

**ALDAcon2017
A Hearing Loss
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ALICE CRUME:

I am new to this conference and I am not sure exactly how it goes. As I have listened to the presentations so far, I see that people tell their stories and share. It seems that they share to create community, and that community is this group and anyone else who shares in the group story.

I usually play my life cards very close to the chest, as in very private, but with this presentation I want to tell my story and also share some lessons I have learned. Thank you for coming to hear my story and I hope you find it informative and useful.

I noticed that I was hard of hearing when I was about 50 years old. Twenty-two years later, I am now deaf in my left ear and wear a cochlear implant. My right ear has about 30% residual hearing and I wear a hearing aid on that side. My cochlear implant was installed in May 2017, activated in July and programmed in September. May through September were the most stressful and depressing months of my life, so much so that I seriously considering giving up, but I did not. That is why I wanted to tell this story.

My hearing loss began at age 40 when I noticed that my hearing was not as acute as it had been when I was younger. I had just started college (later than most, but determined) and I noticed that I wanted to sit as close to the professor as possible so that I could hear better. I would labor to read the professor's lips in all my classes. I found that I could not take 100+ large lecture classes as I could not get close enough to see the lecturer's lips (this was before computerized large screen-aided and/or Power Point lectures). However, I never personally identified this behavior as a problem, nor did I identify myself as a person with hearing loss. I simply said to myself, "I am older, find a way". That "way" was a small private college in Montana where I always sat in the front row of seats and tried to write notes while reading lips.

My graduate school classes were small, sometimes 5 students, and I could read everyone's lips and hear them in that close environment. I had found another "way".

However, teaching Public Speaking classes as a graduate student was a problem because the classes were at least 25 students per class, 4-5 classes with 3 speeches per student. That's 300-375 speeches to listen to every semester.

During my doctoral degree courses, I started training as a court mediator, which required hearing accurately. Clients were seated directly across a table from me, so close that I could practice very intense lip reading with all my clients. Generally, I felt that I was able to hear and see all of what they were saying during the mediation sessions. By the end of 3 years, I had become the mediation trainer for all county

juvenile court employees. My dissertation was based on this and a community mediation experience. Listening and hearing had become vital to my career.

I was 53 years old, a newly minted Assistant Professor of Public Speaking, when I noticed that I could not hear all the words my students were saying in the class room. At first, I thought I could not hear well because of the large number of students (50+) in my classes. The college had just fired all the part time instructors and increased the number of students in each class from 25 to 50. I tried to reorganize the chairs in the classroom setting for me to better observe and read their lips in the infamous communication circle but I still was saying, "Excuse me? Could you repeat that?" and, very often, getting closer to the student I thought was talking so that I could read her/his lips. Students complained in their course evaluations about the amount of time I spent getting things done in the classroom.

For some people, not hearing all the patter and small talk of students might be a blessing, but I needed to hear what they said and the students' speeches determined their grades for the course. Without really hearing what each student said, what could I grade? What I thought I heard? The ethics of this dilemma made me work harder to read everyone's lips.

At that time, I asked my mother about her hearing loss and she told me to get hearing aids as quickly as possible to save my job. Within a month, I went to an audiologist for a hearing test. After three visits with her, I was fitted with a hearing aid in my right ear. The left ear was "OK" according to her.

With my new hearing aid, I could hear better but I struggled with learning how to work the volume control buttons. I was always fiddling with it because it seemed that it always needed to be adjusted. All the hope that I would understand the students' words quickly faded away. And even worse, it seemed to me that there were still gaps of missing words. I tried harder and began to lip read in order to "get it right."

With a colleague, I started a new line of mediation research called "public forum mediation." That experience demanded that I hear all the conversation and comments of all the participants. At the beginning, the groups were small. But unfortunately, the groups got larger and my hearing loss became a major issue because I could not hear what participants were saying in this larger group setting. Soon, the small groups had also become difficult for me to hear.

Within a year, my research in group and community mediation was, in my opinion, impossible because I could not hear all the words from the mediation clients. I realized that I could no longer continue to rely on lip reading. I also believed that very soon I would not be able to hear words correctly, not hear the nuances of words, not hear the "under the breath" words and phrases and, most importantly, not understand what was meant by particular words/phrases. My conclusion was that I could no longer offer my clients the certainty of hearing them completely. In my position of mediator, I felt that I was required to be fully functional to hear and understand each person in the mediation

session. I and my equipment were not performing at that level. I tried other forms of mediation in smaller and sometimes private venues, but discovered that my hearing loss was still causing me to not understand some key words and phrases that were important to the outcome of the mediation sessions. Adding more equipment did not help and increased my frustration. I needed another “way” to hear confidently in mediation settings. I looked to technology.

In 2000, I had added a very bulky and awkward directional microphone to augment my listening ability. But I really could not hear much more than garble when in group settings and in the classroom. On the remote control of the microphone, I would increase the volume to the upper limit which gave me massive migraine headaches.

I asked my audiologist about the hearing loss in my left ear, since I was perceiving so much overall hearing loss. She reported that my left ear hearing loss was “minimal” and not yet sufficient enough to warrant another hearing aid. In retrospect, I wonder if my left ear was experiencing more hearing loss than what was being recorded from her hearing booth tests. I considered the idea that perhaps the stress of not hearing everything as I had before my hearing loss was causing my hearing loss to escalate.

At this same time, I became highly stressed about the teaching load of 200-250 students per semester that required 80+ hours per week with a huge problem of no time for my mediation research and writing. “Publish or die” caused me to change jobs and location.

In 2003, after the job change and move, I went to a new audiologist. I was tested and outfitted for new set of two hearing aids because, the audiologist said, the left ear did in fact have a hearing loss level that required a hearing aid. That all seemed logical but after the usual 3 months of wearing the new set, I still could not hear all the words being spoken around me. I had no idea what I was missing and I did not respond to the babble I was hearing.

The new dimension of my hearing loss was not being able to hear “under the breath” talk. Also, meetings in this job were now a nightmare as I was constantly saying “What did she/he just say?” I was missing out on all the mutterings, that “under the breath” talk, that carries massive amounts of information.

My personal life was impacted as I could not hear my son or my grandchildren on the phone. Conversations degraded to a few words of greeting, two or three superficial comments, and very brief goodbyes -- usually five minutes, tops.

At my job, my family, and dating, the negative response of people to my hearing loss grieved me. The most common comment was that I was great to talk with but I did not share information or promote intimacy. I just simply did not tell anyone, ever, that I had a hearing loss. I believed that information was not only a career killer but would be a relationship killer. Hearing loss was a private issue period.

The cost of not identifying as hard of hearing to others was that people's assumptions were made based on their immediate surface perceptions. When I did not hear a whispered comment and therefore did not respond, the assumption might have been that I did not care about the whispered comment. That assumption led to a further assumption that I was a snob and/or arrogant. Colleagues who at first liked to talk with me, did not care to talk after a few months. Students who came to my office said I was great to talk to face to face, but not so much during class (usually with 25 voices talking at once in the background).

I was still teaching in 2005, but I had changed jobs and moved again. A new audiologist tested me and sold me a third set of hearing aids. My hearing was not any better but I sure had more technology to learn and manage without assistance.

In 2007, I had found a new area of research and discovered, by serendipity, the state office of workplace rehabilitation. This opportunity occurred as I interviewed a regional director of a state agency on jobs for students. I asked about any information on hearing loss in the workplace. She gave me information about a workshop her agency was sponsoring on hearing loss by a doctor of audiology. It was an excellent workshop and he became my new audiologist who worked with me for the next 6 years.

Dr. V. was a new concept for me -- a doctor in audiology who did not just sell hearing aids but asked medical questions about my hearing loss, my medications, and my general health. After exploring the medical side of my hearing loss, he talked to me about what could be added to make my hearing improve. I bought more hearing loss equipment to address classroom situations such as another directional microphone and a pocket talker, but my hearing loss was progressing faster than my equipment acquisitions.

By 2010, the loss of my mother and my father, breast cancer surgery, radiation treatments and double cataract surgery added more stress to an already less than ideal job situation. At work, I never talked about my hearing loss until I asked my boss to purchase and install a sound system in a classroom as accommodation for me and any hearing-impaired students. The request was denied -- no installed classroom equipment. I felt rejected with no support from my employer. At this point though, I was too stressed and depressed to continue with my request.

By 2013, I had experienced a greater hearing loss than I could hide. Staff meetings were just a low mumble by everyone, even those who were sitting next to me. While this might have been perceived as lack of interest in my job, I opted out of that situation and made another job change and move which lasted for one year. That was followed with yet another job/location change the next year.

Finally, in January 2015, I retired from teaching, moved again, and found a new audiologist, Dr. S., who tested me and said I had a high level of hearing loss in both ears. This audiologist sold only one brand of hearing aid and said I needed the most

powerful one in that brand line. I noticed an increase in hearing volume and clarity in her office with that hearing aid, but that was not the case when at home.

In the spring of 2015 I underwent surgery on my right hand which required weeks of recovery. I became isolated from everything: family, friends, neighbors, television, movies, and phone. By the fall, I had painful frozen shoulder syndrome in the right side. A further stressor was a serious fall with a major concussion, broken collarbone and ribs with a frozen shoulder. While I was recovering, it seemed that my hearing had worsened. I knew I needed to get out of this descending spiral but how could I motivate myself without pain medication or whining? Ok, maybe a little whining is permitted, I thought. I decided to join the world again.

My hearing loss seemed to be progressively worse. My son was complaining about my lack of hearing at almost all levels. He said I did not acknowledge questions he asked in person, nor did I respond to my phone when he would call. I said that I simply could not hear him or the phone.

To address the first part of his complaint, I began a search for an audiologist who would be more open to other products than the ones she normally sold. For the second part of my son's complaint, the phone issue, I bought a Pebble watch that vibrated when my phone was "ringing". Once I put my Pebble on my wrist, I had the ability and decision to answer the phone again (or not). To continue my recovery, I joined HLAA N-Chat which is a 6-month online training course as a volunteer hearing loss trainer. During that six-month training, I kept looking for other "ways" to manage.

At an HLAA chapter meeting, I read an advertisement for cochlear implantation and mused on what it might do and if I would "qualify" for it. I visited my audiologist, Dr. S., for an annual hearing test and asked about cochlear implants. She told me that I was not a candidate for a cochlear implant as my hearing loss was "just average hearing loss" in both ears. My inside voice began talking and I questioned her assessment. I knew that my hearing ANY conversation had become more and more problematic and stressful. I asked her to rerun the audio test two months later in April and she said that the results were the same. I still disagreed with that as I could no longer answer a phone call or listen to TV, even with my hearing aid streamer device she had sold me. I thought about fighting with her about her judgments, but I decided to find another audiologist for another opinion. What if my current audiologist was not knowledgeable about cochlear implantation and was thus closed-minded about patient's inquiries? I wanted to know more about the CI but would now have to find someone else.

At a two-day face to face training session at HLAA headquarters for the hearing loss training, I could not hear the trainers most of the time. But CART was used for almost everything and saved me, except at dinner. In a restaurant, close by with all the noise of many people dining, chairs moving, and people talking loudly because of the loud background music, I could not even hear the person next to me. I knew then that if I was to really rejoin the world again, I had to change my hearing system. Now.

After the training session, I emailed the sales representative at Cochlear Americas who was listed on the brochure from my HLAA chapter meeting. The rep told me that I could attend an informational meeting the following week to get answers to my questions from CI recipients. At the meeting, I read the captioned talk of a sales presentation about hearing loss and the implant procedure, but I could not hear anything discussed or asked during the meeting because of the high level of competing noise.

Several days later, I emailed the same sales representative, Kim, with a request for surgeons who were qualified to install cochlear implants. She sent a list of three, but only one accepted my health care insurance provider. After reflecting for a few days on my increased hearing loss and my increased frustration of not hearing much of anything, I made an appointment with the surgeon, Dr. A., whose office had accepted my insurance. At the appointment, she spoke with me for a few moments, then introduced me to her practice's audiologist, Dr. B., who gave me a hearing test of both ears with results that shook me to the bone. Her hearing loss tests were much different from Dr. S., my previous audiologist, as these new tests showed my left ear was completely deaf and the right ear was at 30%.

The surgeon asked me if I wanted a cochlear implant for my left ear. I asked how long it took to recover as I had a required conference in late June to attend. She said she could fit me into her surgery schedule in two weeks or less. That was very quick. I asked what recovery was necessary to hear with the CI and she said that after healing from the surgery *it could be a matter of days to activate the CI and begin to hear again shortly*. At least that's what I "heard" her say.

During this initial appointment with this doctor and at all appointments afterward, there was no CART or any accommodation for my hearing loss. During the appointment, and in my perception and direct observations, both the surgeon and her audiologist talked softly and, quite often, turned away from me while speaking. I did not think that I was not getting it.

The next day I got an MRI and CAT scan and returned to the surgeon the following day. I "heard" her say that my MRI and scan were good for surgery. We agreed on the surgery date 10 days out. It was a very short appointment.

So, why the big rush? Why not sit and talk together about this very major decision? I did not understand this general lack of communication between patient and doctor. In reflecting I wondered, was it her personal culture to not talk with a perceived underling (the patient)? And worse, was my not hearing a question or statement being perceived by the surgeon as my not wanting to respond?

As I mentioned, there was no CART or any accommodation for my hearing loss. I mention this again because it is strange to me that a hearing specialist surgeon would have NO backup communication for her patients in order to get her message to them clearly and without future misunderstandings.

Regardless of my inner questions and unease, after this meeting I was excited about getting “some” hearing restored. I read every article I could find on the internet about cochlear implant surgery and was surprised that my surgeon had not given me more information, especially very specific information on what to expect and what problems might occur.

Some of my previous surgery experiences had been decided quickly but they were emergencies. Because this was not an emergency, I expected at least one more appointment that would provide opportunities for reflective questions before surgery. I had questions and was ready to talk. But when I asked for another appointment before surgery, the surgeon’s receptionist said that the surgeon had no time for additional appointments or time for discussions. Not said out loud but clearly implied by her statement was that either I wanted the CI, or I did not. It was clear to me that my anxiety was my problem. Of course, I wanted to hear better than I was hearing currently. Of course, I wanted to make that happen as soon as possible. And, of course, I would agree to surgery quickly to make that happen. I was depressed about my hearing loss and very eager to find a solution.

Surgery day arrived and I was as nervous about the information I did not know as I was about what I did know (which was not as much as I had wanted to know). At the hospital, I was admitted into outpatient surgery. There was no CART or interpreter present. I was prepped for surgery: (1) remove my hearing aids and any jewelry into the clothing bag, (2) strip nude and (3) put on the blue surgery gown. So, at this point, I am at my most vulnerable as I cannot hear much of anything and I have nothing but a thin blue cotton gown on. Different types of nurses popped in and I asked each one who came into my “booth” to speak clearly and face me as I was very hard of hearing and I had taken out both of my hearing aids. Some did as I requested, but most of them did not face me as they talked and turned away from me and worked on different machines.

The surgeon now appeared and started talking with moving lips but I could not hear anything she said and could only “lip-read guess” at what she might be saying. I asked a question about the type of device and, I think she said, she would explain “all that later”. I never saw her again that day and never spoke with her about the surgery or the implant device -- ever.

After surgery, I was not fully out of the anesthesia before leaving the recovery room and the hospital, so I have no memory of anyone talking to me other than the nurse who was patting my arm harder and harder saying, “Alice wake up”. This nurse rushed me and my son out the door so quickly that I was not at all fully functional. I could not hear and I could not think. I think that my son told me that he had spoken to the doctor after surgery and would tell me what she said later when I was fully awake. I was half-awake recovering for days.

The surgery added a new layer of stress because of the hearing loss in my left ear where the implant had occurred. I was now completely deaf. I now had a new ordeal of

complete total silence in my left ear. Was I going to tell someone about this fear of silence and how menacing it was?

I had spent 20 years not telling anyone about my progressive hearing loss or the stress-caused hearing loss I had experienced. For reasons of safety and pride, I had been hiding both. Before surgery, sounds seemed to be like talking under water. I knew there was speech but if I concentrated very hard, I could *guess* at what was said. Now, the sound was all different than before my surgery. The sounds I could hear just after surgery were one-sided and muffled more than ever before. I kept thinking that I would hear something like my “underwater-like” normal words I was used to, but that was not what was happening; it was worse. I thought that people were talking around me because I could see lips moving, but my mind could not process the non-sound. Slowly, I reflected on all that was occurring and, finally, safety and pride moved to the side and, as in the past, survival became my first priority. My inner voice at that moment was saying: “How do I survive no hearing? Was I not promised a quick activation of the CI and words would follow *most likely*? Where is that “talk” with the surgeon and why am I still not turned on? My inner voice gently spoke, “OK, wait and good things will happen.”

Not hearing people before, during and after surgery was a problem that became evident in the next week. My son (who had taken me to the hospital, stayed during the surgery, and spoken with the surgeon after surgery) was also at the post-surgery appointment with the surgeon. Two days after this post-surgery appointment, I told him about my frustration at not being able to hear the surgeon or the audiologist. He said that they both had spoken to me in clear and louder than normal volume **but**, he added, I had not said I could not hear them talking. I thought: “How can I tell people that I cannot hear them if I cannot hear them? I sometimes see lips moving but that does not always mean they are talking.”

I do not know whether others notice that I cannot hear them speaking. I need to communicate that message often and with acknowledgement of my request.

On my first visit to the surgeon’s office, I told the receptionist that I was extremely hard of hearing. To me, she was very soft spoken. I asked her to speak louder for me. I was in a hearing surgeon’s office about not being able to hear, so it would seem to follow that the office and staff would accommodate the patient, not themselves. The receptionist, the surgeon, and the audiologist for me were soft spoken and I could barely hear anyone at every office visit.

My son and I went to another after-surgery appointment with the surgeon but we did not get to talk to her. I was directed to Dr. B., the audiologist, who was working on her computer with the Cochlear Americas sales representative who was a different person from the Cochlear Americas Northern Virginia chapter meeting (sales talk) person I had spoken with in April. Dr. B. rarely talked directly to me or my son, but ran a computer program with my CI although it was not activated yet. The sales representative said I was not ready for activation and set an appointment for the next week. No one

explained what “not being ready for activation yet” meant. I was told to go to the receptionist and make the appointment.

The surgeon’s office receptionist called me the day before the activation appointment to cancel it and set up a new appointment for three weeks out due to the sales representative’s schedule. Since I never saw the sales representative after that first audiologist appointment, something was not quite right. It took another three weeks for me to get into the office to be activated. My CI was in non-activated status for 5 weeks. I kept remembering the surgeon’s statement in my first appointment with her when she said, “it could be a matter of days to activate the CI and begin to hear again”.

It was now five weeks after surgery. I existed in a quiet world where I sometimes was shocked with “loud” voices or other sounds. How could I have sounds when I was not activated? The hearing ear seemed to be trying to be both ears and my hearing seemed hypersensitive. I avoided as much contact with others as possible for those five weeks. I became more depressed every day.

I showed up alone for the rescheduled activation date. No sales representative was present. The audiologist, Dr. B., did not answer my questions about where the sales representative was, nor did she answer any other questions I asked. She ran a computer program test and activated the CI. I heard it begin to make different noises than the last five weeks. Not words, not defined anything, just random babble, constantly. I asked about the audio rehabilitation mentioned before surgery and she told me to listen to audio books while reading the words in the book.

At the next appointment, I asked Dr. B., the audiologist, about what type of exercises should I be doing to get the CI working?

She said, “Oh, did you forget? I told you, you must have forgotten.”

I said, “I need to know *what* exercises I should be doing.”

She said, “We told you, get an audio book and read it”.

“That’s the exercise?” I asked.

“Yes, I told you to get a book and read along with the person talking.” Then she said, “Go make another appointment for two weeks. See if you can begin to make your brain work on hearing the CI’s words”.

What I heard was, “See if you can make your brain work”?

And that is where I gave up on this entire office, the surgeon and her audiologist. I walked out of the office after paying for my visit and went home to search the internet for someplace other than that medical practice. I found Gallaudet University in DC had a speech evaluation program to see if audio rehabilitation was warranted. An

appointment was eight weeks out. Then, I found Johns Hopkins University Hearing Clinic and an audiologist who specialized in CI and got her earliest appointment, six weeks out.

I felt like I had taken some control of this situation and was finding a “way” to make it work. Finally, I was beginning to find techniques to manage life after hearing loss and CI implantation. After six weeks of the CI babbling, at my appointment with the Johns Hopkins University Hearing Clinical audiologist, Dr. Pam, I finally got my CI programmed.

The Johns Hopkins University Hospital office routine was entirely different as the receptionist asked me if I wanted an interpreter and I said I did not sign, so she talked directly to me but not overly loud. The audiologist, Dr. Pam, talked directly to me for all her questions and instructions. She tested me with the CI and the hearing aid, without the CI, without the hearing aid, and without anything. She asked for my records (I thought she had everything as I had called my surgeon’s office and requested all records to be transferred to JHU Clinic). My son (my white knight), who had come with me that day, heard Dr. Pam and he immediately called the surgeon’s office and was told all records would be sent.

After that appointment, and per Dr. Pam’s request, I got CDs of the CAT scan and MRI from the hospital, PDF copies of my hearing tests from my two former audiologists, and copies of the hospital records of the surgery. Now I had records that I could share with JHU Clinic and also for myself. Lesson learned: keep a record of everything.

At the next appointment, Dr. Pam reviewed my records and she programmed (MAPed) the CI. She had me watch her on her computer as she moved through the CI and its functions.

I also visited with another new audiologist at Johns Hopkins University, Dr. Ronnie, who works on hearing aids and their programs, specifically, my hearing aid, Oticon. Dr. Ronnie said that this set of hearing aids is “old”, meaning not 2015 when I purchased them, and the set is NOT wired for Bluetooth or “T” coil, or other hearing assistive technology. The set does not even have a volume control! Volume can only be controlled by adding two programs of lesser volume or more volume and changing the program with the button device on the hearing aid. What I paid for and what I got were very different.

Dr. Ronnie added two programs to give me a form of volume control, and cleaned out the pairing of the other hearing aid that I could no longer use in my left ear because the CI had replaced it.

I followed up with a head and neck surgeon, Dr. Chen, at Johns Hopkins Hearing Clinic to assess the MRI and CAT scan done seven days before my CI surgery. I asked him if there were any medical issues that I needed to know because my surgeon had mentioned to my son after my surgery that there was “something she did not expect to

find that caused her to deafen my ear as she continued in surgery.” Dr. A, the surgeon who implanted me, never explained this issue to me and I wanted to know what the “something” was. I never found out.

To continue rejoining the world, I found two very different book clubs. One club makes no effort to accommodate my stated hearing loss and the other club is all about accommodating each person’s hearing.

After five months in the first book club, I noticed that I would lose the gist of almost all of the 30 speakers’ comments. Why do I lose track with this group? Was it only a word, a few words, how many words? I did not know. I was very unconnected with this group.

The second book club has only six members, all are hearing impaired. They are very social and get the book discussed in 60 minutes with everyone included in that discussion. Then, everyone has lunch and talks with a few people finger-spelling as they speak. Everyone is very clearly expected to be involved and are given time to speak to the group as often as wished. I like this group -- smaller, social, and welcoming.

Thinking that I might have a complete loss of hearing in the near future, I started a class on American Sign Language. The ASL class was large and I struggled. After the third class, I had the alphabet somewhat, some signs for time, weather, and colors and felt that I was good for now. I could see that I am not ready for large groups yet, so I will try a smaller class in the future.

The listening evaluation tests for speech recognition at Gallaudet Clinic in late September gave me a visual picture of my word recognition and a clear need for word therapy. I have some major loss in word recognition.

For three weeks in October, I attended a support group of CI recipients at Gallaudet University Hearing and Speech Center with three other participants with two graduate students conducting and a faculty member supervising. For the graduate students, this was 90 minutes of semi-structured data collection on listening to three-letter words of like sounds. However, the participants shared stories and tips of hearing loss in bits and pieces before, during and after which makes it ideal for being “real” and “of-the-moment.”

A new class that has proved to be a very beneficial “way” to rejoin the world and also manage my hearing loss is a writing class at Lifelong Learning Institute in Manassas, VA. I began the class after the ALDA 2017 conference and have continued. I have wanted to do this for 30 years!

The immediate after effects of my cochlear implant surgery have been the most dramatic: I am not the risk-taker I once was. I find that I need to know more about my world so that I can navigate expected sound and anticipate possible “talk” from others or situations that require me to interact verbally: the grocery store, the cleaners, the

gardening store, and movie theaters. I no longer automatically answer the phone, I decide to go shopping when there will be less people, and I talk with my son carefully with requests for him to repeat.

The positive of my hearing loss experience is that I learned to be more assertive about my needs. That is the difference. Those lessons of growing up quietly do not help me if I want to be able to function as highly and well as I possibly can, to protect myself, to manage more than one event/task at a time, and most importantly, to join and understand conversations.

Alice Crume is a retired college professor of Human Communication and Public Speaking. She taught and practiced as a conflict mediation facilitator/trainer. She received a cochlear implant in one ear in May of 2017 after 20 years of progressive hearing loss and has a hearing aid in her other ear. She now serves as an HLAA-trained volunteer in N-Chat, a hearing loss and technology volunteer group. She trained her son's Jack Russell terrier, Sam, to be her hearing guide dog, complete with certificate. After Sam passed away, she began to train a new hearing guide dog, Sunny, a pointer mix rescue puppy from Puerto Rico born during the hurricane. After 22 years as a military spouse and 20+ years in education, she is currently living in Northern Virginia.