Hearing Loss Association of America (HLAA) – Chapter Meeting
Sherman Oaks Library – Community Room
Sherman Oaks, CA
1/25/20

MEETING COMMENCES AT 10:03 A.M.

SHARON SWERDLOW, President: Good morning everybody.

Can everybody hear me okay?

Okay.

If you have a T-coil your hearing aid or cochlear implant, go ahead and turn it on now.

If you don't know what T-coil is, please come ask me at the break.

But it is something that will allow you to stream my voice alter into your device.

You're not hearing?

Is it working?

Okay.

Well welcome everybody.

So glad -- so happy to see all of your faces, some old faces and new faces, it feels like many months since we've congregated together even though it's been two.

We're happy to have I here we have a packed schedule today so we will get started.

Okay.

We are Hearing Loss Association of America L.A., if you don't know how to find us, our website is HLAA-la.org we have a private Facebook page so if you're not currently a member and would like to be, please go to the Facebook site, Facebook.com/groups/hlaa.losangeles and you can be asked to be invited to cower group.

It's a closed group so people share ideas, post articles, have announcements, talk about meetings and summaries of meetings and what have you and it's a great forum to ask questions and try to find people that have similar situations and are able to help out.

If you need to reach us, our email that goes to the Steering Committee is info@hlaa-la.org.

Okay, so we have as I said we have a packed meeting today we're going to have our guest speaker Dr. Suzannah Hagan, we'll could do a presentation and a question and answer and we'll run that about 11:00 and we'll have a short break after which we're going to fill you in on the latest chapter news and our February meeting where we will be asking for some volunteers for our relationships panel.

We'll give a summary of the 2019 budget, and most importantly we will be having a tribute to our very dear friend and founding member of HLAA-L.A. Kat Burns who sadly passed away on Christmas day and many of us who knew her will be able to come up and say a few words about Kat.

Okay.

So, without further ado we have Dr. Suzannah Hagan who is the director of the cochlear implant program at Keck USC.

She's also the assistant Professor of clinical otolaryngology, I hope I said that right.

I met Suzannah in 2015 when she was working at House clinic and she is the one that activated my cochlear implant.

Without her I don't know that I would have been able to go through with it and all of the follow-ups and all of the calibration and all of the rehab that I needed to do to make it a very important part of my hearing life today.

Suzannah also has worked for advanced bionic one of the three large cochlear implant manufacturers so she has a lot of inside knowledge as well from within one of the top companies.

So, without any further ado we welcome Dr. Hagan.

(Applause)

SUZANNAH HAGAN, AuD: Thank you for that introduction, Sharon.

It's really nice to be here today.

Thank you for invited me to speak.

I spoke a few years ago at the HLAA Santa Monica chapter, so I understand that -- so, I think there are a few familiar faces.

When I'm talking today, if you have any questions, please stop me and ask as we go along.

And then at the end, I will we'll have some time for Q & A so we can also hit on any questions at that time.

Before I really get started I would just kind of like to know who the audience is.

So, if you are in the audience and you already have a cochlear implant, if you feel comfortable, would you just raise your hand so I could see -- okay, great.

And then how many people in the room have been told -- I see you Georgia.

How many people in the room have been told that they may be a candidate for a cochlear implant?

Good.

Okay.

So, again, I'm the director of the adult cochlear implant program at Keck School of Medicine at USC and we have -- a lovely team at USC of about 12 audiologists and as of about three months ago now we have four cochlear implant surgeons as a part of our team.

USC is expanding very rapidly, in our otolaryngologist department and if that word is also hard for you. You can just say ENT, that's the easier way.

So, we currently see patients for cochlear implants just at our Downtown L.A. location, at the Keck School of Medicine which is right near County Hospital.

And our pediatric program is located just at a different building on that same campus.

In the next one to two years, you'll also see us opening our ENT clinic in Beverly Hills, in Huntington Beach, in Arcadia, and there's one more ... oh, sorry.

Our pediatric program is moving to a new location, it's going to be a huge building with two floors, and that's currently where our research team is located.

So, we're going to have our clinic and our research all located within one building.

Which is great because a lot of our patients get involved with our researchers, as a way to kind of further the science of cochlear implants.

So, lots of exciting things happening with us at USC.

Okay.

So, today we're going to kind of talk about the difference between a cochlear implant and a hearing aid.

We'll talk about when it's kind of time to maybe start considering a cochlear implant.

Who's a good candidate, who's not a good candidate.

What is the evaluation process like?

So, for those of you who have been through it, maybe you can share some of some of your experiences and for those of you who -- I hope this answers some of your questions because it's kind of a scary thing to jump into if you haven't been through it before.

What is surgery like, what's it like before and after surgery.

And what kinds of outcomes can we expect.

All right.

So, currently, there are two big options for people who have sensory neural hearing loss and depending on the degree or the amount of hearing loss you have, you may be a better candidate for a hearing aid or for a cochlear implant.

And typically, we talk about hearing aids being for more patients who have a more mild-to-moderate hearing loss.

And then once the ability to hear words clearly, once that starts to diminish more significantly, the audiologists and the patient may start thinking about a cochlear implant.

So, when you have a mild-to-moderate hearing loss, the first thing you might notice is you can't hear your blinker in the car, you don't hear the doorbell ring and maybe the clarity of speech has diminished slightly, maybe in noisy places it's hard to hear.

You might have some ringing in your ears, which is called tinnitus.

What I see in these patients is on a hearing test, they're ... kind of up in this range, more towards the top of the hearing test.

As you get more and more hearing loss your responses would be down here in that darker range.

When you are in that sound booth, doing hearing tests and you have to repeat the words, say the word baseball, say the word ice cream, that test, patients with mild-to-moderate hearing loss typically score about 60 percent or higher.

And these are not candidates for cochlear implants.

These are patients who really would benefit from a hearing aid, or two.

When they wear hearing aids, they generally have a decent amount of satisfaction, they put them on, they feel like they can hear better.

Hearing aids use our natural pathway of hearing.

There's something worn on the outside, a microphone that picks up the sound.

And the sound goes through the ear canal, past the ear drum, vibrates the middle ear bones and sends the sound to the cochlea.

Just like mean anybody who doesn't wearing wear a hearing aid that's how the sand goes in.

But when you're a candidate for a cochlear implant, when you might have a more profound hearing loss, patients who are in my office report different things.

They say I can hear a sound, maybe with my hearing aids on but I still can't understand the words that people are saying.

You can hear but there's no clarity to the words.

These patients, a lot of times report that even in a quiet one-on-one environment, they struggle to understand the words that are being spoken to them.

A lot of these patients will report that they choose not to use the phone or they cannot use the phone.

They may withdraw from social activities because it's not fun to go to a party when you can't talk to the other people at the party.

And, these patients often times have developed natural lip-reading skills.

They can't use their ears to communicate, so they start to use their eyes to communicate.

And when I do a hearing test, on these patients -- oops, let me go back.

Can't get these buttons right.

They have responses again down lower on the audiogram meaning we have to turn the volume of the beeps up really loud to hear the tones.

And when you have to repeat the words on the test, you typically score less than 60 percent.

Maybe these patients report that they like their hearing aids some, but overall these are the patients who are typically going back in for frequent adjustments on their hearing aid or they feel they help but they just don't hear enough and in general they're not that satisfied with the amount of benefit that the hearing aids are giving to them.

So, if you get a cochlear implant, the sound no longer takes that natural pathway through the ear canal.

Instead, the external part of the cochlear implant picks up the sound, through a microphone just like a hearing aid, and the sound is transmitted through a transmitting coil, through this skin to the internal device here.

And the internal device then sends the signal to the cochlea, the inner ear where electrodes have been placed by a surgeon.

So, the audiologist kind of manages this part, and the medical doctor or surgeon manages that internal part.

The electrodes in the cochlea touch the hearing nerve, the yellow little string here is the hearing nerve and the electrodes stimulate the hearing nerve with little electrical pulses.

So, it's a different pathway of hearing than a natural ear.

Here's a more close-up picture of the cochlea so when you have natural hearing and you're using a hearing aid, sounds, again, are going to the cochlea.

Inside of the cochlea there's all these little cells.

As you age, as you develop more hearing loss, as you expose yourself to loud sounds, the cells in the cochlea start to die.

And once they die, at this point in time, we have no way to bring them back.

So, whoops.

The cochlea, when you're born with normal hearing has something like 20,000 little individual cells in here.

And the hearing aid relies on those cells to send the signal to that hearing nerve, that stream right there.

So again, when the cochlear implant electrodes are threaded throughout the cochlea, there may be anywhere between 12 and 24 electrodes placed in the cochlea.

Those electrically stimulate the hearing nerve, and bypass those cells.

So, the electrodes in some ways are replacing the damaged hair cells that once connected the cochlea to the nerve.

So, we talked about the cochlear implant has two major parts cent -- the external part we call this the speech processor.

There is the implant, which is this here.

You can see the implant has a little curl just like the cochlea is a curled snail-shaped figure, that's what goes inside of the cochlea.

And then depending on your specific hearing, you may have a hearing aid on the opposite ear.

And this is just another version of a speech processor, there's all sorts of different styles.

Some speech processors are worn over the ear, this one here is waterproof it's an example of one that somebody would clip somewhere on their body.

A lot of kids wear waterproof speech processors because they swim or put things in their mouth.

So, this is a closer up picture, I like this too because if you look carefully you can see the little dots or the electrodes on the tip of the -- so the surgeon isn't individually placing 12 to 24 electrodes, they're all threaded together on one wire.

That's slipped into the cochlea.

The implant has a magnet on it.

So that's the part where the speech processor connects to the device.

You just place it on the magnet, it connects and the sound goes on and as soon as you remove that part, the sound stops transmitting to the internal device.

So, you can see here, again, the electrodes.

This is just an example of one of the many different types of electrode arrays that we use.

Here's a few pictures of the externally worn speech processor, so I showed you the waterproof one that's body-worn.

Many of the companies now -- all of the companies offer an over the ear processor, that's kind of the more typical shape.

But many of the companies now are making something like this, it's a single-unit processor where the whole device sits up near the magnet site, there's nothing hooked over the ear.

What cochlear implant you get and why you pick that one is something that you should discuss in great depth with your audiologist, with your family, with your friends, because there's a lot of considerations that go into picking which cochlear implant is right for you.

And I'm going to steer clear that of discussion today because it's a big discussion and, ultimately, what determines how successful you are with a cochlear implant is not which speech processor you wear.

It's how much function you have left in your ear, in your brain, in your hearing nerve – a lot of it has to do with your level of motivation, how much you practice, after you get your implant turned on.

Where your surgeon places it in the cochlea, that's important.

How your audiologist programs the implant.

So, those are things that really determine how well you hear with your cochlear implant, after.

After it's turned on.

Okay, any questions so far?

We'll keep going.

So, who is a candidate for a cochlear implant?

As you can see on the picture here there's a ton of different ages, people look very different.

cochlear implants are currently approved in the United States for anyone 12 months and above.

There's no age limit.

You don't stop being a candidate when you're 90.

My oldest implant patient was 96 when I turned his cochlear implant on, when he did very well with his cochlear implant.

So, age is not a reason not to get a cochlear implant.

Of course, you have to be healthy enough to go through general anesthesia, but age is not a contraindication to proceeding with an implant.

And additionally, although the FDA has approved implants for people that are 12 months old and older, there are many times that we make an exception to that and put a cochlear implant in a 9 or 10-month old baby.

We joke that one day they might be doing them in utero because the earlier you put that implant in that deaf child, the sooner they are able to start hearing again and developing speech and language.

So, doing it sooner definitely has some benefits for the child.

So, ultimately, who decides if you can get the cochlear implant is a team decision.

And the No. 1 person on that team that is making that decision is the patient.

Because, the cochlear implant is an elective procedure.

You don't have to get an implant, it's an option.

Some people choose not to get a cochlear implant, and that is perfectly fine.

Again, being motivated to make this thing work is really important and if you're not there, we don't want you to do it.

It's a good idea to wait until you're really ready.

A team will always include those three that I've put in bold.

But, many teams, for instance, are -- our team at USC we have all these other people that are part of the team as well republican.

So, a speech pathologist is usually part of the team for a pediatric program.

At USC we have a speech pathologist that does therapy after the implant has been activated.

Excuse me, with the adult, which is a great way to make sure you're doing practicing is to go in every week and meet with a speech therapist, and they're not doing speech therapy.

A lot of the adults we work with have normal speech and language skills.

But they're doing hearing therapy, practicing listening to that new electronic signal and making sense of it.

I think this is another one that is important not to forget, is family support.

I think a lot of my patients who do well with cochlear implants have their spouse or their family member come to them to the appointment because, again, motivation and having people there to support them through the process is really important.

Sharon, your kids came to your implant activation, that was really fun.

I'll never forget that.

The teenagers, maybe towards the end they were checking out a little but it was great that you brought them because they got to hear us talk about the process, and what she was going to be going through and that probably helped her once she was at home.

So, people were a little bit more patient and understanding -- yeah, she had surgery, yeah, she's wearing this device now but no she's not wearing perfectly or normally again.

It's going to take time for the implant to really start helping.

So, for kids, we are really looking at kids who have a very, very, very small amount of hearing or no hearing at all.

And when we determine if a kid needs a cochlear implant, we always try hearing aids first, so up until that 12-month point when they get their surgery, they're typically wearing superpower behind the ear hearing aids just to see if we can get any progress with that.

That's part of the FDA rules, is that they have to do a hearing aid trial.

Adults, they don't but often times if we think they might benefit from a hearing aid, we start with that to see if that's a good option.

For an adult, the big rule that we look for is not about how much sound the patient is able to hear.

It's all about speech recognition.

How many of those words can you repeat? Because a cochlear implant is almost always going to improve the volume that you can hear.

But, if you go into the surgery and you can already repeat 70 percent of the words, you may not do that much better with cochlear implants.

So, we're looking for patients typically that on a specific test that we'll talk about, they score under 50 percent, five-zero, with their hearing aids on.

Who here has had a hearing test?

Who here has had a hearing test while they're wearing their hearing aids?

Probably the people in the room who have had cochlear implant evaluation.

But it's not that common that we assess your hearing with your hearing aids on.

It's a very bizarre thing.

It's a huge important part of the equation and that's really what a cochlear implant evaluation is -- it's testing the patient's hearing while they wear hearing aids to measure their functional amount of hearing.

And, if they wear hearing aids, they're good hearing aids and they're programmed appropriately and you're still understanding 50 percent or less then we think, okay, you might be a good candidate for a cochlear implant.

The rules, until this past summer of 2019, were that you had to be hearing -- you had to have that moderate to profound hearing loss in both of your ears.

And this is really exciting for patients who have deafness only in one ear, is that the FDA looks at all the research that we've been doing over the past ten years about single-sided deafness showing that these patients really benefit from cochlear implants as well.

So, the indications changed this summer where if you have one ear that is completely dead and one ear that is completely normal -- that's the definition of single-sided deafness -- that you can potentially benefit from a cochlear implant.

What has not happened yet is our insurance companies who pay for this surgery -- they have not all started covering it.

But the first step is getting the FDA indications changed, and so over the next couple of years I think we're going to see a big shift where insurance companies start paying for cochlear implants even when you lose hearing in one ear.

That being said, in general, the indications for cochlear implants are expanding.

We're putting cochlear implants and more and -- in more and more patients who have more and more hearing and I think that trend is going to continue over the next few years.

MINDY: What if you have deaf innocence one ear but a severe hearing loss in the other, but you don't qualify because of a "hearing" you have?

SUZANNAH HAGAN, AuD: So, what you're asking about is what I would call asymmetric hearing loss so you have hearing loss in both ears but maybe the ear that is better is not completely normal.

So, actually in Los Angeles one of the hospitals House clinic is involved in the research for this so that is an indication that we're also seeing change.

So, one ear is completely change and the other ear also has hearing loss, there is a definite chance that you could be approved for a cochlear implant.

Any time a patient has some degree of hearing loss, in my eyes, as the clinician, I don't like to think about insurance initially upfront.

I like to look at the patient.

If I think that that patient could benefit from a cochlear implant, either in the deaf ear or the other ear, we still will proceed with a cochlear implant evaluation, submit that patient's test scores to the insurance and ask them to cover it.

And there's always an opportunity to appeal denials if the insurance says no, appeal it, appeal it, appeal it.

The question really is, do you want to get an implant in your deaf ear or do you want to get a cochlear implant in that ear that is essentially your only hearing ear?

And that's like a big scary decision, both for the patient and the audiologist because you're taking the only hearing ear away from a patient.

So, it's a big decision it's a team decision but it's definitely something that could potentially be covered.

Did that answer your question?

MINDY: That's what I have.

SUZANNAH HAGAN, AuD: Yeah.

And are you thinking implanting the deaf ear or the only hearing ear?

MINDY: That's what we haven't decided.

SUZANNAH HAGAN, AuD: So, lots of consideration --

MINDY: But I've also been told by other people, I don't qualify because of my hearing in the one ear.

SUZANNAH HAGAN, AuD: Right.

Well there's definitely a lot that goes into the into that decision.

But in my personal opinion, if you are interested in getting the implant in the ear that is deaf, that can't hear at all, there's a lot of ways to get creative in qualifying the deaf ear forted the implant.

You can test the good ear in a quiet situation, maybe you'll do okay.

Or you can test the good ear in a situation where you've got a lot of background noise, which is real life.

You go to a restaurant; you've got one ear that can hear speech a little bit and there's a lot of background noise and you can get those test scores to drop under 50 percent and submit those data to the insurance and ask them to cover it.

Okay.

Question over here.

AUDIENCE MEMBER: Talking about background, background noise, that is really the challenge I have.

Is a cochlear implant better with background noise in a restaurant?

SUZANNAH HAGAN, AuD: So, it depends.

So, it depends on what your scores are now in background noise.

To determine what they could be with an implant.

So, if you're already scoring 50 percent in a noisy situation, a cochlear implant may not bump you up above that 50 percent mark.

A cochlear implant doesn't give you normal hearing.

It -- just like a hearing aid, it depends on a microphone to pick up whatever sound is in the room, somebody's voice.

And that microphone, unfortunately, is not very good at deciding what's a voice and what's that background noise that you don't want to hear.

And they both typically bring in -- a cochlear implant typically brings in both of those signals.

So, the question really, it's specific to you, it depends on what your test scores are now.

But absolutely by and large, the trend in the research shows that patients who get cochlear implants score significantly higher on a speech and noise test with their cochlear implant, as compared to what they did with their hearing aid.

Because the ability to discriminate the speech is improved with a cochlear implant.

And although most of my cochlear implant patients, even the best cochlear implant patients I work with, maybe they'll score 90 or even 100 percent correct on a sentence test with no background noise.

Every single one of my patients' scores drop when there is background noise.

So, background noise continues to be a struggle, but with a cochlear implant, most people hear significantly better in background noise than they did with their hearing aids.

Yes.

Shall I bring you the Telecoil mic?

GEORGIA: I just wanted to say I have two cochlear implants, and to be really honest I don't do well on the -- it's very discouraging but, because I lip-read really well, that picks up the slack for me.

So, if I go to a noisy place, it's okay.

Because I lip read, so I mean if I don't know how to lip read then I probably wouldn't get anything.

So, that's a big plus.

So, I just wanted to say that we need to take that into consideration also.

That it's the whole picture, who we're talking to, and yes, I can't talk, I can't go to a restaurant, there's a lot of people because I can't pick it up. It's just too hard but one-on-one or maybe two people, that works, even in a noisy place.

So, I just wanted to say that.

SUZANNAH HAGAN, AuD: Thank you.

Yes.

AUDIENCE MEMBER: I had a question.

I have now apparently severe and profound hearing loss in my one ear and severe in my other ear.

But, one of the biggest problems is I also have eustachian tube dysfunction and it drives me crazy because my hearing aids go on and off.

And I've been told there's nothing you can do for hearing dysfunction.

SUZANNAH HAGAN, AuD: So, two things for that.

There are treatment options for eustachian tube dysfunction.

We do balloon dilation; it really depends on your exact condition.

But I will also say at a one thing that's lovely about a cochlear implant is when I showed you the pathway of normal hearing, it goes through your ear canal and then past that middle ear space where those bones are that's where eustachian tube is affecting your hearing.

When you have a cochlear implant it's completely bypassing that area so you do not get fluctuations in hearing even if you have eustachian when you have a cochlear implant.

Yes.

STEPHANIE: My question is regarding the hearing test being aided with your hearing aids on.

So, if you -- because right now, you think a T-coil I'm understanding you very well, and with my hearing aids on with T-coil or listening on the telephone with my cell phone with my hearing aids I do pretty well.

It's without them and being one-on-one many times.

So, how do they determine that if you're doing pretty well in that situation, but you're not -- if you're not using assistance some way?

SUZANNAH HAGAN, AuD: So, with you -- you're hearing me now through the Telecoil, what we're doing is we're significantly improving the signal to noise ratio.

There's not background noise that this microphone is picking up and it's going directly into your ear and you feel like you're understanding that pretty well, my guess would be that on a cochlear implant evaluation, which we typically start with a speech in quiet tests, you would do pretty well.

Depends on what your score is, if it's at 50 percent or lower, even in a quiet controlled environment with no background noise, then you would qualify for the FDA's rules on who could get a cochlear implant.

What you're describing where this is really good but then as soon as I take it away it's not as good, that's very real life and it gets really bad.

STEPHANIE: Because I'm severe profound in my left ear, almost profound, and I'm severe profound hearing loss in my left ear and my right ear is severe.

So, probably severe profound in both, so & so I'm struggling with understanding people at work, and just every environment.

But like I said when I wear the T-coil I'm doing well.

So that was interesting to me being aided so I just had my hearing tested and there ended up not being any additional loss.

But I feel like there is.

It's just understanding is becoming more and more difficult and these are really good aids so I'm not sure which way to go.

SUZANNAH HAGAN, AuD: My suggestion to you or anyone who's in that same predicament which is probably a lot of us is go have a cochlear implant evaluation.

Just because you go in for that aided testing, and you're told you're a candidate, or not, but if you're told a candidate, you don't have to keep going down the process.

But that just gives you some knowledge and it educates you about your hearing loss -- say hey maybe there is something I can do about this to get my scores better and hear better.

A lot of people come in for cochlear implant evaluations and they wait a year or two to get a cochlear implant.

About up.

But at least you know there's an option out there for you to do better.

And, when we do, again, determine candidacy, it has nothing to do if you're moderate to profound, if you're just moderate, you're moderate to severe, that does not matter.

What matters is your speech perception scores -- what percent speech you can repeat correctly on a hearing test with your hearing aids in.

It's more of a functional assessment of your ability to communicate.

And like I said, I like to add background noise at times because the world is noisy and that's very realistic so I like to get a sense of how do you do in quiet? How do you do in noise? We test the right ear by itself, the left ear by itself and the two ears together to really give us information about how you can be functioning in the real world to determine if you're a candidate or not.

Yeah, follow-up question.

STEPHANIE: And in a situation like I said in both ears, how is a decision determined which ear to do.

I know they used to say do the better ear and for (inaudible) do the worse ear and I could see arguments on both sides but I'm just wondering your opinion on that.

SUZANNAH HAGAN, AuD: Yeah so unfortunately, I can't really give you a straightforward answer because it really depends on the patient and what the scores are.

In general, my opinion -- and this is not the opinion, necessarily, of other cochlear implant audiologists -- is that we typically like to implant the poorer ear and save the better ear to continue use of a hearing aid.

And I think patients like that option, too, because it's a little less scary to give up your bad ear.

If you tell a patient we're going to take your only hearing ear like you were mentioning in the past.

Like let's say we thought your dead ear has been dead for too long and we don't want to do surgery on that side because we don't think it helps you -- it's really scary to think about doing a surgery your only hearing ear.

You're putting all your eggs into the basket of the cochlear implant.

On it really depends on the patient, the scores that we get for each ear, individually, and that two-ear score.

MINDY: I was just wondering since I started around age 4 maybe, 3, 4 with my bad ear, and I -- I'm way above that now, many years later, I was wondering what would be the likelihood that if I were to go in for a test, just as an evaluation of having anything happen on that side? Because it's been so many years.

SUZANNAH HAGAN, AuD: Ten again my answer isn't straightforward.

It depends.

It depends on whether or not that dead ear has been wearing a hearing aid at all since you were age 4 when that hearing loss started did you start wearing a hearing aid.

Did you start wearing a cross-hearing aid where that -- in general, the surgeons I work with use ten years as a cut-off.

If the ear has been ten years with zero sound going into it, you never have been wearing a hearing aid then we start to worry that if we do put a cochlear implant in what ear the outcomes will be very limited because the nerve, nerves are like muscles.

And you have to stimulate them to keep them functioning.

And if the nerve has been maybe ten years without any stimulation, the nerve starts to atrophy.

And, even if we put a cochlear implant in there, and that stimulates that nerve, the nerve may be too atrophied to take the signal up to the brain.

But I implanted a woman who was profoundly deaf in an ear at age one and a half and she got her cochlear implant when she was 45.

She does very well with her cochlear implant.

It was a patient that we said, okay, she really wanted to do it.

We were kind of on the fence but she was so motivated, we decided, okay, if we go over all of the things that we expect this patient to have, we think she'll be able to hear some sound.

But we told her you will not be able to discriminate speech with your cochlear implant.

You'll be able to hear something but it's not going to help you with speech understanding.

And she still wanted to proceed.

She really surprised us.

She gets about 20 percent speech recognition correct with her implant and I told her it would be zero, after.

So, it really depends.

I think that patient practiced every single day for one hour for one whole year after we implanted her.

Activated her implant so it really depends.

I don't think that the ten-year cut-off is truly appropriate, if the patient understands that the risks are that they may not really be able to discriminate speech that well after the implant.

We have two questions in the back.

Am I supposed to start talk -- stop talking at 10:00?

BARBARA: I was just going to say a lot if you do qualify for a cochlear implant, a lot of it depends on your motivation to work with the cochlear implant so that you can ... there are ways to improve the discrimination. Like I was telling a gentleman over there, but you can turn on the T.V. and you're all garbled and then you go back until you can discriminate those words with only your cochlear implants.

And then, you put on the hearing aid and they work together really well.

I can't -- I don't know what everybody else's hearing level is, mine's pretty big.

I can take out the hearing aid and because I have practiced with the cochlear implant that now my ear has on its own has no hearing -- I was able to ... I'm able to hear -- I'm able to discriminate not with background noise, I have to admit background noise destroys everything.

But, on my own I can discriminate the words with just the cochlear implant and no hearing aid.

So, it's hopeful.

GEORGIA: I just wanted to add something about the ear -- good ear, the bad ear, what happened to me was I had a profound hearing loss in both ears.

In 1994 and then, I was wearing hearing aids at the time.

Well my better ear, all of a sudden just went dead.

I had a bad cold and it just ... my hearing was gone.

Well, the left ear, the hearing was gone back in 1984 which is ten years before, and what happened was that my better ear became my worse ear because of the tests.

But the doctor said because my better ear was stimulated and was my good ear for a long time, I hope I'm making sense, he implanted my good ear that became my bad ear for a short period of time.

So, I think it depends on the person, the variables, so it's really hard to say.

Do good ear, the bad ear, I mean if you have a hearing aid wear the hearing aid on the other side.

But I think, for me, I did really well with when I got my second implant.

Who doesn't like the -- it was really hard for me but, when I got my second one, it was just, like, wow?

AUDIENCE MEMBER: You mentioned that sometimes people are determined to be a candidate but they may wait 12 months or more.

What is the process if you do that? Do you have to start over?

And has all of the testing done again?

SUZANNAH HAGAN, AuD: Yeah, so we all know that your scores don't ever get significantly better on these tests.

But the insurance companies who pay for these things always require that the testing be done within 12 months of the surgery.

So if a patient comes in, has the evaluation, we say you're a candidate, and you decide to wait, and you come back 18 months later we will repeat the testing, confirm that you're not a medical miracle and that your scores suddenly got way better and we will just proceed with the surgery again.

And that also goes to the other hand where if I do an evaluation on a patient and they're a borderline candidate or they're just a little too good, I'll often times schedule a cochlear implant -- repeat cochlear implant evaluation 12 months later because hearing loss tends to be progressive in nature.

So those scores may over the next year drop to the point where they are a candidate.

And what Georgia was saying is true.

When you ask the question which ear do you implant, the better ear or the worse ear? The scary thing is that the research has a clear trend, that the more hearing you have going into the surgery, the better your scores are after the surgery.

So there are patients and surgeons and audiologists who say, okay, let's implant your better ear because we think that your score will go from 50 to 80 or 90 percent, whereas if we implant your poorer ear that's had nerve deafness and a lack of stimulation for a very long time, you may go from 10 percent to 30 percent.

And if you could get one of your ears up at 80 percent, my gosh that would definitely be the ear to implant.

But it's so hard because we cannot predict your scores after your implant.

We know trends, we know that the more you've hearing aids the more consistently you've been stimulating your audiology system -- we know that the shorter amount of time you've had hearing loss equals better scores with the cochlear implant after, if you've had four years -- even if you've been wearing hearing aids if you've worn them consistently for 40 years versus someone who has worn hearing aids consistently with hearing aids loss for ten years the patient with the ten year hearing loss is typically going to perform better with the cochlear implant than the 40-year patient.

So, there's trends and part of the evaluation is the audiologist he caning you on what your signs and symptoms are that would make you a good performer or a poorer performer and you get to make the decision of whether or not you want to proceed.

We've got two questions.

ALISON: I had a question -- and that is I'm a therapist and I also have a hearing loss but I've been very leery because I unfortunately hear the about the failures.

So, I was wondering of you could address that one because I don't know the details or --

SUZANNAH HAGAN, AuD: Can you ask a little bit more specifically what do you want to know about failures? Like surgical failures, or patients who become non-users because you get a cochlear implant and then tell me oh boy, I wish I didn't get an implant? Ask me more specifically what you're talking about because I'm be very honest with you.

ALISON: I actually have two clients who said they wanted a cochlear implant and they have repeated failures and they were hearing aids users they were young adult and when they had the cochlear implants, they had to go back four times --

SUZANNAH HAGAN, AuD: Ten they had four surgical failures.

Okay, let's talk about that.

So, a cochlear implant is an electronic device that -- the implant.

The internal device is something that we place in the head and that the company gives a ten-year warranty to on.

But it's electronics and we have failures.

All three cochlear implant companies that are FDA-approved in the United States have had recalls at one point or another.

These have been electronic failures, all of them have been related to some sort of manufacturing error where they put the device in the patient's head, they wear their implant, maybe they wear it for a year, maybe they wear it for a month and then it suddenly stops working.

I've had patients who have had high successes, they get 90 percent correct on sentence tests with their implant and then all of a sudden it stops working.

And most of these failures have been related to putting it in the body, which is a wet -- there's water, moisture in your head where the implant is, of water getting into the actual implant portion.

And if water gets inside and gets on those electrodes, the whole device will stop functioning.

So, there can be electronic failures.

There can be surgical failures where the surgeon places the cochlear implant not in the cochlea.

I've had that happen.

We tried to put sound in the ear and they don't hear anything the first day.

And we expected them to.

And then they come back the next time and the next time and the next time.

The good thing is we have CT scans so we can check post-operatively, excuse me, and intra-operatively, at USC part of our protocol is during the surgery, before we

wake the patient up from anesthesia, we take a CT scan, or we do an x-ray to confirm that electrode array is curled in the cochlea.

But a lot of places don't do that so it kind of depends on the surgeon and kind of the hospital protocol.

But that is something that has unfortunately happened as well.

ALISON: Thank you.

SUZANNAH HAGAN, AuD: I have five minutes left.

We're going to go down here.

TERI: Yes, I'm -- I'm a CI candidate and last year I started to go through -- I got authorized to go through the evaluation process.

However, I'm on Medi-Cal and I thought I could kind of decide if I wanted to go to UCLA or USC.

And I kept getting sent to UCLA and I'm actually speaking of failures I've had a lot of people tell me that their program is not nearly what USC's is.

You have a great reputation.

UCLA doesn't and so I'm really scared to go through their program.

I mean I've been told stories that I won't go into.

But do you -- are you aware of USC ever working with Medi-Cal or L.A. Care and how can I get on that track so I can go to you?

SUZANNAH HAGAN, AuD: I would say that USC definitely takes Medi-Cal, a high percentage of the cochlear implants we did last year were patients who had Medi-Cal.

A lot of our contracted insurance agreements are with Medi-Cal providers.

So, rest assured there are horror stories about every single cochlear implant center in Los Angeles.

There are dissatisfied patients who have been in my office who were implanted at USC.

There are dissatisfied patients at UCLA and at House and at Kaiser and that's because there's a bell curve of outcomes with cochlear implants.

I adopt think that UCLA has a bad program.

In fact, their surgeon is wonderful and I know many of the audiologists who are wonderful.

So if that is where your insurance sends you, go in and see if you're comfortable and try to -- I would say try not to let your -- somebody's one experience because I worked at UCLA when I was in Advanced bionics rep, would I go in see them, see patients with the audiologists and there are a high level of very qualified wonderful practitioners at that center.

But if you are too leery of that because of the experience you learned about, contact me, I will send your insurance card to our intake specialist and they'll see if we can see you.

I see patients with L.A. Care almost every single day.

I don't know if your HMO plan or whatever plan you have, specifically, excludes USC but it's definitely worth a shot if you want to come see us.

I have just like two more minutes.

So, I want to answer any he -- I mean four more minutes but I want to answer more questions if there are any, otherwise I'm just going to --

BARBARA: I have one.

What are the updates?

SUZANNAH HAGAN, AuD: Updates, I have a slide on that.

Let's find it.

My presentation was long.

Updates.

So, some of the updates in the last few years have been with the implant now being MRI-compatible.

If you are already implanted, don't get an MRI without first learning about your internal device.

But all three companies now make an implant that has an FDA-approved magnet that can go in a 3.0 MRI, that's not a very low resolution MRI, that's actually higher resolution than a lot of centers have so it's a pretty good MRI that you can have without needing to take the internal magnet out.

We have a lot of updates so I said over time we're implanting more and more people who have more and more hearing going into the surgery.

The electrode, the part that goes into the cochlea, ten years ago was pretty thick and rigid.

And when we put it into the cochlea, we told patients you are going to lose your hearing in that ear.

Not necessarily the case anymore.

The electrodes have become very thin.

They have become very floppy for lack of a better word.

And, we have been able to put about an implant into a patient's cochlea and not damage those remaining hair cells.

And so, patients can wake up from surgery and put their hearing aid on and hear.

Now this is something we would never guarantee, if your surgeon guarantees that, be very, very, very concerned because we really won't know until we do it.

But there are a lot of patients who now walk around on the same ear, wearing what we call a kind of a hybrid implant where there is part of the sound that's going through the cochlear implant and there's also a hearing aid attached to the sound that is delivering some acoustic hearing through that natural pathway of hearing through the ear canal and the middle ear space.

Now if you have eustachian tube dysfunction we may not use that pathway and -- but this has been something that has been really competing because if you do have natural hearing in the ear, after surgery, these patients hear a lot better than patients who lose all of their hearing and I think that they hear better faster because the sound quality is more familiar.

It sounds more like what your hearing aids sounded like.

These patients also typically that music sounds a lot more natural because they're getting a combination of the electronic signals through the implant, and acoustic natural signal through their hearing aid.

Bluetooth compatibility, so, all of the companies have or shortly in the next few months will have an app for the phone so instead of carrying around a remote control or

making changes on the device, you can pull out a smartphone and make changes to the thing there, if you want to, if that sounds pad bad you don't have to do it.

And then another thing that we're seeing is -- sorry, I skipped over hearing aid compatibility.

A lot of the companies now make a device where you have a cochlear implant on one side you can get a compatible hearing aid for your ear that is not implanted and, for instance, you can, can stream music to both ears or I can wear a microphone and it will stream into both ears. So that gives you kind of synchronized hearing through a compatible device.

Those are some of the updates we're seeking.

I think I'm out of time.

Oh, do you did you want to ask your question.

AUDIENCE MEMBER: I just have one question.

I wanted to know because I asked a few people who have cochlear implants, if their tinnitus lower -- that's a concern to me and most of them said yes.

There were not totally they were not totally free of it but it was significantly lower.

So, I wanted to know if that's a majority of patients.

SUZANNAH HAGAN, AuD: (Nodding yes) a lot of times your ear starts to ring when you have hearing loss or whatever the sound of your tinnitus is.

Once most patients get a cochlear implant, at least while they're wearing the device, most patients report that they comport hear that sound.

Now when they take it off at bed-time they may still hear the sound because you -- go back to when you take it off to whatever your baseline hearing is or even worse.

But most patients report significantly improvement to their tinnitus.

There are probably a few patients here and there that do report no change but that is definitely the exception and not the rule.

I think we're going to be done.

SHARON SWERDLOW, President: Okay I know that Suzannah can go on for hours and hours because he's just a wealth of information and this was just strapping the surface of her are presentation but we're going to take a ten minute break and hopefully Suzannah will be here to answer further questions and we'd like to give you

just a little token a little gift as a token of our incredible patient to have somebody of your caliber and I can't -- when I had my implant, bringing my family with me was unbelievably helpful so if you have family members a spouse a partner or friend, somebody that you spend a lot of time with, it is incredibly helpful to have them in the room, to really get a sense of what this is all about.

Because, the cochlear implant can be life-changing but it's not like you can't see you get glasses and you get 2020.

But we're going to take a short ten-minute break -- we're going to take a ten-minute break we have a small kitty we don't have our glass jar but we're collecting funds, if anybody feels that this meeting is useful, we would appreciate contributions.

Right now we have previously been in this space represent-free and that has ended and we now are incurring some very significant monthly expenses as we're looking for a new home so if you're able to contribute, please do so, cash, check, whatever your pleasure and we'll reconvene in about ten minutes.

And we have a lot more to cover.

So, thank you very much for just an incredible informative and wonderful presentation.

(Applause)

MEETING BREAKS AT 11:03 A.M.; MEETING RESUMES AT 11:22 A.M.

SHARON SWERDLOW, President: I'm just -- we need to get started.

Georgia, can you sit down?

You guys are -- if you turned off your T-coils, go ahead and turn them back on and again if you don't know what it is, please come see me after the meeting and I'll be glad to talk to you about it.

LIZ: Hi I'm Liz for those who don't know me.

I just want to make two quick announcements.

The first one is that if you don't know about our California State newsletter, the Hearing-loss Californian you can go to our website hearinglossca.org/newsletter we put out day quarterly newsletter that's available in PDF format.

So, take a look, the last article in December we did a feature on the San Diego State audiology clinic and featured a young lady who had had a cochlear implant since she was a very small child.

The second thing I'll like to tell you if you are at all technologically interested there's going to be something aging into the future which is technology for seniors which will be on April 4th it's the first Saturday in April down at the Convention Center you can look it up on online aging into the future.

And that's it.

SHARON SWERDLOW, President: Okay.

Thank you.

All right we're going to try to blitz through the chapter news.

And, give you a couple updates so still we have not found a new home.

We're looking very, very hard.

The veterans memorial Center at Culver City is currently an option but it's been difficult to get the information back.

We need it get in, there's a really lovely room it's not carpeted we need to come in and set up the loop we've been having some trouble doing that but hopefully by the next meeting we will know if that is an option.

And, again I open it up to anybody else, Gary gave me a suggestion and we have a couple of new suggestions we're going to pursue if anybody else has any ideas.

Please share them with me.

AUDIENCE MEMBER: Did you try Santa Monica College?

SHARON SWERDLOW, President: I have not so anyway you can email me or talk to me after the meeting but we do want it get in a new space where we do not have a high month fee.

JANET: Did you try the Sherman Oaks Senior Center?

SHARON SWERDLOW, President: Yes, did I from the holiday party we took a vote and the preference was to be somewhere on the west side but we're going to have to make due with what's available and hopefully it will be freeway accessible.

MINDY: I was going to mention, what is that place I'm blanking on the name John -- the health group, it's across the street from Valley College.

SHARON SWERDLOW, President: Okay, thank you, if you can remind me after the meeting, I can write it down, thank you.

My memory is short these days.

Next month we are going to have our annual Valentine's Day-orientated relationships panel I've been a member of HLAA for two years, so I've been through it and they're really, really lovely.

We need volunteers from the group, basically we're looking for couples who are ... parents with children, or people navigating the dating world, single or any -- any type of relationship where there are charms which is going to be any type of relationship, being the person with hearing loss and living or communicating with a significant other without hearing loss.

So, is there anybody here that would be willing to volunteer to be on the panel? We normally have three sorts of couples or three groups that's -- that's been the format the last few years, it seems to work out well.

And, is there anybody that would be interested in being part of a team for the February panel?

No? Okay well don't be shy, if you change your mind please let me know.

It's a fun thing to be on, I was on it last year with my husband and it was very eye-opening you'll find out some really interesting thing about people that you have lived with for 25 years that you didn't know until you're on the stage.

Anyways, if you do know somebody that might be interested that isn't here, please let me know.

AUDIENCE MEMBER: What's the date of that meeting?

SHARON SWERDLOW, President: The date of the meeting is 22nd, it is February 22nd.

And for those of you that are new here, we generally have our meetings the fourth Saturday of the month.

In the morning from 9:30-ish to noon and we're hoping to continue that tradition wherever your next space is.

We usually like to devote some time to new members introducing themselves but because time is short today, I would just like to see a show of hands if you're here for the first time.

And it's wonderful that we have -- we have a number of people who are here for the first time.

So welcome.

And we hope you come back and next month we'd like to spend some time getting to know you a little better and having you share your stories with us.

But right now, we want to spend the rest of our meeting today, in memory of our dear friend Kat Burns who is the reason I'm standing here today because along with her husband Danny and a number of other people in this room and several who are not in this room, we're responsible for setting up the hearing loss chapter in Los Angeles, which has been a very, very active chapter for many years and we are privileged to sort of carry the torch and follow in some very incredible footsteps.

So, I'll hand the microphone over to Danny and --

DANNY TUBBS: Hello everybody.

Just -- it might be a little tough for me.

But I'm going to gain strength for my wife Katherine.

Many people here know me my name is Daniel Tubbs my wife is Katherine Burns we're two members -- Katherine served three consecutive years as president here both on the board and various positions, I was treasurer once, she was treasurer.

So, I'm here today, the first time to a meeting without my wife.

But, I'm proud to stand here for her.

In Katherine's will, she had some disbursements but before I get to that I would like to say at her service two weeks ago on her program you said you may send in donations in Katherine's name send it to Hearing Loss Association of America, Los

Angeles chapter, I had in one of these envelopes $400 that came in and also Gary our treasurer emailed me and said there was another I think $375 that came in.

So that was very sweet.

Sharon can you come up here for a minute.

I'm sorry.

Katherine in her will left $5,000.

She passed away a month ago today, so very difficult.

For the Los Angeles chapter, and she left $5,000 to a national --

Katherine had a huge heart for the hearing loss community and this chapter.

And, she loved you all very much.

(Applause)

SHARON SWERDLOW, President: I'm speechless.

Thank you.

I want to open the floor to several of Kat's friends, I forget the acronym, the CHOW girls so part of her original cast of characters who put so much blood and sweat and time and energy and love into furthering the cause of heaping all of us to live better more productive, happier well-connected lives.

And, I had the privilege of knowing Kat for a year really before her and Danny moved up north and she just immediately was one of the first people I met and her infectious smile, kindness and genuine warmth and generosity made me feel at home right away.

I didn't find a hearing loss group until my mid-50s and I've been hearing impaired since my 20s and it was just extraordinary to -- Pasadena Hospital at the time we met and I will just never forget just feeling comfortable and feeling like a R I found my home.

So just grateful that I've had a couple years ago years of knowing her but I know there have been a few people who have very long histories that would like to speak.

So, I would like --

NANCI LINKE-ELLIS: I think the first time I met Danny and Kat and Alicia and -- it was some place in Eagle Rock or something.

And, they were a really fun group and I was in the throes of starting the Santa Monica chapter, I think.

This goes way back.

Anyway, they then soon came up with the L.A. chapter and Danny and Liz became first due and the thing that Kat and Danny always brought to it especially at Christmas because he was our Kris Kringle, he did every White elephant there was to do and it was hilarious.

And I think -- her and Kat whenever there was a lull in the chapter they would step back in and they would bring the energy back to the point where I come it a meeting and I hardly know anybody here and that's a tribute to the seven of them.

I was not one of the founding members but I came in shortly thereafter and the seven of us that we called CHOWs actually started girls night out because we all wanted to go out one night in Temecula, and the minute we starting to that -- one person couldn't go somebody else got sick so finally I just said why don't we just have dinner one night and we were able to do that.

All of us had things going on in our lives that required support.

We all lived a little close then and then people moved and we -- this is what I guess is happening to all of us.

So, what kept us together was group texts.

And, to this day, we're still texting 1,000 times a day, god help you if you turn your phone off because it will blow up.

But they were the warmth and the charm and they brought in more people, Danny would be the one doing the name tags and it just -- it created a very special persona, and of course Kat with her dazzling smile which she never lost, really, really felt at home and I think became comfortable with her hearing loss as it progressed, because of Danny and because of the rest of the group.

She was just one of the most wonderful people we've ever met.

And, it's a tragedy that we lost her, but when we had her, we had her, it was wonderful.

(Applause)

DANNY TUBBS: Thank you Nanci.

These are prescription glasses, I am not trying to look cool, even though I might.

I did want to say when we moved up to Carpentaria Katherine stepped into the Santa Barbara chapter -- and she was active all the way to the end even though she was going through treatments because she had a huge heart for this organization.

So, I wanted to let you guys know that.

ALISON: And Danny I -- Danny I think I really want to thank you for being such an incredible part of the community.

So many -- it's always been so refreshing to see you and Kat a couple and a really united team.

So, thank you.

MINDY: I went to the HEAR Center with John and one of the first meetings we were, I was there.

Kat and Danny both turned to me and said welcome and we want you to understand that if you have any questions, we're around to help with any type of questions you may have related to hearing loss, work, whatever.

And I remember saying to both of them back then, this ten or 1 years ago whatever it was and I remember saying to both of them, I remember hearing from my audiologist several years before that it was "Shhhh" group.

Before it became hearing loss but because of where I lived at the time, I'm not strong with freeway driving and I don't want my parents having to drive to where the HEAR Center was, once a month or whatever -- I think it was on a Saturday where we'd meet because I would not do the freeway.

But as soon as I met John we'd start going almost monthly, if not monthly, to the meetings to the HEAR Center which then became too big because we all were meeting new people, whatever and I believe at that time we were running out of room with the HEAR Center on they had to move it to other areas.

MITZY: When I first found HLAA L.A., Kat was president.

And, to me she will always be the face of this group.

AUDIENCE MEMBER: Hi I'm Dana, I'm -- I met Katherine and Danny through this group about ten years ago and I only came for about a year or year and a half because I moved to San Diego.

But those two just enveloped people right into the group.

And, I guess what I'd like to say to all of you is you caring that spirit of Katherine with you as you move forward, she was just so passionate about what she found in support from everyone and what she wanted to give back.

And, to support, to everyone, with hearing loss.

It was so, so big to her.

So, I am so glad all of you are here.

And, God bless Katherine.

AUDIENCE MEMBER: One of the things that Kat and Danny were always, all of us, it's a strong and fun couple.

Everywhere we go, every party, every meeting even the serious meetings about issues that had to do with, obviously, hearing loss, they made it fun.

I don't know how they did that.

But they made it fun.

And they brought that optimism and that drive and that ... the thing that Kat was always smiling and it's true she was always smiling.

And that was something that was welcoming and happy and it made us feel good.

And it made us forget about all the, you know, the things that were growing wrong into our lives.

And for that I thank you both because that was really something that we could count on, we knew that when we were going to the meeting you would be there and you would be pushing that optimism back into us.

So, thank you.

DANNY TUBBS: Thank you.

GEORGIA: Many years ago, when I first started coming to this group, it was all about ALDA first, and then we merged into HLAA.

I think this was 2000-something.

And, I just wanted to thank Danny and Katherine for their many parties that we had, your hospitality, for holding Christmas parties, Super Bowl parties, swimming parties --

Fourth of July.

Garage sales.

So, they were both so hospitable -- garbage sales, yes.

So, the list just goes on and on and on and you were such a great couple, so friendly, warm, so welcoming everybody and just making everybody feel good.

And, so we really appreciate you and Katherine and we will miss them, terribly.

DANNY TUBBS: Can we turn off the lights.

SHARON SWERDLOW, President: Okay we're going to run the slide show in the background as people continue to share their memories.

STEPHANIE: I am just sitting here trying to gain composure because there's so much I can say about Kat and Danny.

I just love this couple so much, and this chapter and I came in probably in 2010 and just immediately felt at home -- where I could just learn more about hearing loss.

And Kat and Danny were the first people I met.

And I -- for all the years should a she's the president and specifically for her leadership for her commitment to the chapter, everything that she did.

And, I look at her smile -- she's the face of this chapter for sure.

I was like Katherine -- just let people you have hearing loss with the button.

She was just so funny all the time and had a great wit.

Trying to figure out what you're going to do with some stuff, we didn't know what to do -- (inaudible).

Anyways, I just try to think of her every time -- she loved the chapter and she loved the Walk4Hearing, and ... everyone wanted to be part of the pickup to be ready consistent for it, the loss for hearing, and ... oh my goodness, and so, I'm just really she's such a special person and I'm glad I spent --

[Slide show playing]

SHARON SWERDLOW, President: Anybody else that would like to share some thoughts?

TIM BROWNING: I will.

So, I met and the Danny I think around the middle of 2013.

You can't hear my voice?

I don't have Danny's voice.

Can you hear me now?

I'm sorry.

Anyway, so I first met and the Danny in the middle of 2013 I think in the Summer.

I was born with hearing loss so all my life I've been trying to adapt to hearing world, I know many of you have lost your hearing, recently or -- but I was always trying to adapt.

And it was very frustrating.

So, I did a search on the web around July, 2013, just looking for any support group I could find.

And, there wasn't much out there but I came across this Yahoo groups link.

So, I clicked on it and it had a lot of pictures there and the very first one I saw was this red-head smiling and you could tell she's always smiling -- did she ever not smile Danny?

DANNY TUBBS: She always smiled.

TIM BROWNING: That's amazing.

So that kind of gave me some hope and I saw Danny and then I reached out to both of them and I think Danny kind of told me it would be pretty easy to find him -- which it is, big guy and Kat is pretty tows find because she's got that red curly hair and everything and so my intention is it really to find out more about the chapter but I wasn't really intending on continuing.

I just wanted it see how it went.

But I really thought, let me see how it goes and I'll just keep looking.

But they welcomed me and Kat was just so appreciative and she guided me through the whole experience, at the HEAR Center.

And I just felt so welcomed.

And, she was the first person I remembered.

And, here we are six, seven years later and I feel so much pride and gratefulness for all of you guys and for the chapter and, really, it started with her and you, Danny.

And so, you know, I just wanted to go there and -- goodbye everyone and she just brought me right in and we had a very nervous president too and she welcomed me in as well and you can probably guess who that is.

But throughout the years, I just grew more into feeling like this is a family and I know many new members here, you know we hope to see you guys again but I think you can tell we have a long 15 plus year history and a lot of great stories, a lot of support.

And you know we hope to see you guys again as well as the people who have always been here.

But I wanted to speak up because I always felt Kat and the reason that I was here, because I didn't really know what to expect and she just made me feel at home, right away.

So, I'm really grateful to her and for you Danny because after all these years I feel much more secure and confident with my hearing loss, actually being willing to share and help others.

Back then -- so thank you very much and thank you for Katherine and let's never forget her.

SHARON SWERDLOW, President: Now -- I'm speechless with that envelope just being part of this tribute.

And it's an extraordinarily generous gift, I'm sure, what an extraordinarily generous gift to our chapter as we're essentially dependent our own -- we are responsible for all of our expenses.

And, as extraordinarily generous as it is, it's -- it's not even a fraction of the generosity I felt coming from her in the time that I knew her.

I just -- she's one of the very rare people I think that just did not have a bad bone in her body, I could see if there was an insect in the room, she would probably let it outside rather than squash it.

There was just nothing but goodness and optimism, and she had a lot of characteristics that I admire that I don't have.

Like patience and just a sense of enormous optimism.

And I guess personally it's just it's so hard because it is not comparable but when I had a health scare a year ago when I was going through treatment and radiations and I shared that with Kat and she was at a meeting and I did not know the extent of her challenges.

I knew a little bit.

But because she was so upbeat because she was smile because she just did everything she needed to do and she just was happy and she was the least bitter, least -- did not seem why me? Or there was just nothing but let's just march on and do what we need to do.

And she was so kind it me and she was so generous in sharing her experiences and -- even after Thanksgiving we traded emails about my stupid lymphedema and she was talking about hers and it was so much more severe but she was able to find humor in the situation and she was able to be funny and say don't worry about me, I am okay.

And, I'll just never forget that and the buttons that she promoted with, you know, face me when you're talking to me, this is such a big thing that all of us with hearing loss need from our partners and the people closest to us and most especially when we're in medical situations where people just don't face us.

I've had countless doctors that go and they're typing away on their computers despite multiple times of me saying I do not hear what you're saying.

And I will always wear one of those buttons as it's just an incredibly powerful memory of her and how she was so proud of doing that.

And I think the last thing I wanted to say is that it's Kat and Danny, I mean you were as one.

You set the bar very high for what a partner should be, in loving and supporting and just knowing what to do -- at the memorial I remember someone saying you were in the room and the temperature was too cold and you quietly walked over to raise the temperature.

I mean I felt that coming from you from the time I met you so I know what I loving team you are.

I will miss her forever and I will always wear the button and I think we need to -- I don't know where the buttons are but next meeting I will make sure that we have a box of those buttons and I encourage he everybody -- seems sort of hokey in a way but if someone is constantly looking at something on your body please face me maybe by the 15th or 20th time --

Anyways, I feel like I'm a better person for having known her.

And, I hope that, like you said, it's a lot of new people and I'm hoping that we can continue to create community and I'm hoping that you will continue to join us and I'm hoping that we'll all be just continue to support each other with our stories and with speakers and panels and all the things that we all want us to help us lead better, happier and more contented lives.

Is there anyone that has any final words?

No?

Okay if not we will close the meeting, if anybody decides that they would like to be on a panel or have an idea for what would be an interesting panel for next month, please reach out to us on our website, on info@HLAA.org or email me or anyone on the committee and where he hope to see all of you -- and Ali thank you so much for always being here for us and being able to manage all of our fast and loud or –

(Applause)

SHARON SWERDLOW, President: … you know all of our speech and working tirelessly so we can all read the transcript and we can all enjoy the meeting.

Thank you everybody.

(Applause)

MEETING ADJOURNS AT 11:59 A.M.