray's thing.

But like for somebody like me, I have a hearing aid that's hooked up to my Cochlear implant.

So, they work together.

So, it just depends and I guess if you have two Cochlear implants they probably work together as well.

DR. RAY GOLDSWORTHY: Absolutely.

Yeah so that was my situation.

But if you have the visual hearing then you want them to work together.

So, for -- we're all debating the scientists are arguing about the best way to do that.

One way to do that would have the implant stimulate more of the high-frequency information and the residual hearing if it's low.

Frequency, stimulate the low-frequency information and hopefully bring them together.

For coordinating across ears, you want to be stimulating a similar location.

For each frequency you want to simulate a -- that information is going to be combined for you to tell where sound is coming from.

A lot of issues between listening with two ears versus listening with one.

But in all of those situations, yes, there's a way to get the acoustic and electric stimulation to work together to provide you better hearing.

Yes.

AUDIENCE MEMBER: I actually just had a question because what you're talking about is something that I really could relate to, I get a Cochlear implant and for

four years, it was all high-pitched screeching my hearing aid and implant never meshed I couldn't tell the difference between male and female voices after four years.

So, I got a re-implant they said it was a soft failure.

They found nothing wrong with my device, when they took it out.

And, after I got re-implanted, the same thing happened for about a year.

And then, suddenly, it just started getting better.

So, now I've had the second implant for almost four years, and I love it, it's great.

Everything's normalized.

So, my question is, is it possible that my brain just took that long to adapt to it?

DR. RAY GOLDSWORTHY: Yeah, my answer is yes.

I think it's quite possible that your brain took it onto adapt to it.

One of the things that I see is people who have an implant in one ear and residual hearing in the other ear, the two mechanisms they can fight each other.

So, if you have hearing normal -- acoustic hearing one ear and then you just get the implant, you're so used to the acoustic hearing that it slows down your opinion progress with the implant.

Now I'm not saying that means that you should do a specific training like just work with the implant.

But maybe you should.

So maybe if you have acoustic hearing in one ear and you just get the implant, maybe you should do some auditory training where you're just training on the implant ear, you're doing speech perception, which is by the way something else that I do.

So, I provide a website where you can log in and you can do speech training.

And if you send me an email, I'll make sure my email gets to he everybody, if you send me an email I'll give you an account where you can login and there will be a button that says speech training and you click in and you can do it.

And, so send me an email if you want to do speech or auditory training.

There's also pitch training so you can do pitch training if you want to, just send me an email.

Yes.

JOHN: Usually, during these presentations where I hear them talk about residual hearing, they're referring to the low-frequency sound.

Is it because when we lose our hearing we usually lose a high-pitch but there's a better chance that we can retain the low-pitch sound?

DR. RAY GOLDSWORTHY: Yes.

That's exactly right.

So, the ... so the normal way that you hear is sound comes into the ear, the ear drum vibrates, the ossicle vibrates there's a little bone back here shaking back and forth and all that energy coming into the cochlear all the way up to the top.

The high frequencies are right here.

You go to a rock concert you're exposed to noise, you have a lot of intense energy right here.

The low frequencies are somewhat less presentable and this sound needs to -- travel up to the top on there's a little bit of buffering for the low frequencies.

So clinically speaking most of the people that come in we see with noise exposure, hearing loss, progressive hearing loss, low frequencies are more preserved.

It's possible to see somebody with better high frequencies or a flat audiogram but it's more common for to see somebody with low residual frequencies.

HEATHER LEHR: This might be like a leap and -- are you working at all on improving sound music hearing and in Cochlear implants? I hear that's an issue.

DR. RAY GOLDSWORTHY: Yes; I am working on that.

And so, your perception of pitch can be tapped into with two different mechanisms -- it's which electrodes fire so like a place of stimulation but also the timing of stimulation.

And so, we're working on sound processing that converts the periodicity of the voice the -- harmonics into better timing of stimulation.

And we'll also have practice activities for music perception.

So, yes, we're working on that both in terms of sound processing and in terms of auditory training.

In terms of the auditory training I can tell you having this for 30 years, I love music.

And so -- just to start off, if anybody has ever said or says that you can't get good music appreciation with an implant, they're flat out wrong.

So, you can get great music appreciation with an implant, even with the current technology.

But I think we can make it even better by improving how pitch is converted into the speed of simulation where you provide more information.

TERI: I have two questions.

One is piggy backing on this one.

You're talking about music appreciation, what about participation? As a singer or as an instrumentalist?

DR. RAY GOLDSWORTHY: That's a very good question.

I think participation in terms of being in a band or creating the music, yourself -- or being in a choir is the best form of training.

So, I -- I feel kind of funny because one of the things I do is I design software that allows you to do pitch training but, deep down, I think the best thing you can do is to buy a musical instrument whether it's a guitar -- singing would be lovely.

Anybody who participates in a choir and gets better at voice control, I'm highly confident their musical pitch perception and musical appreciation and et cetera will all get better.

TERI: That's good to hear I used to sing in choirs and I had to stop because I couldn't tune in anymore.

I wear binaural hearing aid and I don't have a CI but my audiograms are progressive lifelong hearing loss so I'm probably headed that way.

One of the questions I have is about residual hearing because I heard that when you get the implants you lose any residual hearing you may have in your ear.

But now I'm hearing there's technology where they're able to retain some of that.

Can you speak a little bit about that?

DR. RAY GOLDSWORTHY: Absolutely.

And so, you can definitely retain residual hearing.

So, talk with your clinician, talk with your surgeon, look into the different manufacturers, there's different electrodes that are being designed that are -- supposed to be minimally invasive in the sense that they don't damage your residual hearing.

Statistically speaking, there always to be on average there's a small loss, but there's also preservation.

So, it's possible to get a Cochlear implant and in the same year preserve some of your acoustic hearing, that is possible.

DANNY: On that same note, Katharine just had her surgery recently and we met with the surgeon and she went with an AB, and, her surgery was the first time that the surgeon had used AB's thinnest, the very thinnest whatever it's called --

AUDIENCE MEMBER: J electrode.

DANNY: Right and he's done it with the other manufacturers and this is the first time doing it with the ARB and the went intent was try to preserve residual hearing but he couldn't guarantee it.

So, a couple of weeks after her surgery she put the hearing aid in the ear that was implanted. So, tell us what you heard.

You're smiling at me like oh yes.

Couple weeks after.

AUDIENCE MEMBER: I did lose some of my residual hearing in the implanted ear because I can't hear my alarm go off anymore when I'm sleeping.

So, I have it turned way up.

And it's really loud.

But I can't tell.

DANNY: When you put your hearing aid in what did you hear?

AUDIENCE MEMBER: The hearing aid I got with the Cochlear implant that helps me a lot, I'm not wearing it now because I'm supposed to practice listening without it.

But, I'm not sure what the point is with the residual hearing.

DANNY: Well they were trying to preserve the residual hearing in the ear this they did the implanted and a couple weeks later you put a hearing aid on that ear I'd like to know what you heard.

AUDIENCE MEMBER: Oh, sorry this has turned into our show here.

So, I put my old hearing aid into my implanted ear and at first I couldn't hear anything, I lost all my residual hearing.

But then I could hear this little crackly sound but it was so annoying that you know I just didn't wear it.

But, I did retain some hearing.

That's what made me know that I did retain some hearing but I actually lost some too.

DR. RAY GOLDSWORTHY: Yes, so I think to summarize that, there's a good possibility of losing some of the residual hearing, all our techniques to try to minimize loss of acoustic hearing when they do the implant surgery, but there is a risk of losing residual hearing, and on average people do lose some of their residual hearing from the surgery.

Certainly.

But, if you get through the surgery, and you have residual acoustic hearing and you have the implant, there's ways to try to make them work together to provide you rich low frequency pitch perception that is then going to be complimented by the higher frequency speech information conveyed by the implant into a well-rounded hearing sensation.

DIANE: Another direction.

There's been a lot of chatter that I've seen and confusion about getting CT scans and MRIs when you have Cochlear implants.

Can you go into that a little bit?

DR. RAY GOLDSWORTHY: Yes; but only a little.

I -- I don't know what the limits are for CT scans but I know that modern Cochlear implants you can get an MRI that modern Cochlear implants are usually -- I don't know, what the right word is, authorized, whatever, for 1.5 Tesla MRIs, research grade MRIs.

And then for CT scans I know this they do them routinely but I don't know if there's any precautions.

HEATHER LEHR: Can you tell us more but work that's happening at USC?

DR. RAY GOLDSWORTHY: You got it.

That's an interesting ... that's an interesting visual analogy.

Do you know what this is? Anybody raise your hand if you recognize what this is.

So, this is just a metaphor that's often used in Cochlear implant research to kind of describe what it might be like to have an implant.

And the point here is that some of you, even though this is a heavily distorted picture just like an implant can provide distorted information.

Many of you recognize what it is.

You don't need a lot of clues but -- so once you kind of like zoom in, I think most people kind of figure out what that is.

So, it's Abraham Lincoln and they also talk about Cochlear implants, they use a metaphor because a Cochlear implant even though it's not as rich as "normal" hearing, although it's really close -- even with the reduced information you can get a high degree of speech perception.

But then this is the metaphor that is often used for music appreciation.

Because this is a work of art and if I say what is this work of art? Then you probably don't know.

Maybe one of you -- does anybody know what this is?

JOE: The Mona Lisa.

DR. RAY GOLDSWORTHY: It's something and even with a little bit of improvement and resolution you still don't know.

And, some of you might -- I doubt it, it's really hard because you need better resolution for music perception and you need better visual resolution to see what this painting is.

Maybe one of you now.

Maybe you've never seen it before.

Like -- on so it's like -- I wouldn't have known.

And so, the metaphor is that with a Cochlear implant, to appreciate music you need to get a little bit further down that resolution pathway.

You need a little bit better resolution and I feel we're right on the cusps and I see maybe half the people I meet with an implant love music the other half is still struggling, it's not like how it used to be.

And that's because we're right about this stage here, with some of you, that's not music, it's not art.

And then, some of you are like, here, and it's getting there, I'm seeing images.

And then some of you are like listening to music all the time.

So, I look into music perception.

Okay.

This is a list of three different research areas that I am actively exploring.

So, one of them is I'm trying to improve what they call spectral enhancement so basically pitch perception.

So, I do a lot of how do I take sound, musical sound and use stimulation speed to improve the spectral representation.

And another one is spatial beam forming.

Spatial beam forming using multiple microphones.

What do I mean by that? I design algorithms where you use two microphones and I take the information so that you have like a beam of silence. So, if you use cochlear devices they have an algorithm called a beam.

I have an algorithm similar to that I think better so I'm trying to get that onto the processors.

So, I have a beam-form algorithm using multiple microphones.

So that's the kind of stuff.

And, the stimulation time for pitch perception and then after that, I think it's all kind of figures and such going into the mechanics of that.

Which, might be boring to you.

So, do you have any questions about that kind of like spatial hearing or pitch perception? Or do you want to see a boring figure?

JENNA: Well I was just going to ask, is -- I'm sort of in that mode.

I mean my implant is fairly new.

And I would say I'm probably two steps away from that image, right now.

I can hear, I know the song, it's still sounds really warbly, which I can't stand, it's like high pitches go into a warble, the low pitches sound like normal.

But, is it also like speech in that you need to practice listening to music?

DR. RAY GOLDSWORTHY: Yes.

JENNA: To get better?

DR. RAY GOLDSWORTHY: Yes.

Absolutely.

You have to practice listening to music to get better.

And, my recommendation is to listen to music that you're familiar with.

And, as you listen to that, the words will start standing out and, yes, so if you go back to music that you're familiar with and just make it an active listening experience, so that when you're listening you're not doing anything else.

That's all you're doing.

So, often everybody just listens to music all the time and they're not really listening to the music.

So, I would say you have to do active listening music so all you're doing is sitting there with your eyes closed or looking at the sky and you're listening to the music and being active.

DIANE: Two things.

I discovered that on our cable channels, way down deep into the cable networks there are different music stations.

And I have the Bluetooth devices with my Cochlear implant.

So, during the day I'll just put on one or two of those different music stations, particularly the older ones and I'll just walk around the house and listening listen to the music all day and it sort of absorbs into my brain and all this time I realize I can understand it.

And the second thing is while we're talking about music I just keep thinking of that old joke where the patient goes into see the doctor and he says doctor, after my operation, can I play the piano?

The doctor says sure you'll be able to.

The patient says, great, I've never been able to play it before.

(Room laughing)

DR. RAY GOLDSWORTHY: That was perfect.

See, the thing you touched upon was the Bluetooth device.

And so that's something else that I'm absolutely in love with.

I'm in love with the Bluetooth device.

So how you listen to your music, for me is a big deal.

And the absolute worst way is through a phone without a Bluetooth accessory.

So, you just play music out of a phone speaker, it sounds horrible.

And I think that the Bluetooth device is just a wonderful -- for me the acoustic, the auditory experience listening to the Bluetooth is so much more clear and clean than -- so if you have a hearing device that has a Bluetooth or wireless accessory, some way of getting the direct audio into your hearing device, I highly recommend using it.

LIZ: She was next.

AUDIENCE MEMBER: So, I have a question about my -- I have an implant about two and a half years I've had a hearing aid in my other ear for probably about 20 years.

When I listen to music, I think I exclusively benefit or enjoy it from my hearing aid ear.

So, in terms of rehab, when I first got my implant and started to rehab, I did that thing with taking out the hearing aid and trying to practice just with the implant ear.

Is that the kind of thing you would recommend then doing to improve my appreciation on the implant ear? And I guess, secondly, I'm not quite sure how my implant and hearing aid actually work together in speech.

I sometimes don't -- unless I consciously pay attention, I'm not sure if I'm benefiting more from the implant or my hearing aid or if they're sort of alternating back and forth.

DR. RAY GOLDSWORTHY: So, I have thoughts on that but it's difficult.

It's a challenge because if you're saying should you -- should you practice with both of them on, or should you do isolation? My gut feeling and it's not strongly evidence-based is that you should mix.

You should do some one-ear training and then you should do both ear training, that's my gut feeling.

And with speech, one of the things that you need to get to line up all the frequency mismatches between an implant and a hearing aid.

A hearing aid maps sound frequencies to, you know, what's biologically done for a million years.

The implant has to shift everything down because the electrode array is down -- well, actually, so they have to shift all the acoustic information, I should say shift the acoustic information up.

So, there's a mismatch so if I say Eeee the resonant frequencies that of vowel are mismatched.

So, speech if you just turn on the implant for the first time it's mismatched.

Music is mismatched.

Pitch is mismatched.

Is and I don't think we can take the -- we could, we could take the implant and fully match it to the acoustic but you'd be losing a lot of information.

And so, you kind of will need to get in between and you need to practice so that they come together.

And there needs to be a balance between mapping, so mapping of the processor and your practice -- it's tricky.

LIZ: I recently went in for my annual hearing test.

And my hearing aid dispenser provider audiologist is trying to convince me that I want to upgrade to a more secretary version of hearing aids.

And what I discovered, based on what he said and a couple of other signals, from other people, is that they are discontinuing Telecoils in many models of hearing aids now.

Now Telecoil is the only A.D.A.-required support and I find that to be a huge problem.

And one of the things that didn't pass the legislature last year, if you remember, it never got to the voting stage in both houses of the State legislature, was requiring hearing aid dispensers and audiologists to tell people about Telecoils and the fact that you could use a loop, if you have a T-coil built and your equipment.

So, I'm mentioning that for two reasons: First, if you go in and you're looking for a hearing aid upgrade, you have to be very specific or they will sell you one that doesn't

have a Telecoil, and I have four friends who have gotten it within the last six months and didn't know enough to ask, even though I've been trying to educate people.

And the second thing is, yes, Bluetooth is great.

And I've test-driven something that works with my iPhone and it's fabulous.

But if you have a loop, anywhere, you know that already goes right into your hearing aid or your Cochlear implant.

If you have a T-coil.

So, something that another HLAA person in another part of the state said was one of the reasons why the legislation never got voted on and never passed was because it came from the top-down, people who were thinking that was a good idea were trying to get the state legislature to consider it.

It wasn't a ground and ever ground-swell from people like us who use a Telecoil and feel that it's valuable.

So, if the bottom-up tells to your representatives, you know what? They're selling stuff that doesn't support my hearing loss, they're selling stuff without a T-coil.

Perhaps we can get something that requires that to be, at least, informed by the audiologist.

HEATHER LEHR: Okay, good point.

DR. RAY GOLDSWORTHY: I think --

HEATHER LEHR: Well we usually take our break down to have more coffee.

And, so is everyone okay with taking a break? And then can we ask some more questions after the break? Are you okay for that? Great so we'll take a 15-minute break right now and, obviously, you can ask your questions directly and we will and back with Dr. Goldsworthy before we have our regular chapter business, okay?

DR. RAY GOLDSWORTHY: Thank you.

MEETING BREAKS AT 11:15 A.M.; MEETING RESUMES AT 11:32 A.M.

HEATHER LEHR: Hi everybody.

We want to get let Dr. Goldsworthy finish his speech.

DANNY: Hey we're talking here!

HEATHER LEHR: Okay, hi everybody, go to T-coil, T-coil.

We're going to give Dr. Goldsworthy a few minutes to finish his talk and if you guys have anymore questions we can quickly finish that up.

And as you noticed, I didn't get to some of our chapter business at the beginning of our talk so I have a couple of things that I want to share with you, some fun stuff, too.

So, let's welcome Dr. Goldsworthy back.

And talk to him.

DR. RAY GOLDSWORTHY: So, one of the points that I wanted to make was that -- and I said it I just wanted to say it again is that I've developed some auditory training software that you can access via website.

And so, you, basically, go to a website and you log in and there's speech training and musical pitch training and different kinds of activities.

And so, we will send my email to everybody.

I'll write it down.

And you can just send a note to everybody.

HEATHER LEHR: Yeah on the Yahoo groups.

What we'll do is he can give me the information and I'll put it out on the Yahoo group.

If you are a new member today and we're going to get to you, actually, new members, please make sure you put your email on the sign-in sheet, which is at the table right there.

So that we can add you to our Yahoo group, it's a group communication forum where we -- and we will --

DR. RAY GOLDSWORTHY: Let me --

HEATHER LEHR: So, you can get that information.

Or can you put your email up there now?

DR. RAY GOLDSWORTHY: Yeah.

HEATHER LEHR: Cool, okay, great.

So, we don't need to do that.

DR. RAY GOLDSWORTHY: And so, if you send me a note, I'll give you a user name and password and you can try some of these auditory training activities.

So, are there any other questions about the kinds of things that I do?

HEATHER LEHR: All right, well great.

All right thank you C doctor, so very much for being here and for sharing your time with us.

DR. RAY GOLDSWORTHY: My pleasure, my pleasure.

(Applause)

JENNA: Well, we just -- where did he go? We really appreciate you coming out and talking.

I'm sorry that we started late and -- but I think if you're okay, maybe also if people have questions, maybe they can send them to you if they have something real specific they want to say?

DR. RAY GOLDSWORTHY: Oh absolutely, yes.

JENNA: And I'll give you this.

But this is just ... a token of our appreciation.

This is our hearing HLAA mug and a Starbuck's gift card inside.

DR. RAY GOLDSWORTHY: Nice.

Thank you I'm a big tea and coffee drinker so I like my mugs.

I'm happy for anybody to send me an email there.

We do, I conduct human testing research, so I'm pointing you to a website that you can practice on, but we also have more elaborate testing that we do at different locations.

I have two locations, the USC near the undergraduate campus, and the medical campus which is closer to county hospital, we're pretty close to them now so county hospital.

You might have noticed it, the Keck School of Medicine, is going up there.

So, I have testing space there.

So, if you want to do more formal pitch perception or spatial hearing studies, which takes more like about four hours for the more formal stuff sometimes you come in for two hours of testing and then we have lunch and then there's another two hours, there's studies we do of that sort.

And I'd be happy to have you join that.

JENNA: Yeah and I was going to say you can definitely keep in touch and if there's something you're working on and you need -- we can put it --

DANNY: Did you say there was lunch?

DR. RAY GOLDSWORTHY: You get paid.

DANNY: Oh, wow okay.

JENNA: Paid and lunch.

HEATHER LEHR: All right.

Just a minute, I want to stand.

(Applause)

HEATHER LEHR: For those of you who don't know, I was an ATM machine in April and a car came up on the sidewalk and crushed both of my legs.

And so, I'm in recovery and everybody's been great and I'm standing, right?

So -- okay.

So, we did have some fun chapter things that we wanted to get to.

The first being I wanted to say welcome to some new people who came today.

And I would like very much for them to stand up and say their name.

And tell us about your hearing journey.

And why you're here and, yeah.

Sorry.

SHARON: Hi everybody I'm Sharon Swerdlow very happy to be here I have been hearing impaired for 25 years.

I have a fairly rare condition called cochlear otosclerosis, which I inherited from my father and I've been wearing hearing aids for more than two decades and I had my first Cochlear implants on my right ear, about two and a half years ago.

And have had a very good experience with it, it's a continuous learning curve but it's really benefited me a lot.

And, I'm very happy to be amongst a group of people with similar issues and I have a lot to learn from everybody.

So, thank you.

(Applause)

JOHN: I'll speak for my wife she's a little shy.

My wife's name is Carol and I'm John and Carol's the same with the hearing impairment.

She's been -- she experienced a sudden total hearing loss about eight years ago on her left ear.

And then about three or four years ago, she noticed that her right ear started to go in the same manner.

So, we got a hearing aid but as probably many of you know, the clarity just isn't there with hearing aids, at least for her.

So, her hearing has gotten to the point now where it is bad enough such that she probably will qualify for getting a Cochlear implant.

So, we're going down that path now of learning more about Cochlear implant, more about hearing impairment and Cochlear implant America and all of that great stuff.

And Hearing Loss Association of America has just been a great help.

We've been to other chapters, we go to whatever chapter we can that has a topic that we can benefit from.

We went just a couple weeks ago to Mission Viejo they have a great chapter out there.

They have classes on maintaining your balance, and dizziness and so on and so forth.

So, I really appreciate it.

So really appreciate HLAA a lot.

Thank you very much.

(Applause)

DON: I'm Don Bourdeau and I'm a seasoned HLAA member this is high second time here.

And I still have a lot of questions to ask, and this just gave me more questions.

(Room laughing)

TERI: Hi I'm Teri and I'm not exactly new but I kind of sidled in here from the Santa Monica chapter a few months ago and I realized I never stood up and shared my story with you guys.

So, if that's okay?

JENNA: Of course.

TERI: So, I also inherited sensory neural (inaudible) that I got if my mother's side on both ears and they probably discovered it in about first grade.

And, I just suffered through it (laughing) through most of my school years.

And, even in high school, when I probably should have gotten a hearing aid, I didn't want -- you know it's hard enough in being high school and being different and then wearing a hearing aid so I didn't actually get them until my sophomore year of college.

And that made such a world of difference to me.

And I've been wearing hearing aids probably now for 30 plus years and like I shared earlier, I'm losing more and more of the frequencies and my last hearing test a year ago was are on pretty big.

I had close to zero word cognition.

So, I'm pecculating the Cochlear implant right now.

I feel like I still want to get as much, get as far as I can wearing hearing aids, maybe get the next generation hearing aids and see how those help me and probably from there I will segue into the Cochlear implants.

But it's just being here and hearing all of your stories and hearing about the technology that's being developed is so fascinating.

So, who knows it might be sooner.

Thanks for letting me share.

(Applause)

HEATHER LEHR: Okay, so great, the first thing we really do need to talk about is we need a team captain for our L.A. Stars and obviously all of us on the Steering Committee would help support anyone who -- that would step up to do that.

It's mostly about getting people to sign up, getting people to show up, and volunteer.

You're kind of more like a cheerleader, right Lisa? Lisa -- who's done this a million times.

Actually, do you want to talk -- can you talk a little bit about what the role is for the team Captain for the Walk4Hearing?

JOHN: What is L.A. Stars?

HEATHER LEHR: L.A. Stars is our group name our team name for this chapter.

LISA: Hi I'm Lisa, I recently moved so I'm not as involved anymore.

But last year I was the team captain.

I think Catherine was actually team captain for three or four years so she's probably a better spokesperson.

But, basically, it's really simple.

The first thing is really just registering the team like Danny said.

And I think any of us who have done it before would help the person through that.

It's just registering a team --

HEATHER LEHR: I can do that. I can do that, yeah.

LISA: And then letting the chapter know, the membership know that you can sign up as a team member.

And then it's just like she said, acting like a cheer leader, sending out emails to motivate people to do the fundraising and, also, keeping them updated on whatever events.

There's a kick-off event every year and that's really just it, is just being in communication with National and relaying messages to the team and to the chapter.

And that's it.

The main thing is just signing up the team on the website.

DANNY: Thank you Lisa.

(Applause)

HEATHER LEHR: Great.

DIANE: Somebody asked what is the L.A. Stars? It's the team for the Walk4Hearing that's in June.

I was just thinking, I can probably do that.

I've done it before and I can take, instead of having the --

HEATHER LEHR: Yay.

(Applause)

DIANE: Instead of having somebody else relay the stuff to me to put on Facebook or even the website, if Tim will show me how to do that I can just do that from home so I don't have to do a lot of running around.

The only thing that might involve running around that I would need help with is volunteers at the actual walk, like the stuff that Lisa and Ken used to run around and put signs along the route.

I know I can't do that but for most of the stuff that involves getting the word out, I'll take care of it.

(Applause)

HEATHER LEHR: Thank you so much Diane it's not like you don't do enough around here.

So great, we have team Captain Diane and then we'll now refer to her as Lord Captain Diane.

Thank you very much.

She's going to start getting you information about that.

And we're going to have a great time doing that.

All right, so here's the next thing we need to talk about, is our Steering Committee.

As you know, Lisa has moved to Washington D.C., and we have lost our favored member of our Steering Committee which means we're down to four people.

And it's not a lot of work but we really do need another hand, I think.

All of us are juggling work and kids and a million things.

So, as a sort of a sweetener this year we decided that anyone who is on the Steering Committee who would volunteer to be on the Steering Committee, will get a stipend towards going to the convention.

Okay, the convention this year is in Minnesota.

Are you happy?

Are you from Minnesota?

JENNA: I'm from Minnesota!

HEATHER LEHR: Oh okay.

DANNY: The only one clapping in the room.

(Applause)

DANNY: I said you're the only one clapping in the room.

JENNA: Tim, Tim is from Minnesota too.

There's two of us.

HEATHER LEHR: Actually, my people are from Minnesota, my Norwegian ancestors from Duluth, Minnesota which is the coldest place in the United States but actually I'm really excited about the convention.

We are going to have the whiskey sour room, and the party room, it's going to be my suite so if you come -- I don't know if any of you new members, if you go on our website, Tim, last year, went up to the convention and posted a lot of photos and stories about what went on.

And so, people had a really good time.

So, please, if you have any interest in volunteering and would like to help out on the Steering Committee, we would be so very happy to have you.

And it's actually a lot of fun.

Don't you think Jen?

JENNA: Yeah (laughing).

No, it is, I mean if you've -- it is.

I mean it's volunteer, obviously.

But, sweetening the pot, as Heather said, getting a stipend is helpful and if you like to plan things and you like to, you know, help find speakers and, you know, plan the meetings.

I mean if that's the kind of thing that you like to do then it's a lot of fun, we're a lot of fun, I think.

But it's -- the thing I want to stress is that it's volunteer.

So, you do as much as you can.

Do you know what I mean? I think people go well I'm not going to have time or I'm not going to be able to (inaudible) enough.

And we all know that we all work and have kids and what have you and we do have some meetings.

We try to do it through Slack so we don't need to meet in person all the time and today we're going to meet after the meeting so -- to keep it convenient.

But I just want to stress that it is volunteer, so you do as much as you can.

And you don't have to freak out that you're not, you know, going to be able to contribute enough.

So, we would appreciate somebody filling in for Lisa, because she did like 90 percent and we did the other ten and now that she's gone we're feeling that void.

So, it would be appreciated.

HEATHER LEHR: All right, great.

All right, so the last thing that I wanted to speak about was I've been getting contacted from various members saying that they want sort of more of a support group element in our chapter.

Meaning, you know, a chance to really talk about some of the things that we're going through, to get support, to get maybe technological help with work things, all that kind of thing.

And so, I understand that that's a really important element of this chapter.

So, I guess Lisa was telling us that years ago they used to do these separate support group meetings that would meet at someone's house, like either once a month or once every other month.

And I think this is a great idea to start this up.

I am absolutely willing to do the first event at my house.

If you guys are interested, and starting kind of an extra little support group thing.

I mean does this sound like something that people would like to do?

Can I see the hands of people that are interested? Or are we not interested in doing a similar support group element.

DIANE: Heath, question.

You mentioned different topics -- technology, work, just general support.

Would people be willing to have different break-off meetings under those topics? Just so that, let's say you don't work -- um, if you're not working, you don't want to go to a meeting and sit and listen to people talk about issues that they have at work.

You may just want to talk to issues you have with technology.

So, what if there were several different groups aligned for support for different topics.

Would that be of more interest?

HEATHER LEHR: I was kind of thinking more of just getting together and drinking wine.

(Room laughing)

HEATHER LEHR: You know, griping about how hard it is and how your teenagers make you crazy because they won't talk to you face-to-face.

I don't know; however, you want to do it.

I'm -- and anyway, you're always invited to come over to my house and drink wine.

DANNY: I just wanted to mention that when the chapter started we'd have probably more social meetings talking about how people felt with their hearing loss and kind of the emotional time too.

People got very teary sometimes and those were really meaningful.

When the chapter shifted to a new president, when Malik came in and he did a great job but became more instructional and more technology-driven.

And at that time, we didn't have a place to really share & our thoughts and feelings and what we were going through and that's when he did that spin-off.

We can do what.

I would love to come to your house and drink wine.

And, also, when at the Steering Committee when you're planning meetings, maybe once every other month or something we just talk about how we feel.

HEATHER LEHR: Certainly.

DANNY: Or both, but that's why we did that.

JENNA: Yeah; I was going to say that's another option, too, if people can't -- don't have the time to come to a meeting and go to meetings throughout the city.

I would say, we could every other meeting or something we could, you know, allocate the first half for, you know, sort of a rap session.

And then the second half would be whatever else -- a speaker or whatever.

That might also be a way to solve this just so that, you know, people weren't like okay I need to talk about my hearing loss so now I got to go you know to Pasadena for, you know, to be at Heather's or Tarzana or wherever -- we would just do it here.

And I think to some degree, I mean if you want to do the separate ones, but I do think to some degree that that's a good idea to just -- that is still who we are.

Okay? We're here because we need to be around people who are like us, you know.

It's like, yes, we need to have meetings with people like Ray and learn about things, but I think we're here because we, you know, we need to speak to other people who can relate to us.

So, I think that's a good idea and we can talk more at the Steering Committee but I think just incorporating it back into our meetings, and maybe it's not like I said the whole two hours and it's not every meeting but maybe every other meeting or every third meeting -- something like that.

HEATHER LEHR: All right, great.

That's really great input.

Okay.

What am I forgetting?

JENNA: Oh, our captionist.

HEATHER LEHR: Oh, Michael is teaching ALS classes in the Valley.

MIKE: They've had two classes over could ever they'll really successful.

I had one man who's about 85 years old he was close to death, and he wanted to learn sign language.

Over ten weeks, I finally got him to learn the alphabet.

He forgets it and comes back and we have to start all over again.

So, I tried to individualize instruction and you'll learn not only alphabet and counting but basic signs and signs that you may need to know at work.

Because I had one woman came and she worked with deaf children and she need to do know certain signs that she wasn't able to get.

And so, I told her those signs and that really helped her a lot.

The class will be for 11 weeks, the first week for free.

And it's located in Tarzana, opposites the hospital is there, Tarzana Hospital.

What's the name of that hospital?

DIANE: Tarzana Hospital.

MIKE: And the classes are \$15 a class and if you pay up front, it will be \$100 for all 11 classes and you can contact me at michaelthal@sbcglobal.net and you can get a hold of me and let me know if you can come so I can save a seat for you.

There's only six or eight people that can fit into that room.

We've got two signed up already and if you want -- okay anything else.

HEATHER LEHR: Okay I want to thank Clarence our captioner.

(APPLAUSE)

HEATHER LEHR: And, always I'm always we're -- did I forget anything else?

DIANE: I've got one thing.

One other thing, two other things about the support people who wanted support.

If you use Facebook, we have a new Facebook page that allows anyone to throw anything up to talk about.

So, if you are in need of any -- any emotional support or technology support or you just want to say hey does anyone want to get together for dinner at such and such a place? You can put it up there.

We have -- it's a closed group there's currently about 85 people on the group so it's not like you're going to be talking to the entire universe of Facebook.

So that's another option for support as well.

And, also, to get together find out who lives in your area and if you just want to talk to somebody, say hey do you want to get together for lunch?

HEATHER LEHR: All right, great.

SHARON: What's the site what do you look up to get on that Facebook stage in.

JENNA: It's HLAA Los Angeles?

DIANE: Okay, we had to use a very long name.

It's HLAA-L.A.: Hearing Loss Association of America-Los Angeles Chapter.

HEATHER LEHR: If you need help with that, please talk to Diane.

She is our social media czar, and has been so good at that.

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Finally, everyone, on Thursday this week, think of me, send me positive brain waves because I'm getting my CI on Thursday.

(Applause)

HEATHER LEHR: So really, think positive, think positive.

And I guess that's it.

Woohoo.

Thanks, great meeting you guys, thanks for coming.

MEETING ADJOURNS AT 11:59 A.M.