



MEHMET DEMIRCI

ABOUT THIS PROJECT

Project Life exists to shed light on executive health and worker wellness. The series includes regular articles on worker stress, work anxiety, depression and addiction-related issues that creep into the workplace and personality features from executives that are on the forefront of this fight for better health in our workplaces.

SOUNDS OF SILENCE TURNING TO PROGRESS

Hearing loss impacts 50 million Americans, but cochlear implants are increasing and support networks are growing

BY CONNIE GENTRY
Contributing Writer

Sounds are shifting from indecipherable to gradually becoming more distinct for Steve Latus, who received his second cochlear implant in November. This in his left ear, eight years after having had the first cochlear implant (CI) in his right ear at age 60. To qualify for a cochlear implant, an audiologist

needs to confirm that a hearing aid will no longer be of benefit.

“Right now, almost everybody’s voice sounds the same to me. If I’m watching something on TV and two people are speaking, I have a hard time identifying which one is speaking,” Latus said. “That will eventually improve as my brain gets more conditioned to the signals it’s receiving from the cochlear implant.”

Latus, who began losing his

hearing in his mid-20s, has been president of the Wake Chapter of the Hearing Loss Association of America-North Carolina since 2022 and was appointed to the N.C. Council for the Deaf and Hard of Hearing in 2023. After a 40-year career – the majority spent working in communications for pharma giants, including Pfizer and Bristol-Myers Squibb – Latus retired in Wake Forest, having relocated from New Jersey.

Steve Barber, with the processor from his cochlear implant, and Stephen Latus have used CIs to address their hearing loss. Both are active leaders in the Hearing Loss Association of America.

The Garden State is where he first connected with HLAA, and when he initially qualified for a CI he found five people at an HLAA meeting who had cochlear implants and shared their experiences.

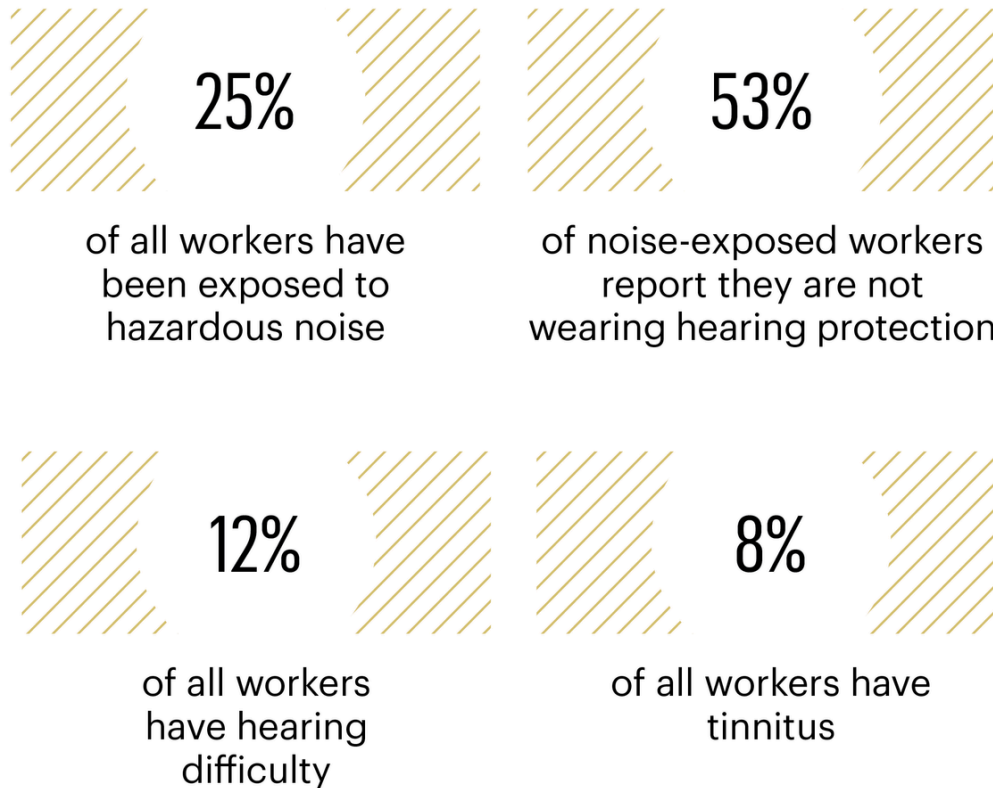
“One of the most significant issues facing people with hearing loss is isolation and depression. They don’t know other people who have the same problem they do so they feel alone,” Latus said, adding that’s a key “selling point” for participating in HLAA. The Wake Chapter hosts both in-person and virtual events, including educational programs, social gatherings and opportunities for support.

“I’m still getting up to speed with the cochlear implant I had in November,” he said. The surgery is done on an outpatient basis and takes only a couple of hours, but the weeks immediately following the surgery are challenging.

“It takes three to four weeks before the swelling from the surgery has subsided enough for the audiology team to activate the device, so there’s a period where one of your ears is not providing you with any benefit whatsoever. ... But then you have the activation day, when your audiologist starts to program the device, and magically you have some hearing in that ear.”

OCCUPATIONAL HEARING LOSS

Hearing loss is the third most-common chronic physical health condition among adults, after high blood pressure and arthritis.



SOURCE: CDC / NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

After experiencing sudden deafness in his right ear at age 25, followed by sudden deafness in his left ear at 33, Latus’ hearing progressively worsened and he became a candidate for the first cochlear implant in 2017. For the first CI, he traveled from New Jersey to Mount Sinai Hospital in New York, but when he moved to the Triangle he was referred to Duke Otolaryngology in Raleigh. Neurotologist and head and neck surgeon Dr. Noam Bartuv performed Latus’ November CI, and Rebekah Matta is the Duke audiologist who is helping Latus.

“Just one month after having this CI, my hearing via the cochlear implant is already better than with my previous hearing aid,” Latus said, adding that his hearing may continue to show improvement for up to a year post-surgery.

Steve Barber, who previously led the state chapter of HLAA (he's been involved with HLAA since around 1990), has a different hearing loss story but with a similar outcome.

Barber grew up hearing, served in the Air Force, and returned to [IBM](#) (NYSE: IBM), where he had worked prior to his military service. Hearing loss was a gradual experience for him, albeit one that started in his mid-30s. "When I was with IBM, I started noticing hearing loss was becoming a problem. Actually, I should say that my wife noticed it," Barber said.

After using hearing aids for years, he realized he was not hearing anything in his left ear, even with hearing aids. The deafness was caused by an acoustic neuroma, a noncancerous tumor on the auditory nerve that connects the ear to the brain. Surgery removed the growth but Barber's left ear was no longer viable for hearing aids or for a cochlear implant.

Big Number

1.2 million North Carolinians have hearing loss

Although these tumors are typically only on one side, Barber had bilateral acoustic neuromas, and his doctor's recommendation was to continue monitoring the tumor that was found on the right ear.

"Fortunately, we monitored that for about 15 years – until I was 65 and essentially deaf. The audiologist suggested, since there was nothing more we could do with hearing aids, that I try a cochlear implant, although they couldn't guarantee it would help because I still had a tumor on my nerve," Barber said.

But it was his only option and the outcome was "better than anybody expected," he said. "It was three or four months before I could understand

speech clearly. I could understand my wife immediately, but it sounded like she was a squirrel on helium. For most people, it takes weeks, or months, for a cochlear implant to start sounding like you would recognize the people you knew.”

By that time, Barber had retired from IBM after 29 years and had started working at SAS.

“When I interviewed at SAS, I was 60 years old, nearly deaf and wearing a single hearing aid ... Fortunately, there was somebody on the team that was wearing a hearing aid as well,” he said. “SAS was excellent, and so was IBM, at accommodating me and my hearing loss.”

The [National Institutes of Health](#) reported that cochlear implants are on the rise, with more than 30,000 adults over age 20 having had a CI between 2015 and 2019. On an annual basis, the number of CIs grew from 5,406 in 2015 to 8,509 in 2019. Although elderly people, those 80 years and older, had the lowest incidence of CI interventions, NIH reported: This cohort experienced the largest growth from 105 per 100,000 persons to 202 during the study period.

“When you get a cochlear implant ... you probably will not need to get it replaced,” Latus said. However, when the technology improves in the processor, which is the part of the CI on the outside of the ear, there could be an option to upgrade the processor. Latus received a processor upgrade two years ago in his right CI, and says insurance typically will support upgrading a processor roughly every five years.

About this project: *Project Life exists to shed light on executive health and worker wellness. The [series includes regular articles](#) on worker stress, work anxiety, depression and addiction-related issues that creep into the workplace and personality features from executives that are on the forefront of this fight for better health in our workplaces.*