

Journal of



**HEARING MATTERS  
AUSTRALIA**

Formerly Self Help for the Hard of Hearing

February 2019

# Hearing Matters



## In this issue:

Hearing Loss in Trenches

Peter Jackson's  
documentary

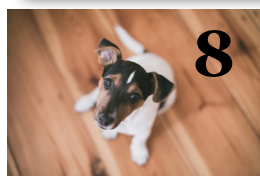
Why only voices?

Waiting to be heard ...

NAL Report



# Hearing Matters



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*The Christmas Party!!!*

## HMA MISSION

Hearing Matters Australia Inc. is a voluntary organisation giving services and support to hearing-impaired people throughout Australia who communicate orally.



HMA is on Facebook! Join the group here:  
<https://www.facebook.com/HearingMattersAustInc/>  
<https://www.facebook.com/groups/160071054087557>

## Have your say!

**HMA** welcomes your suggestions and ideas to spread and share with the community. You can do this through your letters (emails), comments and written contributions, which you would like us to publish. Personal experiences, difficulties faced, matters which can enhance the quality of life for the hard of hearing.

Please send your emails with "Attention: Editor, Hearing Matters", in the subject line. Send it to [dmin@hearingmattersaustralia.org](mailto:dmin@hearingmattersaustralia.org)

All material considered appropriate by the team will be published.



## President's Message

A new year often signals new beginnings – and this certainly seem to be the case in 2019 for Hearing Matters Australia.

Late last year and as part of our continued progression from the former SHHH identity we engaged in a process of rebranding. During this procedure we took a closer look at the many changes that have occurred across the hearing health sector over recent years, and we were more clearly able to identify the real needs of our clientele, regardless of where they are on their hearing journey. The result not only led to the creation of a great new logo and branding visuals, but the whole process proved to be invaluable in helping us as an organisation to update and redefine our role, vision and mission in our endeavour to support those with hearing loss and related conditions.



In other news, and as we go to print, we are now relocating our premises from Turramurra to the Australian Hearing Hub at Macquarie University in Sydney. At our new location on the Ground Floor of the Hub we will be more accessible to those who are in need of our services and we are looking forward to engaging and working more closely with other organisations at the Hub – all of which (like us) are dedicated to improving hearing health care in Australia. In the coming months we hope to introduce some of them to you and include some articles in the magazine on their work and their role at the Hub. Please note our new contact details and you are welcome to call in to check out our new location if you are in the area.

Late last year the Invictus Games and the events surrounding the centenary of the end of World War 1 drew attention to the many sacrifices made and after effects of those who have been involved in war conflict, and until now little mention has been made of hearing loss as being one of those 'left over' conditions. In this issue of Hearing Matters 'Hearing Loss in the Trenches' draws attention to this very real personal aftermath that has affected so many of our war veterans and which has so very often been ignored.

Also in this issue is our Reply to the Government's Response to the Still Waiting to Be Heard document which as part of our advocacy was sent on behalf of our members to several parliamentary Ministers.

Other items in this bumper issue include:

- the interview between Peter Jackson and Leigh Sales on how lipreaders assisted in Peter's restoration of the World War 1 footage,
- Jim Kurtess's thought provoking 'Why Only Voices' story on the connection between hearing and the brain,
- NAL's absorbing article on the 'Difficulties Understanding Speech and Noise with a Normal or Near Normal Audiogram',
- Andrew Stewart's new Hearing Connections venture,
- Kevin Rabe's report on Deaf Camp,
- 'You are Not a Car' from the Ida Institute, and
- a book review on 'Can You Feel It', an intriguing new novel about the impact of hearing loss on a teen.

Enjoy the read.

*Christine Hunter*



*Photo by David Clode on Unsplash*

# Hearing Loss in Trenches

By Robert Traynor

2018 saw the 100th year since the end of World War I. General interest in the war was seen in the media as the “War to end all Wars” was commemorated. Hearing loss was a common consequence of fighting in this War, but those experiencing the effects received little support or compensation.

Audiologist Dr Robert Traynor who has work in the military field in the USA, wrote an article for *Hearing Matters and Technology*, a US web-based journal, that was published in 2014, in which he explains hearing loss during the First World War. (<https://hearinghealthmatters.org/hearinginternational/2014/hearing-loss-trenches-wwi/>)

*Hearing Health and Technology Matters - Bridging the Knowledge Gaps In Treating Hearing Loss* – is a website <https://hearinghealthmatters.org>. The site was created in the USA by and for people who share the belief that Hearing Health & Technology Matters).

Well known New Zealand Filmmaker, Peter Jackson, has recently produced a feature film that personalises the war, which, he explained to ABC journalist Leigh Sales from the ABC 7.30 program, required the use of lipreaders to extract conversation from silent film footage.

We reproduce (with permission from *Hearing and Technology Matters* and the ABC) both the article by Dr Traynor and the interview by Leigh Sales with Peter Jackson (on Page 6).

## Hearing Loss in Trenches

World War I was an extremely bloody war that engulfed Europe from 1914 to 1918, with huge losses of life and little ground lost or won. Fought mostly by soldiers in trenches, World War I saw an estimated 10 million military deaths and another 20 million wounded. The so-called “war to end all wars” began after the heir to the Austrian throne, Archduke Franz Ferdinand, was gunned down by a young Serbian terrorist on June 28, 1914.

Events quickly escalated as Kaiser Wilhelm of Germany urged Austria to declare war on Serbia. Czar Nicolas of Russia then mobilized against Austria. (Believe it or not, Kaiser Wilhelm and Czar Nicolas were both grandsons of Queen Victoria of Britain, and were not fond of each other). Germany mobilized against Russia. France and Britain then mobilized against Germany. Such was the situation in July 1914 at the beginning of WWI.

In the late summer of 1914, German and French commanders both anticipated a strategy that would involve large troop movements, as each side sought to gain or defend territory. While the Germans initially swept through parts of Belgium and northeastern France, Allied forces pushed them back in the First Battle of the Marne (September 1914). At this point, the Germans dug in to avoid losing any more ground. German commander General Erich von Falkenhayn ordered the construction of defensive trenches so the Allied forces couldn't overrun his men. The Allies (France and Britain, at this point in the war) responded in kind and two long trenches were dug from the coast of France to Switzerland, which came to be known as the Western Front.

The trenches mostly ran alongside each other, separated by as much as one kilometer to as little as 15 meters apart. By October 1914, neither army could advance its position, mainly because this conflict was being waged very differently from how wars had been fought in the 19th century. Forward-moving strategies such as head-on infantry attacks were no longer effective or feasible against modern weaponry like machine guns and heavy artillery; this inability to move forward created the stalemate.

What began as a temporary strategy by the high command evolved into one of the main features of the war at the Western Front for the next four years. In these trenches, soldiers on both sides of the conflict were exposed to disease, poison gas, and .....substantial noise exposure.

### The Trenches

During trench warfare, opposing armies conducted battle at close range from a series of ditches dug into the ground. This occurred when two armies faced a stalemate, with neither side able to advance and overtake the other. Although trench warfare has been employed since ancient times, it was used on an unprecedented scale on the Western Front during World War I. First-hand accounts illustrate the horrors of life in the trenches. One soldier wrote, “A good standing trench was about six foot deep, so that a man could walk upright during the day in safety from rifle-fire. In each bay of the trench we constructed fire-steps about two feet higher than the bottom of the trench, which enabled us to stand head and shoulders above the parapet. During the day we were working in reliefs, and we would snatch an hour's sleep, when we could, on a wet and muddy fire-step, wet through to the skin ourselves.”

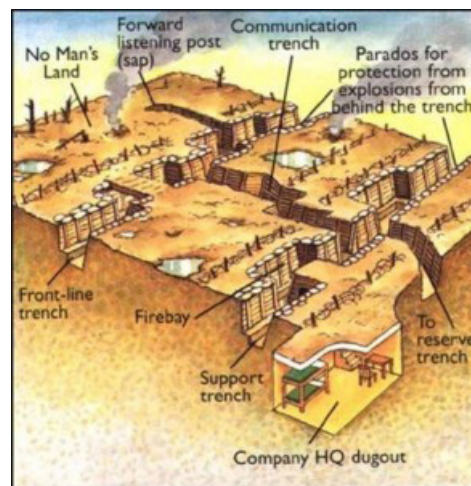




### Hearing Loss in Trenches contd ...

To set up a good trench, another said, "Select a flat 10-acre plowed field, so sited that all the surface water of the surrounding country drains into it. Now cut a zig-zag slot about four feet deep and three feet wide diagonally across, dam off as much water as you can so as to leave about 100 yards of squelchy mud; delve out a hole at one side of the slot, then endeavor to live there for a month on bully beef and damp biscuits, whilst a friend has instructions to fire at you with his Winchester every time you put your head above the surface."

The intensity of World War I trench warfare was such that about 10% of the fighting soldiers were killed. Medical services were primitive and antibiotics had not yet been discovered. Relatively minor injuries could prove fatal because of the onset of infection and gangrene. The Germans recorded that 15% of leg wounds and 25% of arm wounds resulted in death, mainly through infection. The Americans (who did not enter the war until 1917) recorded 44% of casualties who developed gangrene died. Half of those wounded in the head died and 99% of those wounded in the abdomen died. Seventy-five percent of wounds came from shell fire. A wound resulting from a shell fragment was usually more traumatic than a gunshot wound. Not to mention the rats in these trenches and the diseases that they produced. On 'life' in the trenches..... "It will be clear from all this that life in and around the trenches was filthy, foul, sickening, deafening, dispiriting and extremely unhealthy. It was safer than in no man's land, but that was about all."



### The Noise of the Trenches

On any day it was noisy in the trenches, but on a heavy combat day it, the noise was deafening. The constant firing and banging of the artillery shells was enough to drive anybody mad, which indeed it did, often causing what was called "shell shock" and is now recognized as post-traumatic stress disorder. Artillery rounds created noise levels of 140 dB or more, which were often heard in London some 200 miles from the front. The scream and explosion of the shells as they landed, the gunfire, grenades, and other high-intensity noises were, of course, far from the greatest of soldiers' worries during their time in the trenches. (Click on the WWI Video, Left, to hear the noises of the Western Front). There were also the flies, moaning of the wounded, and the stomach-turning stench of gas and decaying corpses. However, the fin of war added to the horror.

During a bombardment the noise was loud enough to split the eardrums and it quite commonly caused permanent hearing loss, especially among gunners. The sound of one shell bursting nearby is deafening, let alone thousands. Many men said they did not so much hear the noise as feel it. A Canadian soldier even wrote that it had assumed a tangible form; for him the barrage had become a solid, immovable ceiling of sound." In combat, the rule is, of course, to stay alive and inflict as much harm as possible on the enemy, and so the loss of hearing becomes secondary.

Exploding grenades present an impulse of 164 dB, mortars that began combat duty during WWI were exceedingly noisy impulses at about 185 dB, automatic fire from Chauchat and Maschinengewehr 08 as well as the almost constant gunfire from small arms. Noise was everywhere ...

### Noise, Hearing Loss and Ear-related Disabilities

It is now well known that noise is a health hazard. WWI saw the first use of magazine and belt-fed weapons using metal cartridges filled with smokeless-powder, which greatly increased the energy and noise of the gases exiting the muzzle. High explosive replaced black-powder and there was a dramatic increase in the numbers with hearing damage. In the French Army the wartime prevalence of pensionable ear disabilities was 10%-20%, almost all due to NIHL. However, in England, the Oxford War Primers dismissed soldiers who reported hearing loss as malingerers who were exaggerating. After the war Major T Jefferson Faulder RAMC reported hearing deficit from gunfire to be temporary.

It is easy looking back to criticize the WWI commanders for not emphasizing the use of hearing protection devices. However, back then noise was not widely known to be a health hazard and thus, earplugs were not considered except in the noisiest areas. Indeed, in the U.S. earplugs were not recommended for Army personnel until 1941.

The focus during WWI was on surviving to go home and, at times, using hearing protection could be quite dangerous if soldiers wearing earplugs could not hear orders, warnings, or direction of fire, etc. through them. There is no research to determine the actual degree, type, and configuration of hearing impairment suffered by WWI trench soldiers. But based on their exposure to deafening conditions one can reasonably estimate that not only would significant hearing loss be common among soldiers on both sides, and also that, given what is currently known about noise-induced hearing impairment, that those exposed to this much noise over a significant period of time in the trenches of the Western Front probably ended up with at least a slight/mild to severe high-frequency, sensorineural hearing impairment, similar to that shown in the audiogram above or worse, depending upon the proximity to the exposure.

## Peter Jackson has restored WWI footage for New Documentary

Transcript from the ABC 7.30 report, an interview between Leigh Sales, ABC Presenter and Peter Jackson, Filmmaker. For more details see <https://www.abc.net.au/7.30/peter-jackson-has-restored-wwi-footage-for-new/10516590>

**LEIGH SALES, PRESENTER:** This month marks 100 years since the end of the First World War.

The filmmaker, Peter Jackson, has used new techniques to restore century old film of that conflict and the results are amazing.

Peter Jackson is a film director renowned for the technical wizardry of his big-budget movies like the Lord of the Rings trilogy and King Kong.

His latest project, They Shall Not Grow Old, is a World War I documentary like no other.

Jackson has used his expertise to restore and colour 100 hours of black and white footage, pieced together with 600 hours of interviews with 200 veterans to create a vivid portrait of the war.

**PETER JACKSON, DIRECTOR:** When you look at old film you've got a list of different faults, you know, there's scratches and there's the speed obviously is wrong and there's, and it jerks up and down because the sprocket holes have shrunk and splices and it's too dark, it's too light.

There's lots of grain, it's been duplicated or four times.

Every single fault needs to have its own solution and really what happens when you restore it, is you get the humanity of the people and the faces and the nuances.

Once you change the speed to normal there is slight subtleties of their facial expressions, their body movements - that really comes alive and they suddenly become, I mean it sounds a little bit cliched perhaps, but they suddenly become human beings again.

Their humanity is sort of, is brought back to the old film.



Leigh Sales



Peter Jackson

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**"SOLDIER:** *If nothing is happening, we'd chat about life, where he came from, where you came from. Everything was friendly. There was a terrific lot of kindness, in a way, to each person.*

**SOLDIER:** *When the war was not very active, it was really rather fun to be in the front-line. It was not very dangerous, a sort of out of door camping holiday with the boys with a slight spice of danger to make it interesting. "*

(Extract from the film)

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**PETER JACKSON:** I think the biggest surprise in a way is a lot of the humour and the spirit of the guys.

So that, you know, in the archives you might have a shot of soldiers marching along a road that's very grainy and scratchy and jumps up and down and it's not really that, the detail isn't really there but once you sharpen it, you can see the soldiers' faces and they're looking at the camera and they're laughing and they're making a joke to each other about the fact that they're being filmed or you can actually go through all of the faces in a great long column of troops and you can actually read each face and individually see what they're doing, who their mates are, how they're reacting.

It's just those little human details that just jump out at you that have been sort of buried in all the damage for the last 100 years.

**LEIGH SALES:** The black and white footage was silent. Jackson employed lip readers who usually work with police to decode what the soldiers were saying and had actors re-create the conversations.

Sound effects were manually recorded with vintage military equipment.



**SOLDIER:** *We were in conditions that isolated us completely from civilisation.*

**SOLDIER:** *And you could sympathise with how a rabbit must feel because we were hunted by mankind, just the same as a rabbit.*

**SOLDIER:** *You knew your lives were in one another's hands and it united you very closely and you didn't let anything interfere with that.*

(Extract from the film)

**PETER JACKSON:** I was surprised at how pragmatic they were. I was surprised at how they didn't victimise themselves. They were very down to earth. We've got a sense of us sending a generation away to their doom and so we feel that sort of guilt.

Now 100 years after the fact and that's to some degree it's deserved. It's not like that's not true but what is true from what I heard on the 600 hours that I listened to is that these guys are not asking for our pity. They're not asking, they don't regard themselves as being victims in any way. As somebody says, it was a job and we just got on and did it. So that pragmatic attitude surprised me.

It also surprised me as well what their reaction to the armistice was. I was expecting there to be big parties on the Western Front and celebrations and yahooping - what they felt was this sort of emptiness that they said that they had to adjust to.

When the faces are so clear, you start to recognise people that you know and I don't mean people that we literally know, but you recognise types of people. You can see in any group of these soldiers from 100 years ago, you can see who the jokers are, who the worried ones are, who the pedantic ones are.

All the types of people that we went to school with or we work with today, they're all there in these groups of faces.

And so they really feel very contemporary which the truth is, I guess, what it tells us is that 100 years is not a long time in the great scheme of things and that people that fought the First World War were much the same as they are now.

It wasn't a time, a bygone era where people were fundamentally different because they weren't - they were basically the same as us.

**LEIGH SALES:** Callum Denness produced that report.

## NOTICE

**33rd ANNUAL GENERAL MEETING**  
of  
**HEARING MATTERS AUSTRALIA INC**  
is scheduled for  
Saturday April 6th, 2019  
11am-12- 30pm  
at  
Australian Hearing Hub  
Room TBA

All members and friends  
are encouraged to attend.

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## Still Waiting to be Heard

*In August 2018 the Australian Government released its long awaited Response to the Still Waiting to be Heard Report that was tabled in Parliament in September 2017. This followed the House of Representatives Standing Committee on Health, Aged Care and Sport's Inquiry into Hearing Health and Wellbeing of Australia.*

*The Still Waiting to be Heard Report was the result of a multitude of submissions (including from SHHH Australia), extensive stakeholder consultations and several Parliamentary public hearings that examined issues relating to the hearing health and wellbeing of Australians, and which made 22 Recommendations that were welcomed by the hearing health sector.*

*Although some Recommendations were "supported in principle" others were merely "noted" or "not supported" and sadly, only one was fully supported in the Government's Response. Instead, the Government is now focused on developing a Roadmap for hearing health led by Minister the Hon Ken Wyatt and which is hoped will go some way towards improving hearing health in this country.*

*As part of our advocacy SHHH Australia, along with several other organisations from various parts of the hearing health sector, replied to the Government's Response in September 2018 in a letter sent to Minister Wyatt, several other Ministers and several opposition Members.*

*Our response was as follows:*

Dear Minister,

### **Re: SHHH Australia Inc (Self Help for Hard of Hearing People) Response to the Government's response to the Still Waiting to be Heard Report**

The Still Waiting to be Heard Report following the House of Representatives Inquiry into Hearing Health and Wellbeing in Australia made 22 Recommendations which were aimed at addressing the many issues raised during the inquiry by a diverse range of people with hearing loss and organisations, including SHHH Australia Inc. It was very disappointing to note that although each Recommendation was welcomed and was very valid NO Recommendation made reference to the role and/or value of Consumer Advocacy groups in hearing health care or indeed, the role of collaborative and structured rehabilitative care in the hearing health care sector.

With reference to the Government Response to the Still waiting to Be Heard Report SHHH Australia Inc commends the Government's response to Recommendation 1 that focusses on improving the hearing health of Aboriginal and Torres Strait Islanders which is well recognised as in need of urgent, well-integrated and sufficiently resourced attention. However, disappointingly this is the ONLY Recommendation of the 22 that is fully supported! Others which have being ear-marked as needing to be addressed by state and territory governments and/or classified as "Noted", "Supported in Principle" or "Not Supported" are part of a very weak and non-committal overall Government response. The entire report reflects little or no clear Government commitment to address, act on or provide direction to most of the issues raised during the inquiry in spite of the wealth of evidence presented as to the need for action in so many areas of hearing health care.

On behalf of SHHH Australia Inc the following comments are offered particularly in relation to Recommendations 5, 6, 11,13 and 22 of the Government's Response:

#### **Recommendation 5:** Education of aged care facility staff Government response: "Supported in Principle"

The Government Response is concerning. Hearing loss is often associated with the process of aging and where an increasing percentage of the Australian population is represented. Whilst the Response "supports in principle" an OHS review of the need for better management & education to support seniors with hearing loss & other sensory losses, and although Aged Quality Standards towards achieving quality outcomes may well be in place, the Response provides little direction to address current issues or improve current practices. It reflects a very broad brushed approach to ensuring that the hearing health base in this sector is covered. It is well documented that there is a high turnover of staff in many aged care facilities and there are often low staff to resident ratios. Stories abound of care provider staff who fail to take into consideration some of the overlapping issues affecting the elderly such as cognitive decline, reduced auditory processing & dexterity to manage hearing devices in their interactions with those who are hearing impaired.

Vocational training for hearing loss needs to be quite specific and it would be hoped that it not be a one size fits all approach. People's lives and their ability to communicate with their carers and loved ones depend on it.





## Still Waiting to be Heard contd ...

**Recommendation 6** : Public Education and Raising Awareness. Government Response: "Noted"

The Government Response regarding the implementation of education and awareness campaigns "in consultation with states and territories & key stakeholder groups" has been "Noted" and is clearly passing the buck, yet again! A similar recommendation was raised and supposedly acted upon in 2010 and 2011 re awareness raising around the management of workplace & recreational noise practices, but why is it still an issue; why does the need still exist and why are the same challenges such as stigmatisation still faced by those affected? There still appears to be little broad understanding amongst the public of the real consequences of hearing loss. Clearly a commitment by the Government towards a nationally funded & well-coordinated collaborative approach by stakeholders is required to ensure that ALL Australians benefit.



*Still Waiting to be Heard ...*  
Photo by Margo Brodowicz on Unsplash

**Recommendation 11** : The 26-65 age bracket. Government Response: "Noted"

Whilst the recognition of eligibility for assistance for low income and unemployed people aged between 26-65 with hearing loss if they are a "complex client" is "noted" the Government Response is very limited and does not address the needs of this wide section of the population affected by hearing loss. There are many in this age bracket with mild or moderate hearing loss who don't qualify for some of the stated benefits but whose employment prospects are severely reduced particularly if they are not classified as a "complex case". Depending on who assesses a person as a "complex" case the benchmark can't just be narrowed down to a specific decibel loss.(another example of the need for specific assessment training). Hearing loss at any level can impact on a person's functionality particularly in the workplace and can severely limit one's educational prospects, employability and lifestyle choices. Due to the high costs associated with hearing devices, particularly if you don't qualify for benefits, many in this age bracket do not have the financial resources to afford appropriate assistive hearing devices which would enable them to become more employable and have better lifestyle choices. This in turn creates other social, economic and health related ramifications which have been widely identified and documented and which the Government Response chooses to ignore.

**Recommendation 13** : Regulation Government response: "Not Supported"

It is disappointing that the pursuance of registration of the audiology and audiometry professions is not supported in the Government Response. Without regulation in the industry there are no benchmarks or clear guidelines for appropriate and optimal care for hearing loss conditions. Many of SHHH's clients and members have been impacted by the lack of clear regulation in the hearing care industry. How are consumers able to easily identify appropriately qualified care providers? How can they distinguish between health care professionals who provide accurate diagnostic and optimal care services and some commercially allied providers who are offering lucrative retail based service often based on rudimentary and incomplete testing by sometimes minimally trained staff? The extreme version of this is situation is the sale of hearing aids on-line or through discount grocery chains. The result of non-regulation is inconsistent & poor advice and practice which often leads to very expensive mistakes being made by consumers and increased follow-on co-morbidities which ultimately add to the Government's health care costs.

**Recommendation 22** : National Health Priority. Government response: "Not Supported"

In its response to the Recommendation that Hearing Health be made a National Health Priority the Government is instead focusing on developing a Roadmap for hearing health. This is welcomed and may go some way towards providing a basis for moving forward with the whole hearing health issue. However, without the clear goal of prioritising hearing health and without the direction which the 22 Recommendations provided (of which only one has been fully supported), the overall Government Response to the Still Waiting to Be Heard Report does not reflect the image of a government that is seriously committed to ensuring that Hearing Health and Wellbeing is a priority in Australia.

Christine Hunter  
**President**



Answers to the crossword on Page 15

## Why only voices?

By Jim Kurfess

*"No matter how good your new hearing aids are, ... you will never hear better than your auditory system can process speech understanding. Say that is 50% ...don't expect your new hearing aids to give you 100%. It just doesn't work that way. That would be a miracle". Dr Neil Bauman.*

My personal journey from moderate to severe hearing loss began I think in 2014 after I had worn hearing aids very successfully for the previous 20 years. During that time they worked so well then that I almost forgot I wore them. Then my hearing began to get weird. Poorer- yes, worse; as time went by - yes but, it was much more than just higher or lower volume or frequency...! As early as 2014 I heard a strange noise coming from my car's engine. My wife couldn't hear it nor could a mechanic or my hearing aid maven hear it. It didn't exist for anyone except me. **Now, years later I hear all voices surrounded by indescribable sounds. It is something like the same voice being replicated simultaneously several times over at slightly different frequencies with an aura of related sound around the voice. ... All other sounds are excellent! ...** Because of my severe and weird hearing loss, life goes on around me constantly creating what is much worse than what is referred to in TV captioning as inaudible or illegible sound or worse, it's weird! It is maddening!

I learned many, many years ago that to solve any problem you had to identify it very specifically. After more than 2 years into my crusade to make my 'hearing loss' visible and thus be less awkward among people, I finally did identify the problem accurately as stated in bold above. At this phase of my hearing struggle I really believe my problem is more of a brain problem than an ears problem. Once that focus was clear in my mind my field of study changed from hearing aids to hearing aids and the brain; the brain as an essential variable.

And, I know something about the brain: At 6 AM on June 6, 1981 we got a call from a navy doctor telling us that our son Dan had had an acute psychotic episode and alien voices told him to jump from the deck of the aircraft carrier he was serving on into the water 65 feet below. He was rescued from the water and taken to the hospital. The doctor called because he needed our consent to treat him with electric shock therapy. After agonizing over that decision while we waited a few hours for the plane to take us to the hospital we gave permission. Long story short, over a period of a couple of months he was stabilized and medically discharged from the navy with Bipolar Disorder and returned to life as a civilian under VA medical care. At 11:55 PM on April 30, 1986, our wedding anniversary, his 5th attempt at suicide succeeded.

My intensive study of mental illness began the day we heard from the navy doctor and continues to this day; in 2016 hearing loss was added to the curriculum! I still spend hours studying both. Because of this history with Mental Illness and after dealing with my perplexing hearing problem for 2 years, I began to think about the brains' substantial part in the hearing process. I had never heard about this relationship from hearing loss support personnel or groups in the US and the UK or academics anywhere ...until now. My niece Janice who has been a very valuable research, editing and thought provoker assistant found two academics on the internet who specifically answered that part of the story for me. Dr. Robert Frisina & Dr. Neil Bauman, neither Doctors of audiology,

opened windows to reality for me quickly because I asked the right question. I.e. **Why only voices?**

"Dr. Robert Frisina is an international leader in the sensory neuro-engineering area of multi-disciplinary research on age changes in auditory processing, a field that attempts to explain why people lose their hearing when they get old and what can be done about it." He answered my question promptly: He replied: "I am not a clinician, but it appears you have an unusual, central auditory processing problem that is probably a combination of age related hearing loss that involves a mismatch between auditory and language processing. Unfortunately, I do not know of any effective treatment for this specific language perceptual problem. ..." I do not know if Dr Frisina is right, I suspect he is but, I do know that it is the first time in more than 25 years I've heard (seen) the brain and hearing in the same paragraph and I do know that they are very closely tied together.

Dr. Neil Bauman heads a service called "Center for Hearing Loss Help". In his enormously chock full of USEFUL information blog he answers questions from people with hearing loss. And, he imparts valuable insights into the 'no frills' hearing loss world. Here is one such post edited by me for meaning and length. He wrote:

"No matter how good your new hearing aids are, ... you will never hear better than your auditory system can process speech understanding. Say that is 50% ...don't expect your new hearing aids to give you 100%. It just doesn't work that way. That would be a miracle".

To explain the relationship between hearing and the brain, he uses a 'visual analogy' which I find fascinating and very meaningful.

"Pretend you are looking through a window into another room. Your side of the window is the hearing aid side and the other side is your 'brain and auditory processing side". In this analogy the window is very dirty on both sides so you cannot clearly see (hear) what's on the other side. You and your audiologist only have access to your side of the window, so you do what you can. You clean and polish the glass on your side until it is spotless (adjust your hearing aids properly etc., etc.). That lets you see (hear and understand) a bit better."

"At this point, you have done all you can do because the other side of the glass is still very dirty, you still can't clearly see (hear) what is in the other room. And since the other side of the glass is your brain, there is nothing anyone can do about cleaning it ..."

In spite of the good doctor's poor prognosis, I am very happy to have validation of my thought that my problem is not so much a hearing loss but another problem entirely. It is in Dr. Frisina's words, "... a central auditory system disorder..."

Above all for me, it is good to know that I am not wrong in my assessment of my problem and that Hearing Aids are doing the best they can do for me.



## Why only voices? contd ...

October 16, 2018

The hearing loss community is huge, worldwide and rapidly growing; incessant raucous sound assaults our ears fiercely the world over: it thunders into our ears, often directly through headsets. Traffic screeches and screams at us, construction sites big, huge and small blast their tumultuous sounds at us, ambulance, police and fire sirens wail, cacophonous noise in restaurants is almost hurtful to me, as it is also in bars, clubs, casinos et al. All of this and much more noise will insure that hearing loss numbers grow exponentially as time goes by. A preview I had: Over 35 years ago I drove up to a customer's home and commented that the band music/noise I heard from a neighbor's garage was very loud. She said, "That's not from next door, it is coming from 3 blocks away"!

At this time, 10-16-18, I think I agree that the brain part of hearing should be mostly ignored! There is so much to do to help clean the ears side of the window and since the brain side is inaccessible that to muddy the waters now may well be counterproductive. On the other hand, I think there should be some understanding of the part the brain plays in hearing on the part of professionals and workers in all niches of the industry so they may be able identify someone like me and suggest to me that: Per (Dr Bauman) "Use your other senses to help fill in what you are missing. For example, use speechreading, writing things down and other visible ways of communicating to help make up for the "dirty window". "You'll be surprised how well you can do when you do this."

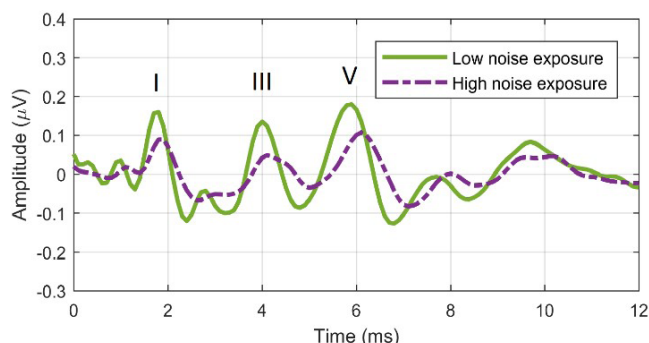
**Above all, it is good to know that I am not wrong in my assessment of my problem and that Hearing Aids are doing the best they can do for me.**

### Difficulties understanding speech in noise with a normal or near-normal audiogram

By Dr Kiri Mealings and Dr Joaquin Valderrama, National Acoustic Laboratories, Sydney, Australia

Approximately 5 to 15% of people who visit a hearing clinic report *difficulty understanding speech in noise*, but have a "normal" audiogram, that is, have no difficulty hearing soft tones in a quiet environment. Traditional audiology does not have a clear answer to what treatment options may assist to this group. As a result, many audiologists feel they do not have the resources or tools to effectively assist the client in this situation, which can be frustrating for both the clinician and the client. In the past, clients with a "normal" audiogram have generally been given little specific advice, and were often told to come back when the problem is worse.

Current research shows that specific difficulties with understanding speech in noise could be the result of excessive noise exposure, from occupational and/or leisure activities. There is evidence that the part of the auditory system most sensitive to noise exposure are the connections between the sensory hair cells in the cochlea and the auditory nerve (called synapses). These are critical in conveying the sounds we hear from the ear mechanisms to the brain. The condition in which synapses are damaged is called *cochlear synaptopathy*. Other symptoms may include tinnitus (ringing in the ears) and hyperacusis (increased sensitivity to louder sounds). It is believed that the size of electrical signals, which can



actually be recorded from the brain, is associated with the amount of healthy auditory nerve fibres<sup>1</sup>. It is important to learn more about this, as hearing loss from noise exposure is the one type of hearing loss that can be prevented.

Research at the National Acoustic Laboratories (NAL) has revealed that people with greater noise exposure had smaller electrical peaks<sup>2</sup> than people who reported little or no exposure to loud sounds. However, some results reported in other laboratories worldwide have found contradictory evidence, so more investigation is needed.

Problems hearing in background noise can significantly affect a person's quality of life. At present, there is no efficient and comprehensive test for audiologists to investigate a client's difficulties when the audiogram is classed as normal.

NAL researchers are now collecting more information about the experiences of people with a normal audiogram or mild hearing loss, and greater-than-normal difficulty understanding speech in noise. The aim of this research is to better understand the difficulties experienced by this population and the challenges in finding effective treatment options.

NAL needs people with all types of hearing to participate in research. To find out more, email us at [volunteer@nal.gov.au](mailto:volunteer@nal.gov.au) or call on P. (02) 9412 6844. More information is available on the NAL website: [www.nal.gov.au/volunteer](http://www.nal.gov.au/volunteer). **Please spread the word to your family, friends and neighbours too.** NAL is located in the, Australian Hearing Hub, Macquarie University, Sydney and is the research division of Australian Hearing, an Australian Government statutory authority.

<sup>1</sup> Valderrama et al. (2018) Effects of lifetime noise exposure on the middle-age human auditory brainstem response, tinnitus and speech-in-noise intelligibility. *Hearing Research* 365, 36-48.

<sup>2</sup> Auditory brainstem response Wave I, which is shown in the diagram.

## Can you feel it?

By Pauline Finlay

A book review by Lyndal Carter PhD

Senior Research Audiologist, National Acoustic Laboratories.

(First published in Audiology Now and reprinted with permission from Audiology Australia).

This is the story of Lola Lotus, a teenager with a violin named Bart and big dreams of music school in London. Her mother is a struggling alcoholic and her dad and Poppa are Collingwood undertakers. Life is far from ordinary for Lola. And she has another challenge: hearing loss.

The author takes the reader inside the audiology clinic (a rare destination in the world of teen literature!) but that is only part of Lola's story. This girl is not defined by her "dodgy" ears! The narrative digs deeper than the physical symptoms and audiological details of her condition.

The story is told by Lola. The words she uses to talk about her hearing loss have an awkwardness, which reflects not only the difficulty finding the "right" words to use – but also the importance of words in forming a sense of self. Lola implores, "I hate being considered disabled".

The setting is urban, contemporary and cool, with mobile phones, motor bikes, graffiti, and bad hair days. The issues of Lola's hearing are mixed up in the general chaos of growing up, first love, dysfunctional family, what to wear, school, corpses, and music.

Thematically, music is front and centre to the story, and to Lola's social and emotional world. The myth that hearing loss and musical appreciation (and aptitude) are mutually exclusive is turned on its head. Lola, and the reader, are also challenged to consider music beyond the usual boundaries of audition: to let go of pitch and precision and find a more expansive form of expression and engagement.

The book is only around 250 pages, in 25 short chapters, making it an easy read. The target audience is teens to young adults, but the story has wider appeal. The drama of adolescent relationships and deep feelings are frankly presented, but with a sensitivity that keeps the book suitable for teen readers. Lola respects herself and, in turn, others respect her. She is courageous, talented, and fun.

The book was well researched, which has contributed to its sense of authenticity. I know that the author, Pauline, spent a lot of time talking to teenagers and younger adults who wear hearing aids and cochlear implants and sought their feedback on the developing manuscript. Pauline has synthesized many of the challenges faced by young people with hearing impairment into a fun and accessible medium. Some of her readers offered the following comments:

Lola is the kind of teen girl not often shown by the media, especially teen books. A realistic teen. Once I started reading, I couldn't put this book down. Never have I related more to a character and never have I ever wanted to steal a book character's style. Niris Kaya (15)

It was very enjoyable. The main character Lola had very similar experiences and challenges to the ones I have lived with. A great read! Olivia Barnes (16)

An amazingly accurate account of what it is like to live with hearing loss as a teen! Bec Stewart (24)

Since going on the journey with Lola, Pauline has become a strong advocate and now contributes to the mentoring program of "Hear For You". She is to be congratulated for caring so much, and taking the time to listen so attentively.

This book is a great contribution to hearing (and teenager!) awareness.

I encourage Hearing Matters members to read for themselves. "Can you feel it?"





## You are not a car

### How person-centered hearing care leads to better results

Person-centered care has become increasingly popular in healthcare and if you're familiar with the Ida Institute, you may know we were instrumental in bringing it to the world of hearing care. But what is person-centered hearing care and why should you care?



Person-centered care is a holistic hearing care approach where the person with hearing loss is an active participant in deciding their own treatment. Person-centered care is best understood when compared to a traditional healthcare model. In traditional healthcare, the healthcare professional controls the treatment and they instruct the patients on what the problem is and how to fix it. The focus is solely on the ailment and the medical expert's opinion is considered the best way forward.

This approach is a little like getting your car fixed. When your car has lost its get-up-and-go, you take it to a mechanic who inspects it, hooks it up to diagnostics equipment, and tells you the problem, the solution, and how much it will cost. Your opinion is not expected, and care is given only to the car's current ailment. But you are not a broken-down car.

Now imagine buying a new car. To put you behind the wheel of the car that suits you best — that you will enjoy driving and fulfills your comfort, space, and budget requirements — the salesperson needs your valuable input. After all, they may know a lot about cars, but nobody knows your driving habits, preferences and experiences better than you. Do you want lots of space or lots of speed? Are you on a tight budget or looking for a luxury model? Do you drive a little or a lot? What kind of weather and terrain do you drive in? For the best experience and result, the salesperson needs to consider you, his client, first and foremost.

This is a lot like a person-centered approach to hearing care which considers you a partner to your hearing care professional. In this approach, your needs and preferences are respected, and your experiences with hearing loss are valued. Your friends and family are encouraged to be part of the care process, and your hearing care professional will endeavor to provide emotional support as part of their treatment. All of this contributes to treatment infused with person-centered care producing better results and greater patient satisfaction.

Considering all the advantages of person-centered care, it really comes down to whether you want to be treated like a broken-down car, or like a client shopping for a better ride.

#### Want to know more?

To help hearing care providers and patients work together in a person-centered manner and achieve better results, the Ida Institute has developed a suite of telehealth tools called Ida Telecare. The tools help people with hearing loss prepare for their appointments. This allows them to discuss and explain their unique experiences and challenges to their healthcare professional. The conversations then become starting points for treatment strategies. Check out the Ida Telecare tools at <https://idainstitute.com/tools/telecare>

The Ida Institute is an independent, non-profit organization working to integrate person-centered care in hearing rehabilitation. Together with hearing care professionals around the world, we develop free tools and resources to strengthen the counseling process.

HMA works closely with IDA and promotes their programmes.

#### Membership Renewal

It is time to renew your membership dues for the year. You can pay your subscription dues by cheque, cash, credit card, or direct credit transfer or online through PayPal.

Please visit <https://www.hearingmatters-australia.org/paypal-payment/> Select the membership type and hit the subscribe button. This takes you to the PayPal page. You can register with PayPal or pay by card on the page. Click subscribe button to complete payment.

## **A New Player on the Block ...**

Hearing Connections has launched their first website  
[www.hearconnect.com.au](http://www.hearconnect.com.au)



**Andrew Stewart**, the recipient of the Libby Harrick's Award in 2017, has launched his own company, Hearing Connections. Specialising in Hearing Augmentation systems Hearing Connections is also able to provide assistive technology, hearing coaching, parent mentoring, cochlear implant rehabilitation support and workplace hearing Awareness training.

Andrew was born into a hearing impaired family, with a hearing impaired father, brother and two sisters. He wore hearing aids from 7 years old until he was fitted with his first cochlear implant in 2009 and his second in 2016. He and his wife have raised two wonderful and amazing hearing impaired children who wear a combination of hearing aids and a cochlear implant.

In the early 1980's Andrew's father Geoff Stewart was one of the original founding members of SHHH (Self Help for the Hard of Hearing, now Hearing Matters Australia). At this time Andrew had recently completed his education in electronics and he began working in the hearing sector gaining over 30 years of experience in Hearing Augmentation. This included installations in a range of public access buildings, from small halls to significant buildings and venues, including Sydney Opera House, airports and Sydney Trains. The vast array of types of buildings and transport has required Andrew to conduct detailed research and development of Hearing Augmentation to guarantee the optimal results.

Over the years he has been awarded a Life Membership of Deafness Forum for his contributions in 2005, this was followed by the Consumers Telecommunications Network award in 2007 for Outstanding Contributions to Consumers, sat on the Deafness Forum board from 2011 to 2013, and ACCAN award for Outstanding Contributions to Consumers in 2013.

Along with his technical work with Hearing Augmentation systems Andrew has fought for social justice on behalf of others in the deaf and hearing impaired community on many committees for over since 1998. One of his achievements was ensuring the needs of deaf and hearing impaired people were not ignored during the deregulation of the Australian telephone network (when Telecom was sold and Telstra, Optus and others appeared on the Australian scene). Andrew was also solely responsible for the TTY (telephone typewriter for the deaf) operating on the Australian network.

Hearing Connections aims to provide people with hearing loss with the technology and support they need to be independent.

The cochlear implant rehabilitation process involves training the brain to understand the new sounds. This is done by wearing only the new cochlear implant processor and having a



partner read out words or sentences, the user then tries to guess, repeating out loud what they think they have heard. Without the needed support it can be difficult if not impossible to get the best results out of a new cochlear implant. Hearing Connections is able to provide this support and assist with the regular homework needed during this time.

Managing a hearing loss involves more than just wearing your hearing devices, it includes strategies, skills, awareness, and compassion. Hearing Coaching includes these elements as well as home assessments to ensure that you are making the most of your listening environments, through acoustics, lighting and assistive technology.

Hearing Connections is also able to assist with finding ways to make the most of your technology, showing the hidden features that are not always advertised by manufacturers. This can also include communication with other family members to assist with their understanding of hearing loss, helping both sides to gain compassion for the difficulties the family is experiencing.

Hearing Coaching is available for those with hearing devices and for those who do not feel that they are ready for hearing aids or cochlear implants yet. Hearing Coaching can assist those struggling to manage their hearing loss in the workplace, providing skills and strategies for those not yet ready to 'come out' as hearing impaired.

Hearing Connections also provides onsite workplace assessments and workplace training for their colleagues/supervisors. Teaching hearing awareness and communication skills to reduce stress and miscommunication in the workplace.



*Andrew Stewart*

Other services include: Bellman Alerting System (including smoke alarms), personal listening systems (including Domino and Phonak roger systems), TV/music listening systems, home loop systems and Parent Mentoring. Contact Hearing connections at [andrew@hearconnect.com.au](mailto:andrew@hearconnect.com.au) for any questions or enquiries.

Andrew is well recognised in the building profession, regularly lecturing in Hearing Augmentation and improving the technical standards in Australia. This included being the key author of the Australian Building Standards for Hearing Augmentation, published in 2010. He has also provided training in Hearing Augmentation for Access Consultants, Building certifiers and surveyors, and architects.

Hearing Connections provides professional services including:

- Consultancy in designing and specifying Hearing Augmentation
- Consultancy in complying with NCC regarding Hearing Augmentation
- Design, supply and install Hearing Augmentation systems
- Audit of Hearing Augmentation systems and signage to Aust. Standards and NCC
- Supply portable Hearing Augmentation systems
- Design, supply and install SoundField systems.
- Design, supply and install public address/audio systems.

Hearing Augmentation systems include Hearing Loop Systems, FM systems, Infrared systems and Counter Loop systems.

Don't forget to look at their website [www.hearconnect.com.au](http://www.hearconnect.com.au)

## Deaf Camp and ATAC ... a report by Kevin Rabe

The Catalina Deaf Camp 2018 was held on 2 - 5 November at the Catalina Conference Centre, Rathmines NSW. Located ideally by the picturesque Lake Macquarie, it was a very pleasant place to relax and mingle with about 30 other Deaf and Hearing Loss people who came from Vanuatu, Queensland, NSW, Victoria and the ACT. Again, this camp was organised by the Logan Reserve Adventist Church, Queensland under the care of Mark Davey and cooperation by the Christian Services for the Blind and Hearing Impaired. Lee Dunstan the Manager of CSFBHI had informed me that they were going to use listening devices enabling those with hearing aids to hear and understand what was being said by various speakers. This camp not only provided for the social needs of the attendees but also served as a church event which means a lot for those unable to attend mainstream religious services. The guest speaker was Pastor Lloyd Grolimund, the Aussie Pastor who appears Sunday's on Channel 9 Gem in all Australian States and territories. This was his first appearance at this deaf camp.

Friday evening was getting to know each other and it became obvious that only a dozen folks used AUSLAN as their first language. It was really great to see other people using Hearing Aids and able to communicate verbally. wonderful to meet and see other people who struggle with hearing. And it was wonderful to use the listening devices for the meetings. The listening devices were hand held devices attached to a headphone, which to me was a bit awkward to wear especially over my hearing aids. So I had to move the headphone slightly above my hearing aids in order to get the most benefits of the devices. Located on the device is a button to press which permitted other listeners to hear what was being said around the group. I though this was very handy for group sessions. I had to give a small talk on Saturday morning and had an AUSLAN interpreter besides me so that the Deaf could understand what was being said.

One of the attendees from Canberra, happened to have a different listening device - Musiclink Earhooks which she hooked behind her ears, plugs them into the devices and using the T coil could hear everything! She also uses the ear hooks to listen to music and have conversation on her mobile phone.

It was really great meeting other people, listening to their stories and even learning some more AUSLAN. One of them came with her hearing dog, Fly. I had taken some 25 issues of Hearing Matters magazines and was surprised to see them all gone by the end of the weekend. Several found some of the articles just meeting their needs and were extremely satisfied with the articles.

I enjoyed walking around the lake, seeing the local residents, like kookaburras and other parrots who live in the area. Most of the group went to the Newcastle Zoo and had a enjoyable time.

### ATAC Meeting

I attended the ATAC meeting held at the Bradfield Room, Central Station on 12 December 2018. Joined other representatives from disability organisations for reports on the various sections for NSW Transport. Presenters kindly used

my Resound mike while making their presentations and made sure that I understood what was being asked by others around the table. There were updates on the year in review; and changes at Martin Place pedestrian areas; various stations upgrades and addressed issues affecting those who have limited access to stations. I was particularly interested in electric scooter trials and touch screen trials. Really did appreciate the thoughtfulness of the presenters in using the listening Bluetooth Resound device.

On a different topic, I'm very appreciative of my hearing provider's service who have given me Resound hearing aids including the listening device mentioned above. I use the same listening device to understand church services where the operator of the sound systems uses a connecting cable and leaves it there and I can hear directly to the hearing aid especially when there's no hearing loop system available. My hearing aid provider has also instructed me how to use the mike to listen to the TV using a cable connected to the device and tv. Works beautifully! I was also given a phone clip, also Resound which transmits phone calls to my hearing aids and also listen to music, radio and videos on my mobile.



*Deaf Camp 2018 at Catalina*

**Errata:** Corporate member EARtrak was misspelled in the August issue. Please note EARtrak contact details are email: [outcomes@eartrak.com](mailto:outcomes@eartrak.com) and their website is: [www.eartrak.com](http://www.eartrak.com). (No 'c' in their name). Over apologies to EARtrak for the oversight.





## Volunteers Corner

### Volunteer with HMA...

The HMA board and volunteers had a wonderful end of year celebration lunch held at Kipling's Garage Bar, Turramurra. It was a great opportunity to thank our hard working volunteers for all their efforts in 2018.

We reopen our doors in 2019 with a new name and new premises as we go to print we are excited to announce that we are in the middle of moving into the Australian Hearing Hub.

All members are welcome to come in and visit us in our new room Ground Floor Suite 600, Australian Hearing Hub, Macquarie University, Sydney.

We were also sad to bid farewell to our long term volunteer Lauren Walker. Lauren has been a stalwart of SHHH/HMA for many years helping countless people through our HAB program and been an amazing volunteer throughout the office. We will miss you Lauren thanks for everything!

In 2019 like many new years we are looking for new volunteers so if you think you have something to add to our organisation or just have real life experience that can help other please let Pauline know she would love to hear from you.

## THE LIBBY HARRICKS ACHIEVEMENT AWARD

Nominations Are Open for 2019

Libby Harricks was a founding member of SHHH Australia Inc (now Hearing Matters Australia Inc) and was its President for a number of years. She became profoundly hearing impaired as a young adult, but persevered with her career as a Pharmacist while raising two children. As a driving force behind SHHH, she helped it to become an effective volunteer organisation and was also widely known and admired as a dynamic advocate for access for hearing impaired people. She was a wonderful role model for all those who felt lost and overwhelmed by hearing impairment. She was made a member of Order of Australia in 1990 in recognition of her work for the hearing impaired. In 1998 Libby Harricks passed away from cancer, aged 52. SHHH Australia has established this award in memory of a friend and a woman who through determination and spirit achieved more than she ever thought possible, both for herself and for many others.

### DO YOU KNOW SOMEONE IN THE COMMUNITY WHO HAS BEEN ABLE TO MANAGE A HEARING LOSS TO ACHIEVE PERSONAL SUCCESS?

This person should be

- Over 21 and living in Australia
- Hearing impaired, and communicating orally

This award is not limited to members of Hearing Matters Australia. All nominations must include the following information:

1. Name, address and phone number of the person making the nomination;
2. Name of the person nominated;
3. A short description (approx 250 words) of why this person is being nominated, what problems have been faced and an overview of their achievements.

Nominations MUST be received by the Office manager by the end of February Nominations are welcomed by mail or email to:

HMA Board of Management  
HMA Australia Inc  
1334 Pacific Hwy  
TURRAMURRA NSW 2074.

Email: [admin@hearingmattersaustralia.org](mailto:admin@hearingmattersaustralia.org)

The Board of SHHH Australia decides the winner and the announcement of the winner are made at the Annual General Meeting in April of each year.

# Foodie Antics

## Hot Cross Brownies

Makes 9

Courtesy Taste Magazine

### What You'll Need

- 125g unsalted butter, chopped
- 400g dark chocolate, chopped
- 155g (3/4 cup) caster sugar
- 3 eggs
- 75g (1/2 cup) plain flour, sifted
- 1/4 teaspoon mixed spice
- 3/4 teaspoon ground cinnamon
- 125g cream cheese, at room temperature
- 1 1/2 tablespoons icing sugar
- 2 teaspoons Greek-style yoghurt
- 150g tub Dr Oetker Easy Choc White melted chocolate

### METHOD

1. Preheat oven to 180C/160C fan forced. Grease 9 holes of an 80ml (1/3 cup) muffin pan. Line the bases with baking paper.
2. Place the butter and 200g chocolate in a microwave-safe bowl. Microwave on High, stirring every 30 seconds, until melted. Stir in the sugar until well combined. Add the eggs, 1 at a time, beating well after each addition.
3. Stir in flour, mixed spice and 1/2 tsp cinnamon. Spoon mixture into prepared holes. Bake for 20-22 minutes or until a skewer inserted comes out with moist crumbs clinging. Set aside to cool.
4. Beat cream cheese, icing sugar and remaining cinnamon in a bowl until smooth. Stir in yoghurt.
5. Use a small sharp knife to cut out a shallow indent in the top of each brownie. Discard. Spoon cream cheese mixture into indents, smoothing the top. Place in the fridge for 30 minutes to set.
6. Microwave remaining chocolate on High, stirring every 30 seconds, until melted. Dip tops of brownies in chocolate. Set aside on a wire rack for 15 minutes.
7. Heat the Easy Choc following packet directions until melted. Cool slightly. Spoon into a sealable plastic bag and snip off the corner. Squeeze onto the brownies to form crosses. Store the brownies in an airtight container in the fridge for up to 3 days.

### NOTES

If you don't have the Easy Choc, you can just use melted white chocolate, drizzled over the top.



## Spaghettini with Prawns and Zucchini

Serves 4

Courtesy 9 Now

### What You'll Need

- 500g good quality spaghettini
- salt for pasta water
- 500g prawn cutlets, chopped
- 2 zucchinis coarsely grated
- 5 cloves garlic, chopped
- 2 long dried red Kashmiri chillis
- 150ml olive oil
- 1 bunch coriander, washed and chopped
- Sea salt and fresh black pepper to season

### Method

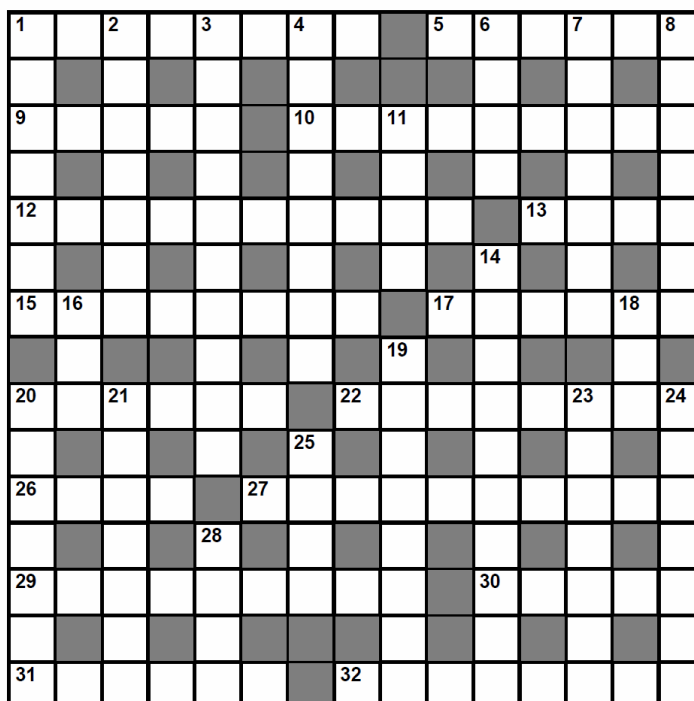
1. In a large pot of boiling water, add salt and spaghettini and cook until al dente.
2. In a heavy based pot, sauté chilli and garlic with olive oil.
3. Fry until aromatic. Add zucchini and cook for a further 10 minutes. Add a cup of pasta water.
4. Add prawns and coriander, cook for a few minutes.
5. Add 1/2 cup of pasta water and add pasta. Stir vigorously to emulsify oil and water and pasta. It should result in a velvety sauce.





# Brain Training

## Crossword Puzzle



### ACROSS

- 1 Big celebrity game excited retired whistle-blowers (8)
- 5 Get to the bottom of large dwelling not quite finished (6)
- 9 Inclusions offered by ISP aren't free (5)
- 10 A person in charge mostly, as well as the Queen? (9)
- 12 Debut, it is cut short in one race (10)
- 13 See red, inflamed swelling (4)
- 15 Hold moulding of lead with white coating (8)
- 17 Medical problems? Any not connected to heart? Yes, indeed! (3,3)
- 20 Red ace played, ignoring a financial reward (6)
- 22 Food containing broken pieces of wire - it should be burnt (8)
- 26 Milky substance usually obtained by opening of the nipple (4)
- 27 Hesitancy duet oddly displayed during opening (10)
- 29 A Father, about to weep, has not finished religious books (9)
- 30 Narrow channel with no original feature (5)
- 31 Long recital fired up some (6)
- 32 Treat very cold water containing 500 parasitic bugs (4,4)

### DOWN

- 1 Expected deliverer is set up by one operating in network (7)
- 2 Coarse sand mixed with an aggregate, primarily, and broken ice (7)
- 3 Moulded plastic is probed by energy expert (10)
- 4 Reformed caste is infiltrated by leader of Christian monks, say (8)
- 6 A passenger who pays to travel mostly from a great distance (4)
- 7 Monstrous shelter built by occupants of house? (7)
- 8 Fairly short time to recover (7)
- 11 Growth of hair on bare behind? (4)
- 14 Everyone fed in sleazy place turned up relieved (10)
- 16 Part of a needle, yes? (3)
- 18 Trouble caused by a gathering (3)
- 19 Dog publicised beer (8)
- 20 Something designed to deal with anything except hard criticism (7)
- 21 Information retrieved by each detective in hiding (4-3)
- 23 Styling of paper - Times - not accepted by distracted mitigator? (7)
- 24 Unruly characters in detention missing out on a place to eat (7)
- 25 Follows an object with a camera, coming back with photograph (4)
- 28 Mill shortened beam (4)

## HEARING MATTERS AUSTRALIA INC

- Operates an information centre
- Produces Hearing Matters as a quarterly newsletter for members and subscribers.
- Runs an active Facebook page.
- Supports and encourages local SHHH groups.
- Maintains an extensive information service, with a series of fact sheets on aspects of hearing loss and its management.
- Provides speakers as part of its extensive Outreach Program.
- Acts as an advocate to government, industry and other organisations to make them more aware of issues concerning hearing loss.
- Administers a hearing aid bank, in conjunction with the Audiology Department of Macquarie University in Sydney and other participating providers.

### HMA Information Centre

#### HMA Inc.

Ground Floor, Suite 600

The Australian Hearing Hub

16 University Ave

Macquarie University NSW 2109

Ph : (02) 98786089

**Email:** [admin@hearingmattersaustralia.org](mailto:admin@hearingmattersaustralia.org)

**Website:** [www.hearingmattersaustralia.org](http://www.hearingmattersaustralia.org)

## Hearing Matters

The magazine is conceptualised, designed and produced by volunteers. Articles have been reproduced from several sources. Some articles have been specifically written for the magazine.

In reproducing articles, HMA Inc acknowledges the sources.

HMA Inc. thanks and acknowledges our corporate members, who are pleased to assist members and their friends with hearing help.

## HEARING MATTERS AUSTRALIA INC

President:	Christine Hunter
Vice President:	Christian Carter
Treasurer:	Colin Hunter
Secretary:	Vacant
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### Volunteers:

Christine Hunter  
Pradeep Kanthan  
Kevin Rabe  
Austin Hukins  
Sushanti Charukonda

### Donations

HMA needs your financial support.

All donations to HMA Inc of \$2 or more are tax deductible.

### Bequests

If you wish to make a bequest to HMA please contact our office on 9144 7586.

### Buddy Program

Would you like to get in contact with another hearing impaired person in your area? HMA tries to introduce members so they can meet for a coffee, conversation and to share experiences. If you would like to try our buddy program, contact the HMA office (details on this page).