



CENTRAL INSTITUTE FOR THE DEAF

Fall 2005

For alumni, faculty, staff, students and friends of CID

voice 314.977.0132
tdd 314.977.0037
www.cid.wustl.edu

The CID Oral School and Outreach Center is a financially independent affiliate of CID at Washington University School of Medicine, which operates CID-developed research, adult clinic and professional education programs to benefit children and adults with hearing loss.

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Above: during her first cochlear implant hookup session, Lillian turned in response to a sound. Right: Lillian, her parents and her surgeon, Randall Clary, MD, at Children's Hospital.



A family determined: Lillian will learn to talk

Jeremy and Ketrill Blanton found different ways to cope during the five hours they awaited news about their baby's cochlear implant surgery. Jeremy obsessed about the details of the procedure. Ketrill focused relentlessly on the future, how much better life would be for Lillian. Both were sure they had made the right decision — but still, major surgery is scary for an 18-month-old.

Lillian is the Blantons' first child. Because she had not turned her head to banging pots, screaming, even a police whistle blown behind her head, they had suspected a hearing loss. Nevertheless, when CID audiologists confirmed profound deafness when she was a year old, the couple was terrified. "It was like I was a new mom all over again," Ketrill said.

The Blantons spent time at CID and a teacher from the Joanne Parrish Knight Family Center visited their home every week to counsel them.

Together, they helped Lillian learn to take turns at play (a precursor to conversation) and to focus her attention on people when they talk.

"You could tell she was a smart baby," Family Center coordinator Chris Clark said. "She was very communicative considering her lack of language."

After determining that Lillian received limited benefit from her hearing aids, audiologists recommended a cochlear implant, composed of an array of electrodes surgically placed in the inner ear connected to an externally worn sound processor. It was a difficult decision, but the Blantons were driven to help Lillian learn to talk. Their modest goal: "one word within a year."

In September, to the family's relief, doctors at St. Louis Children's Hospital successfully completed the operation. Three weeks later, hospital audiologist Joyce Crawford connected the processor to

Lillian's head with a magnet and sent a series of controlled beeps to each electrode. From her responses, Crawford was able to set some basic programs, the first very soft so she would not get scared as her parents brought her gradually into the world of sound.

The next day, Crawford confirmed some "amazing" results: Lillian was responding to sound in the speech frequencies at 35 decibels (dB), with prospects for improvement with the fine-tuning of her programs. Prior to the surgery, she could hear speech at about 50 dB with her hearing aids and 80 dB without them. 90 dB is roughly the volume of a jet taking off.

In the future, CID audiologists will program Lillian's implant and CID teachers will provide auditory training. She is already becoming comfortable with the device, and home sessions now focus on beginning speech and language skills. She is expected to join the nursery class in January.

Cochlear implants in young children

In the United States, an estimated 33 babies a day are born with permanent hearing loss. Somewhere between 80 and 90% of these children have hearing parents. Many doctors and educators know that the earlier a hearing-impaired baby gets hearing aids or a cochlear implant and receives appropriate intervention services, the easier it will be to learn to listen and talk.

The first cochlear implants received federal approval for use in children in 1990. Since then, an estimated 30,000 U.S. children have received cochlear implants.

The latest generation of cochlear implants come with a lifetime warranty and can be used with infants as young as 12 months and sometimes even younger.





Robin M. Feder, MS, CFRE
Executive Director

rfeder@cid.wustl.edu

Stupp Foundation supports CID students

A living strategic plan

In the fall of 2004, we began strategic planning based on opportunities and challenges in today's changing technological and educational landscape. Now, a year later, I am happy to report that, at its October meeting, the CID board of managers formally approved a detailed strategic plan that will guide our professional activities through the year 2007.

The plan was spearheaded by a board committee led by president Tom Jayne, and developed in close coordination with professional staff at CID. In reality, we have been modifying and incorporating this document into our daily work since we first began to rethink CID's role in a changing world.

Our context for planning included increasingly earlier identification of hearing loss, sophisticated hearing technologies, medical advances resulting in more children with disabilities in addition to hearing loss and new oral educational opportunities for deaf children in the public schools, among other factors. The planning has yielded five over-arching goals, with concrete strategies that include responsibilities and deadlines in which to complete them.

- Our first general goal is to enhance the school program to be competitive and meet current needs. Strategies involve activities designed to increase the number of hearing-impaired children we

serve, to recruit and maintain high quality staff and to adjust programs to meet students' and families' changing needs.

- Our second goal is to develop a program serving hearing children with language delays. Not only is this an obvious way to apply our expertise as the population of hearing-impaired children seeking private oral education declines, it was part of our school in the beginning and has been so on and off throughout CID history.

- Our third goal is to promote the development and enhancement of oral programs nationwide through outreach to professionals. We have already begun to revamp and expand our workshop program, to market our workshops to public school districts and to increase our scheduled professional presentations. Efforts continue to develop and revise publications, to assist in the development of new oral programs and to increase the number of articles published in professional magazines and journals.

- Our fourth goal is to collaborate with Washington University School of Medicine, including working with applied CID at Washington University School of Medicine researchers to incorporate assessment into CID programs and with the Program in Occupational

Therapy to better serve CID children. As members of the the faculty, many of our teachers work daily within the Program in Audiology and Communication Sciences, both to educate future teachers and to help ensure that the curriculum reflects current needs.

- Our fifth goal, to enhance fundraising and public relations, includes strategies to raise at least \$1,000,000 a year to support our programs.

These goals make up a living document that will help shape the future of CID. It features both accountability and the flexibility to incorporate new ideas, and will not collect dust on a shelf. We will continue to update you on our progress. — RF



In June, CID received a \$5,000 grant from the Norman J. Stupp Foundation, Commerce Bank Trustee to support students with hearing loss learning to listen and talk. Jack Schrieber, president of Commerce Bank, and Joelle Taylor, assistant vice president of charitable contributions for the Norman J. Stupp Foundation, visited during summer school to present the check to executive director Robin Feder.

In loving memory

We are sad to report that **Elizabeth "Cookie" Williams** died in September at her residence in Wilmington, Ohio. She was 76.

Mrs. Williams was an artist and businesswoman, known for generous involvement with many organizations, including the Alexander Graham Bell Association for the Deaf and Hard of Hearing, the National Technical Institute for the Deaf, and the National Theatre of the Deaf. She was a leadership donor to the CID capital campaign, under-



Elizabeth Williams

wrote the school art room and, as a CID Sponsor, generously supported the CID school. We send our condolences to her family, including her three children: CID alumni Bonnie Sandy (1977) and James W.D. Williams (1972) and Abigail Williams.

We also mourn the passing of **Ruth Peterka**, who attended the CID/Washington University deaf education program from 1932 to 1934. Ms. Peterka died in January in a suburb of Denver. She was 94.

Ms. Peterka taught deaf children in Ohio and Tennessee, before moving to Colorado in 1946. Finding no classes for the deaf in Jefferson County, she organized teachers and parents to raise money to rent a room at a church and hold classes. Due to her efforts, deaf students and others with special needs eventually were incorporated into the county school system.



Patti LaVesser, PhD, OTR (left) and graduate student Amanda Terstriep observe Sam Jasciewicz in the preschool-kindergarten.

Brittany Brunetta and her team partner, Joanne Parrish Knight, recently participated in a scavenger hunt based on the adventures of Flat Stanley, a letter-size children's literary figure. Last spring, Stanley traveled the world with CID board members who took pictures and wrote to the primary-middle school students about their journeys. Knight and her fellow scholarship committee members, Barbara Morriss, Gloria Freund and William "Fiery" O'Byrne, spent the morning with the children.

Family's generous legacy provides hope for others

1931 CID alumna Gertrude Yawitt lost her hearing when she was five years old. The family lived in Chicago and sent her to St. Louis to live in the dormitory during the seven years she spent learning to talk at CID. Years later, Gertrude's mother, Pauline Yawitt, expressed deep appreciation by including CID in her estate plan.

Gertrude attended public school and went on to be an active community volunteer, devoting much of her life to helping others. In 1986 she was named Westwood Village Lions Club Citizen of the Year and received commendations from Temple Beth Solomon, Los Angeles Mayor Tom Bradley, U.S. President Ronald Reagan and the Hope for Hearing Foundation for completing 18,000 hours

of volunteer service at the UCLA Medical Center.

Pauline passed away in 1970, leaving her estate in trust to Gertrude and her sister, Marcela. Before her death in September 2004 at age 94, Gertrude had been the last surviving beneficiary of the estate trust. In August of 2005, CID accepted the trust's remainder, \$275,683, designated in Pauline's will "for the purpose of providing scholarships for worthy children."

Gertrude and Pauline were independent women who spent much of their lives working to make the world better for others.

To honor their memory as well as Pauline's wishes, we have established the Pauline Yawitt Scholarship Fund to help worthy children at CID.

Washington University OT collaboration helps CID students get what they need to learn

In any given preschool or elementary school classroom, one or more students may be overactive or inattentive. Others may be lethargic or have a constant need to chew, bounce, sway or move their legs. Still others may have trouble organizing their desks or holding a pencil. All of these behaviors and more can interfere with a child's concentration and learning. The effect can be subtle or disruptive to the entire class.

CID students often have the same kinds of issues other kids do. Now their teachers have the help of Washington University occupational therapists, working to assess the students' needs and tailor strategies that will enhance their participation and learning.

Two master's degree students from the Washington University School of Medicine Program in Occupational Therapy (OT) now visit CID weekly to assess the children's motor, cognitive and behavioral skills. They have several goals as they gather information under the watchful eye of their practicum supervisor and assistant professor, Patti LaVesser, PhD, OTR.

An immediate objective is to provide intervention by observing, conducting OT screenings and helping teachers and parents understand results and implement thera-

peutic approaches for individual students and classes. The process will also identify children who need more in-depth assessment.

Strategies may be designed to modulate a child's responses — whether exaggerated or dulled — to specific stimuli. For example, a child may be overstimulated by light or need a certain rhythmic movement to concentrate. Intervention involves educated trial and error and many possibilities for manipulating routine, activities and environment.

For a restless child, a teacher may introduce a new way to sit along with breaks for physical activity, targeted running, jumping, stretching or breathing exercises. Providing crunchy snack foods, manipulable objects, special chairs or games may be among the answers for students who experience distractions.

"Even adults develop sensory learning strategies," LaVesser said. "For example, we fidget with paper clips or take breaks to help us maintain concentration in meetings."

"Our goal is to help kids figure out exactly what *they* need so they can participate and learn more effectively."

The OT collaboration is getting immediate help for the CID students who need it and is helping the teachers better understand how to identify issues and implement strategies. The master's degree students are also assessing ways children with hearing loss may differ from hearing children in their responses to sensory stimuli. Another Washington University student, working toward her OTD, is collecting data for use in designing a consultative OT model for other schools for deaf children.

Charitable giving: benefiting you and CID

Whether you're planning charitable gift decisions with December 31st in mind or taking the important step to set up or update your estate plan, please remember CID by considering these gift opportunities:

- gifts of cash and appreciated securities
- beneficiary designations in wills, trusts, IRA/retirement accounts, life insurance
- planned gifts

Please contact your legal or financial advisor to explore your options, including a gift of support for children with hearing loss as they pursue an oral education at CID.

To learn more about charitable giving options to support CID, contact Mary Middleton, development coordinator, 314.977.0220, mmiddleton@cid.wustl.edu, or Robin Feder, executive director, 314.977.0223, rfeder@cid.wustl.edu.



Forest Shipp

Adoptive parents celebrate their five-year-old's "everyday" achievements

Gretchen and Don Shipp knew their new son was deaf before they even set foot on the plane. In the autumn of 2002, a neighbor who worked at CID had given them the case history she had received from an adoption agency social worker whose daughter was a CID student. Joanne Parrish Knight Family Center staff had counseled the Shipp family before they made their decision, so they knew something about what they were getting into when they arrived in Xing Jiang, China to pick up their 21-month-old baby boy.

"We had no experience with hearing impairment," Gretchen said. "We were not actively seeking a child, so we feel like Forest found us. We are so thankful every day."

Forest has a moderate conductive hearing loss due to malformed ears. He arrived with no hearing aids and no speech. Within two months, he received a bone conduction hearing aid and enrolled in the CID nursery class.

Slowly, as his teachers and parents began to work with him, crying and pointing led to whining

noises. "We went through some frustration for the first year and a half," Gretchen said. "There didn't seem to be much progress. Then, in preschool, we began to notice tremendous changes. Forest started talking, using single words to express his needs, then putting words together."

Now Forest is going on 6, and his teachers say his language skills compare to those of his hearing peers.

"Forest is counting, he knows his colors, his days of the week," Gretchen said. "Starting three years ago with no speech at all, he went to kindergarten essentially on schedule as a five-year-old."

This year, Forest is a bright, attentive student in the CID primary-middle school. "I never would have thought this was possible, and certainly it would not be possible, without CID," Gretchen said.

CID Oral School and Outreach Center

Address change. Denise Gibson, administrative assistant
dgibson@cid.wustl.edu 314.977.0163

Admissions. Christy Borders, MS, assessment administrator
cborders@cid.wustl.edu 314.977.0135

Administration. Robin Feder, MS, CFRE, executive director
rfeder@cid.wustl.edu 314.977.0223

Development. Mary Middleton, development coordinator
mmiddleton@cid.wustl.edu 314.977.0220

Oral School. JoEllen Epstein, MAEd, CED, principal
jepstein@cid.wustl.edu 314.977.0132

Publications/workshops. Dianne Gushleff, publication sales
dgushleff@cid.wustl.edu 314.977.0133

sound effects. Kim Readmond, communications coordinator
kreadmond@cid.wustl.edu 314.977.0243

CID has a redesigned web site. Please visit us at www.cid.wustl.edu.



CID preschoolers explore creative movement

This year, a new addition to the CID preschool-kindergarten and family center nursery programs is a special class with Deborah Harris, a dance instructor and creative movement specialist from the Center of Creative Arts (COCA), in University City.

The class is designed to help the children learn to express themselves through physical movement by en-

gaging in fun, developmentally appropriate exercises that offer structure, creative freedom and enjoyable physical activity.

The classes help the children build confidence in physical self-expression, a confidence expected to positively affect their self-expression through speech. The children take the class twice a week.



An important part of CID's mission is to help educate professionals serving hearing-impaired children locally and throughout the world. This fall's expanded CID workshop schedule included two cochlear implant workshops — one in St. Louis and one for the Washoe County School District in Reno, Nevada — and a new workshop on teaching language to children with hearing loss. In addition, staff presented two introductory classes on hearing loss and the young child, including a presentation for First Steps service coordinators in St. Louis City and St. Charles. In the summer, teachers from school districts in Riverside, California (above) visited to learn techniques for teaching deaf children to talk.



SAVE THE DATES

Join us for the CID Ultimate Picnic, Saturday, May 13, 2006.

The Corporate Outreach Committee Trivia Night is February 18. Call Denise Gibson, 314.977.0163, for details.

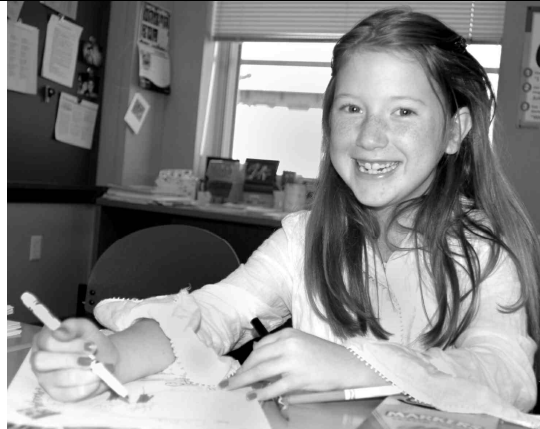


Public school students seek CID services

Newspaper articles announcing the formation of Central Institute for the Deaf by prominent St. Louisans and touting the "newest marvel in treating the deaf," the first CID school brochure, early journals, printed abstracts of a St. Louis Medical Society symposium on deaf education, pictures of CID's first students, and newspapers with headlines about the Allied Offensive in World War I. These are among the fragile treasures until recently contained within a weathered brass box stored for safekeeping at CID.

The box is a time capsule, originally sunk in the cornerstone of the first school building by Mayor Henry Kiel on September 27, 1916 and retrieved when the building was razed in 1998. In September of 2005, 89 years after the box's commission, board members Norman C. Wolff, Jr. and Laurie Miller, the grandson and great granddaughter of CID founder Max Goldstein, visited CID to expose the contents and discuss them with the primary-middle school children.

A cursory glance through these materials reveals some little-known facts about CID's history. For example, Helen Keller was a member of the first advisory board and the first capital gift, \$5,000, was made by the wife of Edward Faust, the Anheuser-Busch vice president for whom Faust Park was named. The 1916 school, of English Georgian architecture, was expected to cost \$24,000 and be accessible via the Market Street and Taylor Avenue street cars. The yearly tuition: \$500 plus \$25-\$35 a month for board.



Calea Conlea came to CID less than a year ago barely reading at the first-grade level, with a hearing loss that had progressed from mild to severe during her first eight years of life. Although she had acquired speech and language, and despite her school district's determination to help, she was struggling in many academic areas in third grade.

Serving Calea along with hundreds of others in a large public school system were a reading resource teacher, an itinerant teacher of the hearing impaired, a speech-language pathologist and other professionals. Often, schedules did not accommodate good communication and Calea was not always getting the kind of help she needed. Eventually, her school district contacted CID.

Calea now travels to CID by school district van from Bunker Hill, Illinois, about 40 minutes away. After one semester plus summer school, she is slowly

making progress with the help of individual attention from teachers using the SPIRE program for at-risk readers in combination with CID's ability-based, language-rich academic program.

Primary-middle school coordinator Barb Lanfer says Calea is one of a growing number of children who come to CID after a frustrating mainstream experience.

"A question I'm often asked by parents of mainstreamed students who did not attend CID is: 'My child has made it through preschool and even first grade. Why is she struggling now?'" Lanfer said.

The answer: As academic subjects become more difficult, the gap between hearing students and hearing-impaired students can become more evident.

"Just having hearing aids or a cochlear implant and being in class with students who are speaking will not magically teach a deaf child to speak well, read or do math," Lanfer said.

CID primary-middle school students are grouped by ability to maximize each child's progress in every subject and to help each student prepare for work in a mainstream educational setting. CID uses the same academic curriculum used in mainstream schools throughout the U.S. and emphasizes a hands-on approach to learning. The curriculum includes classes in art, gym, music, computer and social skills.

"We have built a great relationship with several school districts and enjoy collaborating with them," CID principal JoEllen Epstein said. "They know that the students they send to CID will return to them ready for an academic environment. They're not going to require an expensive array of services."

Over the past 3 years, there has been an increase of students age 6-9 coming to CID from mainstream programs. Most often, getting caught up in academic areas is the goal. Currently, CID has eight children from mainstream programs in Alabama, Illinois and rural Missouri. Many have moved to St. Louis to attend.

"Newborn screening laws have meant early identification of hearing loss, so we're very focused on the increasing numbers of babies who need our help," Epstein said. "Mainstream referrals are another population of children we are uniquely positioned to serve."



Rules celebrate 49 years

Tom and Mary
Betty Rule recently
visited their child-
hood alma mater.

Professional alumna profile



*"I owe my success
to CID."* — Varsha Gathoo

Gathoo pursues CID test translation

In 1947, years after each had attended CID, John Thomas (Tom) Rule and Mary Betty Edmonds met in Boston through mutual friends. Mary Betty was 21 and a silversmith and jewelry designer in New York. Tom, 23, worked in an aircraft engine parts factory in Connecticut.

They began a long-distance relationship whose distance became even longer in 1951 when Tom went to Europe to "find himself." He traveled for five months on a bicycle, and then later for another nine months, before coming home to settle down. The couple married in 1956.

Mary Betty's grandfather, a St. Louis ophthalmologist, was a friend and colleague of CID founder Max Goldstein, MD, and the family was introduced to CID when she was diagnosed as deaf at age 2. Her mother took a teacher training course to learn to work with her at home on lipreading, speech and language.

After Mary Betty graduated from CID in 1934, she attended University City High School in St. Louis and then attended Washington University, majoring in design and silversmithing.

Tom left CID in 1937 when his family moved to Cambridge, Massachusetts. He attended Clarke School for the Deaf, Newton High School and then Boston University, where he studied history. He is proud of being self-taught in technology, including building his first computer and working as a technical illustrator for Mitre Corporation. Later, he ran a mainframe computer for the Deaf Counseling, Advocacy and Referral Agency in California.

Tom and Mary Betty Rule now live in San Leandro, California. After Tom retired 18 years ago, the couple has enjoyed traveling and seeing the world as well as visiting their grandchildren in the east.

As a master's degree student in the CID-based Washington University Department of Speech and Hearing in 1992, Varsha Gathoo hoped her independent study project would someday help many children. She began work on translating and adapting the Grammatical Analysis of Elicited Language-Pre-Sentence Level, or GAEL-P, into Marathi, a language spoken by 90 million people in India's third largest state, Maharashtra.

The GAEL-P contains a manual, an assortment of toys and scoring forms developed at CID by Jean Moog, Ann Geers and Victoria Kozak to help teachers assess receptive and expressive language skills in hearing-impaired children ages 3 to 6. Because of cultural differences and because words for objects sound and look very different among languages, faithful translations require careful, laborious adaptation trials and rigorous standard-

ization on a cross-section of native speakers, both hearing and hearing impaired.

After she graduated from Washington University, Gathoo became principal of a school for deaf children in Mumbai, India. In 1997, she began work for the Ali Yavar Jung National Institute for the Hearing Handicapped under India's Ministry of Social Justice and Empowerment, coordinating the master's degree program in special education-hearing impaired, and serving as a post-graduate guide for research and chief examiner of diploma-level teacher training programs-hearing impaired for the Rehabilitation Council of India (RCI). She also chairs the bachelor's and master's examinations for the teacher training program at the University of Mumbai and is a member of the curriculum development committees for both the University and the RCI. She is currently president of India's National Convention of Educators of the Deaf.

Gathoo received national recognition for her paper, "A Systematized Approach to Improving Speech Intelligibility in Hearing Impaired" and recently presented "Application of ICT in Classroom

Learning for Children with Hearing Impairment" at the 23rd Asia-Pacific International Seminar at the National Institute of Special Education in Yokosuka, Japan.

Gathoo was instrumental in starting a center for educationally disadvantaged children with hearing loss in Mumbai. The first batch of students passed the public examination in the spring and she presented the success stories of four of them at the International Congress on Education of the Deaf in the Netherlands in July.

"I owe my success to CID," she said.

Although Gathoo was unable to pursue her adaptation of the GAEL-P immediately upon returning to Mumbai from CID, she kept the dream alive and now reports she has the funding from her institute to complete the project. She has trained research assistants to administer the test and they have begun collecting data from children throughout Maharashtra in order to standardize her adaptation.

"Teachers of the deaf in India don't have many assessment tools and are looking forward to this test in Marathi — and eventually in many Indian languages," she said.

Alumni Sponsors club

We are grateful to our CID oral school alumni who make a generous annual financial commitment of \$1,000 or more as members of the CID Sponsors Program:

John Arenberg
Ellen Clark
Julien H. Collins, Jr.
William H. Jordan, Jr.
Carolyn P. Keinath
David Keinath
Warren C. Keinath

Karl Klenz
Trudy Miller
Janet S. Scheeline
Merle Williams



Trudy Miller and Merle Williams

CID alumni: Find out how you can join this group. Contact Mary Middleton, coordinator of development, at 314.977.0220 (voice), 314.977.0023 (fax) or mmiddleton@cid.wustl.edu.

On page 6 of the spring 2005 sound effects, Rekha Roy was misquoted in a statement that cochlear implants are a distant dream in India. She says she meant to convey that the devices are a distant dream for many children in her program who are without the resources to obtain them. She also asked us to clarify her status regarding Status of Disability in India: She is author/editor of only the portion of the report dealing with the hearing impaired.

NIH awards Simmons \$2 million for research on auditory-neural development

CID at Washington University School of Medicine scientist Dwayne D. Simmons, PhD is driven to understand this basic physiological question: How, during embryonic development, do the brain's auditory nerve cells navigate their tiny thin axons through a jungle of brain tissue to reach a specific site on the sensory hair cells of the inner ear?

Simmons began work on this question at UCLA in 1992 prior to becoming an associate research scientist at CID in 1998. Currently, as a research associate professor in the Departments of Otolaryngology, Anatomy and Neurobiology at Washington University School of Medi-



Teachers and other staff from the CID Oral School and Outreach Center recently visited Dwayne Simmons (right) and his fellow CID at Washington University School of Medicine scientists in the Harold W. Siebens Hearing Research Center.

cine, he continues to study the complex molecular interactions guiding auditory-neural development. His recent work involves the spaces, or synapses, that form between the axons and the hair cells.

Simmons recently received a five-year, \$2,020,090 grant

from the National Institute on Deafness and Other Communication Disorders to study early synapse formation in the inner ears of rodents. In particular, he is interested in the mechanisms associated with regulation of nicotinic acetylcholine receptors during development.

Scientists explore possibility of stem cell therapy for age-related hearing loss

Hearing loss is one of the most common afflictions among the elderly. Age-related hearing loss is caused by the death of the inner ear hair cells that convert sound vibrations into electrical signals sent to the brain. Because these cells do not regenerate, there is currently no way to reverse the progression of hearing loss as we age.

But scientists are discovering that embryonic stem cells can be enticed to become hair cells when exposed to various growth factors, and that other types of adult cells can be converted into hair cells by making genetic modifications. These findings have fueled optimism that a treatment

may eventually be found to restore hair cells and youthful hearing to the aging ear.

A recent study by CID at Washington University School of Medicine scientists addressed the possibility that adult stem cells from visceral fat could be genetically modified into sensory hair cells. Scientists isolated these cells and treated them with a virus that expresses a transcription factor capable of converting nonsensory cells into hair cells. They found molecular markers specific to hair cells, such as myosin VIIA, VI and calretinin, in the treated cells along with structural changes consistent with hair cell formation.

"These results are preliminary, but they suggest that replacing hair cells lost during aging by modifying adult stem cells is a real possibility," said Jianxin Bao, PhD.

Bao, the principle investigator in the Presbycusis and Aging Laboratory at the Harold W. Siebens Hearing Research Center, is an assistant research professor in the Washington University School of Medicine Department of Otolaryngology.

He conducted the study with the assistance of colleagues, Drs. JuneHo Shin, Jan-Jan Liu, Yafei Du and Debin Lei.

The work was supported by the National Institute on Aging.



**Raquel
Schumacher
Marrah**

1974–2005

A tragic loss

We are sad to report the untimely passing of Raquel Marrah, a 2005 graduate of Washington University School of Medicine studying in the Program in Audiology and Communication Sciences. Raquel succumbed to leukemia on August 18, 2005, at the age of 31.

Raquel moved to St. Louis in 2003 to attend Washington University after gaining an intense love for deaf children

through her work at the Vanderbilt Bill Wilkerson Center in Nashville, Tennessee. She completed the requirements for her master's degree in deaf education while undergoing treatment in the Siteman Cancer Center.

She was proud of her achievements, although she was unable to fulfill her dream of teaching deaf children. She is survived by her husband, Jeff and daughter, Sydney.

CID at Washington University School of Medicine

School of Medicine. Larry Shapiro, MD, dean
shapirol@wustl.edu 314.362.6827

Dept. of Otolaryngology–Head and Neck Surgery,
Harold W. Siebens Hearing Research Center.

Richard Chole, MD, PhD, department head and
Lindburg Professor rchole@wustl.edu 314.362.7395

Division of Adult Audiology, Spencer T. Olin Hearing
Clinic. Michael Valente, PhD, director of adult
audiology valentem@wustl.edu 314.362.7457

Program in Audiology and Communication Sciences.
William Clark, PhD, PACS program director
clarkw@wustl.edu 314.747.0101

CID at Washington University School of Medicine programs are financially separate from Central Institute for the Deaf and the CID Oral School and Outreach Center. Donations may be earmarked either to train audiologists and teachers of the deaf or to support hearing and deafness research, and can be sent to Randy Farmer, Office of Medical Alumni Development, Washington University School of Medicine, 4444 Forest Park Avenue, St. Louis, Missouri 63108.

CID Sponsor Paul Mendelson (far right) and members of the Missouri Valley Section of the U.S. Tennis Association recently began a fall tennis program with the CID primary-middle school children.



DeSmet High School freshman John Mohler recently completed a service project for CID on his way to becoming an Eagle Scout. He obtained donated materials and organized other Scouts to help design and construct a sensory table, t-stool and rocking stools for the CID students. These items are now used in the classrooms to enhance sensory learning and strengthen motor skills.



CID students enjoyed ice cream at a back-to-school pool party at the home of board of managers member Kim Miller.

CID primary-middle school coordinator Barb Lanfer and her students and staff said farewell to St. Louis' Busch Stadium in style courtesy of the WB 11 Learning Curve at the Ballpark program. The group was treated to a Cardinals vs. Chicago Cubs game and met shortstop David Eckstein, WB 11 meteorologist Garry Seith and Fredbird before the game. The 40-year-old stadium is being razed to make room for a new facility.