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Our Founder Looks Back and Ahead as the International Hearing Foundation turns 35

By Michael M. Paparella, M.D.

Entering its 35th year, the International Hearing Foundation has accomplished so much, thanks to Treva and her boundless, pleasant energy as well as to our board — past and present — for their optimistic support and guidance, and to all who have provided moral and financial support.

Although our budgets have been modest, IHF could not have accomplished its tripartite goal of service, education and research without this help. Our heartfelt thanks go to individual donors who have been essential for our missions, here and abroad. The annual golf tournaments have been essential for providing financial support while offering companionship and visibility for our cause. To ensure everyone's safety, we have postponed the annual tournament for the first time; the next tournament will be Aug. 9, 2021.

We are grateful for partnerships with the Rotary Club, Starkey Foundation and others for providing both full and combined support for outreach programs. For example, this includes equipment and education to Senegal, Africa, and Santiago, Chile. ENT doctors, sponsored by IHF, provided on-site surgical procedures and teaching demonstrations in Senegal. With the Starkey Foundation's support, Senegal has become a center of excellence providing education for both otologists and audiologists as well as medical services there and in other African countries.

Another important partnership with Rotary was a center for the education and services for children with deafness, established in Santiago with facilitation provided by Dr. Robert Margolis, a longtime member of IHF's board. These and other projects have helped many in the past and can support future needs for children and adults for deafness and other communicative disorders.

IHF's financial support has also significantly provided seed funds and other support, benefitting research and educational programs in the Department of Otolaryngology at the University of Minnesota. A cogent and important example of IHF's participation is providing professional staff and financial resources to assist in NIH grant acquisitions, plus other funds to support ear research at the University.

Services provided by IHF include materials provided to anyone who seeks information and education about deafness and other multiple ear diseases. A support group — held on Saturdays for many years — provided education and community for patients who suffered from deafness, tinnitus and vertigo, due

to Meniere's and other diseases. In some instances, when patients needed medical and surgical care and could not afford to pay, care was provided by doctors on a gratis basis when their hospitals agreed. In addition, surgical, medical and audiological services were provided to those in need in other countries by the IHF and its important partner, the Starkey Foundation.

Otopathology (ear research) has become the necessary focus of financial support by IHF, due to limited resources. Otopathology research is (in my and others' opinion) a most important example of translational research, which means research taken from the laboratory that can directly help patients. I started building the Otopathology Laboratory at Ohio State University in 1964, having just left the faculty at Harvard University. When I was recruited to become professor and chairman of otolaryngology at the U of M, I transferred my NIH grant and the content of the Otopathology Laboratory. Since 1967, the lab has grown to more than 2,000 human temporal bone cases with stained slides and collateral clinical information plus hundreds if not thousands of animal study slides for correlation. The crisis of otopathology research is critical. Whereas many laboratories existed previously, there are now only three active human temporal bone labs in the United States, including Harvard, UCLA and the U of M. Harvard and U of M have the two largest collections, which attracts scholars throughout the world.

The problem is NIH does not support the acquisition, preparation or study of temporal bone cases along with a patient's clinical records including such tests as audiograms. This is the only type of translational research that provides new information and a better understanding of previous research, which directly benefits the patient's disease

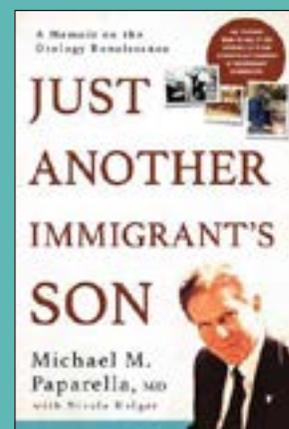
treatment. It does so by providing the otologist and audiologist better and new information to help in diagnosing and treating the myriad of otological diseases. I have dedicated my life and estate plan to help guarantee the existence and growth of this important research that has benefitted millions of patients who suffer and millions more who will need help in the future. Almost 1,000 research publications have been produced by the U of M laboratory alone.

Recently a new two-volume textbook for otology, otolaryngology and head and neck surgery has been published. The title, against my better wishes, is "Paparella's Otolaryngology Head and Neck Surgery." Co-editors are Sady da Costa, professor and chairman in Brazil, and Johannes Fagan, M.D., from South Africa. Both are international leaders in the profession. About 300 contributors, including previous U of M students, have contributed chapters. All royalties will support the U of M Otopathology Lab. My recently published autobiography (see below), too, will support the lab.

As I look back at my life of clinical service, research and education, while living a full life with family support and love, I conclude that besides family, the most important consideration that parallels the 34 years of existence at IHF is education. Hundreds of fellows, both clinical and especially research fellows, have been influenced by IHF and have left an impact on the society they serve. It continues to amaze me that they come at their own expense; IHF drops a rock in a still pool, which creates waves in perpetuity. These doctors have helped thousands of patients while contributing to research and education in their own countries. What a blessing for which IHF can be proud. These professionals, along with our IHF board, can warm their hearts and bask in these wonderful accomplishments.

Recalling a Life of Research, Teaching & Service

In time for his retirement June 30, IHF founder Dr. Michael Paparella has written an autobiography that recalls his remarkable personal and professional journey in the field of otolaryngology. "Just Another Immigrant's Son" is available through BarnesandNoble.com, Amazon.com and Itascabooks.com. Note that ordering from Itasca Books (<https://itascabooks.com/just-another-immigrants-son-a-memoir-on-the-otology-renaissance/>) benefits IHF more than ordering elsewhere. All proceeds go to otopathology research at the University of Minnesota, and purchase is tax-deductible as a charitable gift. Dr. Paparella will continue working with IHF and the Otopathology Lab in his retirement.



Hear Ye, Hear Ye



Joseph P. White, IHF President

It is an honor to be asked to serve as president of the International Hearing Foundation. Past President Rich Kleber has done a great job and passes the gavel of an organizationally and financially strong foundation. I'd also like to recognize the work of IHF Executive Director Treva Paparella, who keeps the organization moving in the right direction!

I was drawn into IHF as a financial advisor and accountant for Dr. and Mrs. Paparella many years ago. It has been inspiring to see the passion and effort that they both put forth in the support of the mission of IHF — otological research, service and education. The research done through the University of Minnesota Otopathology Laboratory, one of the few temporal bone labs in the world, is critical. Without the financial support of IHF over the years, the lab might not exist as it does today.

Service and education for IHF is achieved in multiple ways, but the training of international fellows who have the opportunity to conduct research at the otopathology laboratory and work with Dr. Paparella, is critical. It has such a tremendous impact. This additional training allows fellows to return to their home countries to treat hearing disorders. So many patients, who might never otherwise have received care, have been helped. In addition, these otolaryngologists share the knowledge gained as fellows with their colleagues, who of course can help additional people. It is the “butterfly effect.”

The otopathology laboratory historically been funded through grants from the National Institute for Health (NIH) and contributions from IHF. The competition for NIH grants has never been tougher as its budget allocations are increasingly directed to other areas. It will be more difficult in the future as more NIH funds are directed to infectious disease research.

For the Otopathology Lab to continue to thrive and attract world-class fellows, IHF needs your support! The COVID-19 pandemic has forced the postponement of the annual IHF golf tournament until 2021. It is our largest fundraiser each year.

The IHF board and its close associates will do our best to make up some of these contributions, however, we look to you to join us in this mission to make the world a better place. If you have been helped by the IHF, Dr. Paparella or the Paparella Ear Head and Neck Institute, please reach out to us to find out how you might help us further the mission of IHF.

We are entering the next phase of the COVID-19 pandemic and attempts to reopen the economy. We are hopeful that all goes well. The effects on our society, both in the short term and the long term, will be substantial. It has been positive to see the business leaders to “do the right thing.” The recognition of health care professionals and support on the front line has been phenomenal. As the definition of essential workers expands to include professions that were under-appreciated in the past, the impact will be lasting and positive for many people. For example, the family time that has been rediscovered during the “stay-at-home” directive is another positive, lasting outcome.

I truly have confidence that we will pull through this and move forward as a society. To discuss charitable opportunities with IHF or to learn how we can help or provide assistance, please do not hesitate to reach out. We look forward to hearing from you.

— Joseph P. White, C.P.A.



MISSION STATEMENT

The International Hearing Foundation — nonprofit, tax-exempt and funded solely through donations and fundraising events — has a three-fold mission: otological research, service and education — all areas of great need. Beneficiaries of these charitable endeavors are first local but also international. The IHF is an affiliate of the University of Minnesota Foundation.

Board of Directors: Joseph P. White, CPA, President; Jantze Haley, Vice-President, Michael M. Paparella, M.D., Secretary and Treasurer; Treva Paparella, Executive Director. Board: Jerry Abbs, Tani and William F. Austin, Teri Austin, Brad Birnberg, Sebahattin Cureoglu, M.D., Frank Grovenstein, James D. Hainlen, Ph.D., Richard Kleber, CFM, David Lieberman, CIMA, Robert Margolis, Ph.D., Matthew Patterson, M.D., Elizabeth Payne, M.D., Bevan Yueh, M.D. IHF Event Director: Tim Miller. Medical/Research Advisory Board: Hamed Sajjadi, M.D., San Jose Ear and Sinus Center.

From the Executive Director's Desk



Treva Paparella, IHF Executive Director

We very much hope you are all well and managing to stay strong and healthy during these stressful times. We can all find ourselves feeling overwhelmed in this uncertain period. We must navigate new schedules, learn to work from home or cope with not working at all... and seek new ways to connect and care for family and friends from afar.

We hope that you are finding time and space to strengthen bonds with loved ones. These are challenging times. We are a strong nation and we will come out of this stronger than ever. These are our wishes for our IHF friends, our generous donors and beyond.

As we enter into the 35th year of IHF and I look back over the past years, I'm reminded of how far we've come and yet how much there is to do. IHF has gratefully benefited from the generous giving of thousands of supporters.

Thinking back to Helen Keller's comment regarding being deaf as well as blind, she felt being in the world of silence was much worse than being blind. Think about that, and then how would you answer this? I'm not sure how I would answer this question, but what I do know is that before we can develop speech, a precious human function, we must be able to hear. Wouldn't it be wonderful to cure deafness and other ear diseases?

Through research grants from the Starkey Foundation as well as the National Institutes of Health (NIH), we are able to continue the much-needed research surrounding ear diseases. Maybe someday we will find a cure for these!

Over the years, IHF has been consistently fulfilling our mission work through otological research, service and education.

Our international missions continue in Senegal, Africa as well as in other developing countries. Dr. Robert Margolis has been instrumental in bringing Rotary and IHF together to help support “Hearing for Humanity,” which provides grants for audiologic services in places such as Chile, Mexico, Malawi, Vietnam and Cambodia.

Because of you — our donors — we are able to continue the important work of IHF.

Thank you for your caring spirit that leads you to make life-changing contributions in support of the International Hearing Foundation.

— Treva Paparella

A Look into Research at the U of M Otopathology Lab

By Sebahattin Cureoglu, M.D.

Pathology, the gold standard for discerning diseases in humans, is essential to every medical discipline. Human ear structures are usually inaccessible, with the exception of surgical biopsies. But such biopsies include only minuscule specimens of ear tissue and are often unrepresentative of the condition of the ear. Organs, other than the ear, are routinely studied in hospital pathology laboratories. Because of the difficulties and expense of ear tissue acquisition and preparation, otopathology has evolved as a separate discipline.

Research into the causes of ear problems is difficult because hearing and balance organs are deeply protected within the skull. The inner ear is inaccessible during life so that conventional techniques of pathologic studies such as biopsy and surgical excision are not feasible. Hence, insight into the pathologic basis of ear disease within the framework of the inner ear can be obtained only by postmortem study of temporal bones and by developing better animal models. Improved understanding of the pathology and pathogenesis of auditory and vestibular system disorders will lead to more rational diagnosis and management of these disorders. The procurement, processing and study of human temporal bones are time consuming and costly and can only be performed in the few existing temporal bone laboratories. Histologic preparation of human temporal bones has led to the discovery of the pathology of Ménière's disease, otosclerosis, cholesteatoma and other ear diseases.

The University of Minnesota Otopathology Laboratory has been collecting human temporal bones since it was established in 1967 under the direction of Dr. Michael Paparella. The collection houses over 2,100 cases. More than 150 doctors from all over the world have been trained in the lab. They have analyzed and collected scientific data to discover new treatments for the problems associated with hearing, balance and the facial nerve. Because of the diversity of ear diseases, one requirement of temporal bone labs is the ability to acquire and archive a large number of bones from deceased donors with good clinical histories for auditory/vestibular research. As a result of human otopathologic studies, we have a better understanding of the structural and molecular mechanism of various ear pathologies and otopathologic conditions that could have a major impact, facilitating new strategies for preventing and treating ear diseases.

Findings in our temporal bone studies are cataloged with the National Temporal Bone, Hearing and Balance Pathology Resource Registry. Digital photographs are sent to investigators and are accessible on our website,

www.otopathology.com. The nonprofit Registry was established in 1992 by the National Institute on Deafness and Other Communication Disorders (NIDCD) of the National Institute of Health (NIH). Our lab was selected as the Midwest Center for the Human Otopathologic Research; we recently received an NIH subaward under the Registry. MEEI, UCLA and UMN are collaborating to create a new database and update records of existing and prospective specimens in the Registry.

Experimental animal temporal bones are also sectioned in our laboratory. We have been investigating the efficacy of a formulation for otitis media treatment that targets both the innate response of the middle ear to infection and the pathogen. Treatment consists of a potent antimicrobial peptide and a key molecule of the early innate response of the middle ear mucosa to infection. We believe that a combination of antibiotic and non-antibiotic modalities will be successful in eliminating bacteria in the middle ear, helping to prevent recurrent and chronic infections. Not only is there a need to challenge traditional treatments, but to develop non-traditional methods of administration as well. The conventional method of treating otitis media with oral antibiotics exposes not only the middle ear, but also other organs. We are investigating topical transtympanic treatment of otitis media, which limits the exposure to the ear and provide a greater concentration of the pharmacologic agent to the infected area. And because the treatment is administered as an eardrop, it can be applied at diagnosis, ensuring compliance.

We are collaborating with investigators in the U of M Department of Neuroscience and Stem Cell Institute. Unfortunately, very few temporal bones have been procured from individuals with well-documented electrophysiologic testings of hearing, brainstem and brain structures and balance functions. We believe that investigating the sequence of changes in peripheral auditory pathway and early findings in hearing might be important and/or associated with dementia, especially in Alzheimer's disease.

Many researchers have relied on animal models, but the application of such models to the human ear needs to be validated, given the genetic and anatomic differences between animals and humans. No animal models currently exist for many otologic syndromes, irreversible pathologies such as cholesteatoma, Meniere's disease, otosclerosis, or changes after cochlear implant surgeries; human specimens are critical.

In addition to our archived human temporal bones, our collection contains 19 species of animals, including four species of experimentally induced middle ear infections. Although the molecular composition, 3D



Top row, from left: Lori Gulbranson, Patricia Schachern, Sebahattin Cureoglu, M.D. Bottom, from left: Post-doctorate fellow Mio Uchiyama, Irem Gul Sancak, Grace Park.

organization of the cells and matrix of the inner ear have already been described in many species, there are only a few human studies to compare.

Many otologic diseases have no animal model. Cytomegalovirus infections are acquired, causing sensorineural hearing loss in pediatric cases. Our preliminary data shows that there is no animal model, and findings in animals do not represent what's seen in temporal bone specimens from children with CMV infections. Recent work with CMV infection researchers will fulfill a need in otolaryngology and pediatric infectious diseases.

We have been applying several antigen retrieval methods (heat, chemical and proteolytic-induced epitope retrieval). We observed mucin upregulation by immunohistochemistry and mRNA by in situ hybridization in mucoid otitis media using human temporal bones with postmortem times < 6 hours.

We are continuing proteomic analysis of celloidin-embedded archived bones, and plan to start studies using our newly acquired temporal bones. We generally develop methodologic protocols using our archived chinchilla temporal bones, before applying them to our human specimens. As a result, proteomic profile of the pathologic tissue can be compared to the normal protein distribution. Abnormal proteins detected during proteomic analysis can be further evaluated by immunohistochemistry.

Secrets in the ears of individuals with newly understood diseases could be hidden from the world unless their temporal bones are adequately studied. Knowledge is lacking on the pathogenesis of auditory neuropathy, Migraine-related vertigo or vestibular Meniere's disease.

It is an exciting time for methodological integration, where the same temporal bone can be used for light microscopic study as well as for electron microscopy, immunostaining and molecular studies involving genomic and proteomic assays. Using technologies in combination will provide new information that could revolutionize our understanding of otologic disorders and potential treatment.

Dr. Steven Juhn Retires from the University of Minnesota



The International Hearing Foundation thanks Dr. Steven Juhn, who retired from the University of Minnesota this year, for his decades of research, service and teaching, and especially his contributions to the university, the field of otolaryngology, and the IHF Board. Dr. and Mrs. Juhn have moved to New York City to be closer to their sons and family.

Juhn was invited to join the Department of Otolaryngology at the University of Minnesota when Dr. Michael Paparella

became the chairman of the Department in the late 1960s. Steven explored new areas of research — namely the biochemical aspect of middle ear and inner ear disease — and became the leading expert in this area. He extensively studied the biochemical nature of the middle ear fluid in otitis media and assessed the effect of the antimicrobial treatment. He also studied and reported the existence and the biochemical nature of the blood-labyrinth barrier for the first time in literature.

He took the initiative of establishing the graduate program for otolaryngologist residents so students could acquire either Master's

or Ph.D. degrees by being involved in research activities during and after residency. He served as the director of the graduate program and contributed to training academic otolaryngologists with the support of chairman Dr. Paparella.

The program attracted not only superb candidates from the United States, but also excellent foreign candidates who were accepted as residents in the program. Many graduates of the program are now contributing as leaders and academic otolaryngologists throughout the country and abroad.

When Dr. Paparella initiated the International Hearing Foundation, Steven naturally became a member of the board. Dr. Juhn said, "It is indeed a privilege to serve this organization that plays an important role to promote the improvement of hearing loss in many ways throughout the world."

Dr. Juhn continues to maintain close relationship with Dr. Paparella, and they refer to each other as "fratello," meaning "brother" in Italian. Clearly their relationship has been special both personally and professionally. The IHF and its board are grateful for Steven's work and wish Dr. and Mrs. Juhn all the best in retirement.

IHF Service Projects in Santiago & San Felipe Stalled but Not Stopped by COVID-19

International Hearing Foundation service projects in San Felipe, Mexico, and Santiago, Chile, are moving forward despite the disruptive effects of the COVID-19 pandemic.

In Santiago, the diagnostic center that was installed in 2002 will be updated with all new state-of-the-art equipment. Fundraising for the project began last fall when the center requested IHF help to replace the equipment that is past its serviceable lifetime. Then in December, there was an electrical fire that destroyed the sound-treated test room and all the equipment inside. Except for one piece of equipment that was purchased in 2016, all that was lost was slated for replacement.

Government funds have been provided to rebuild the sound room. The budget for the project is \$70,500. A commitment from IHF for \$5,000, local Rotary clubs, Rotary District 5950 (Minnesota), and a grant from the Rotary Foundation will provide the needed funds. IHF board member Bob Margolis and Minneapolis-University Rotarian Jerry Yanz will travel to Santiago when the travel ban is lifted to install the equipment. They hope to make the trip this fall.



In San Felipe, the hearing clinic that was supported by IHF and a Rotary Foundation grant has outgrown its current location and will be moved to a medical office in the city. The new location will provide the space and needed administrative support. The clinic sees patients who are low-income residents of San Felipe and will receive free services and hearing aids as well as patients who are American retirees and snowbirds who live there. The Americans receive diagnostic services and hearing aids at substantially lower costs than they would pay in the United States. The revenue from paying patients supports services for low-income residents of the city. The new clinic will be set up in the fall when travel to Mexico resumes.

Paparella Clinical Otological Research Award

Bin Li received the Paparella Clinical Otological Research Award for his published research, "Outcomes of Adopting Endoscopic Tympanoplasty in an Academic Teaching Hospital. This is the third time Li has received this award. The



IHF Past President Rich Kleber and Bin Li

International Hearing Foundation, along with Dr. and Mrs. Michael Paparella, congratulate Bin Li for his outstanding research. The Paparellas established the award through the IHF in 1999 to recognize a resident's outstanding clinical research in the field of otology.

A Mission that Started 30 Years Ago in Africa Endures Thanks to the Work of Many

By Dr. Sady Selaimen da Costa

My involvement in International Hearing Foundation's mission to Senegal started when I arrived in Minneapolis in 1988 with a few bags and a lot of dreams. I remember the thrill of opening the acceptance letter for a two-year fellowship with Dr. Michael Paparella.

I received a Rotary Foundation Scholarship. My advisor was the wonderful Dr. Daniel Barnett, of the Bloomington Rotary Club. Dr. Barnett also was a college teacher who devoted his life to education. His wife, Mary Lou, was a retired nurse who had worked in ENT department at the U of M. With the support of IHF, Rotary, Michael and Treva Paparella, my "sister" at the lab, Pat Schachern, and the Barnetts, I felt that mixing so many smart brains and gentle hearts together could generate life-changing projects!

Malik Diop, from Dakar, Senegal, was another fellow with Dr. Paparella. He was a bright doctor and excellent researcher, but his main motivation was to learn ways to help his people. During free time in the lab, surgical intervals or at social gatherings, people would listen, with attention and astonishment, to Malik's stories about the hospital in his country. As these stories came to the attention of Pat, Dan, Treva and Dr. Paparella, a new mission arose: to create a multi-institutional task force to help improve the hospital's bad conditions.

IHF was in charge of gathering equipment, arranging logistics and recruiting past fellows willing to travel to Dakar. Through its global network, Rotary engaged African Rotary clubs. The first team, Drs. Neil Sperling and Jordan Stern, arrived at A Le Dantec Hospital in Dakar in 1991. Two surgical rooms were prepared with the shipment of microscopes, drills and micro-instruments. An area for meeting patients and several beds were reserved in the main infirmary. Unfortunately, the mission was cut short for staff safety due to the first Gulf War.

Months later, Dr. Paparella was the guest of honor at the Congress of the Brazilian Otological Society. It was joyful having the Paparellas in our country. After a dinner, Treva gave an update on IHF's Senegal project. Dr. Paparella said: "You see, guys, your fingerprints are all over this project since you both [Luis and I] were my first fellows sponsored by Rotary!" I don't know if it was his persuasion or too much wine, but we raised our glasses: "You can count on us, Professor! Please, just let us know when and where you need our support. We will be ready!"

One morning, my secretary said Luiz Carlos from Ribeirao Preto was on the phone. Before I could say hello, Luiz asked in a loud voice: "Sady, have you got the tickets?" "I have not ordered any tickets! What do you mean, Luiz? A concert?" "No! A round trip to Dakar, Sady! We are booked to Senegal 45 days from now!" I dropped the phone and opened a familiar yellow envelope from IHF. I picked up the phone: "See, Luiz, we had too much drinking that night and, yes, we are going to Africa!"

We convinced our friend and superb head/neck surgeon, Ricardo Kroef, to join us. In New York, we boarded a non-stop flight to Dakar. On the way to the hotel, Malik drove the periphery of Dakar, which was very poor and arid, contrasting with the downtown, which was nice and busy like any other city in the world on the Atlantic coast. Malik introduced us to his team of doctors, residents and nurses. A Le Dantec Hospital was a three-story, quadrangular-shaped building with a patio in the center. The patio was for patients and families, who brought in daily meals to share. The surgical center was on the top floor. The infirmaries, big open spaces with beds placed side by side, were on the second floor.



Dr. Sady Selaimen da Costa, Dr. Daniel Barnett & Dr. Michael Paparella.



Dr. Sady Selaimen da Costa with a patient at the Senegal clinic.

Malik granted us access to his office for exams. We had two operating rooms. Ricardo carried out head and neck surgeries with assistance from staff in one, and Luiz and I performed ear disease surgery in another. Our room was equipped with a decent microscope, top-quality drills and new micro-instruments, all donated by American companies. We performed more than 60 surgeries for ear diseases, cholesteatoma, head and neck cancer, congenital malformations and plastic reconstructive surgery. We learned about new pathologies such as Noma and saw a patient with severe sequelae from a tiger bite! We learned a lot from Malik and his colleagues Raymond and Issa, who were all talented in general surgery including head and neck, but lacked experience in otology. That was our major goal: to share knowledge of that specialty. Between surgeries and postoperative care, we prepared lectures for the residents, focusing on the most common and morbid pathologies. This was among the most rewarding part for me — engaging doctors and students and sharing experiences.

After a long day, we would enjoy a cold beer at the hotel, recap the day and plan the next. We defined two goals: to dispense the

best possible care to patients and to teach doctors and residents best practices and surgical skills. This was our way to leave an imprint on and improve people's lives! Since we were aware that many people had waited for months to be seen by a doctor, decisions could be tough and heartbreaking. We knew that we could not solve all the needs in Senegal even if we stayed there forever.

Malik continued to educate us, showing us where poor communities lived. We could learn the same lesson in Senegal, Brazil or USA: The greatest misfortune of modernity is not poverty itself, but the deep contrast between social strata and the indifference and contempt from those who hold the power and wealth toward those who live in misery and silence. We were tired and ready to return to our families and routines, but we also were happy and grateful for making a difference. With eyes brimming with tears and hearts having both sadness and joy, we said goodbye with handshakes and hugs.

Our flight to Minneapolis was overbooked. The next day there was room on a flight to Paris, and we endured a grueling 50-hour flight with stops in Bamako, Marseille, Paris, Boston, St. Louis, Dallas, Atlanta and Detroit. We arrived tired, stressed and dirty. Professor Paparella greeted us: "So, boys, how was the trip?" Still reeling from the flights, I said: "Professor, it was not a trip. It was a nightmare! Please take us to the hotel and leave the talk for tomorrow."

In Minneapolis, we attended IHF and Rotary Club functions to share the objectives and impact of the project and encourage engagement and contribution. At one event, eight Rotary members earned Paul Harris Fellow recognition (donation over \$1,000) for their gifts. I also reconnected with friends and colleagues and revisited the places where I lived, studied and had fun. We dined out, played tennis with the Professor, watched his surgeries, and ate Treva's delicious meals. To hide our emotions, we said goodbye and rushed inside the airport without looking back. On the plane, I closed my eyes and started recalling the mission. What an adventure I had the opportunity to live! I'd grown taller and benefitted from the experience. I recalled a saying framed at the IHF office: "You never really leave a place you love. You take a part of it with you and leave part of you behind!"

**SAVE THE DATE
IHF GOLF CLASSIC
AUG. 9, 2021**



We have rescheduled the next IHF Golf Classic and Silent Auction for Aug. 9, 2021. 11 a.m. Lunch and Program, Crystal Lake Golf Club, Lakeville MN. Please call 612-339-2120 for a brochure/registration materials; \$375 (individual) to \$10,000 (major sponsor). IHF's annual Golf Classic would not be possible without volunteers who help coordinate this event.

We Get Letters

Dear IHF,
Thank you very much for all of the help you gave our family. Our daughter is doing so much better since she received your gift of hearing.



Sincerely,
— M.D.

Dear IHF Board of Directors,
How does one show appreciation for the hearing aids that your foundation helped our son with? "Thank you" doesn't seem to be enough, and yet, thanking you for this gift is our only way of showing gratitude to all of you.

Thank you,
— Erin W.

Dear IHF,
"Wow, I can hear mom!" What a wonderful response when our son received his new hearing aids from IHF. The best gift a mother could receive. To the IHF...thank you for your help.

— Kathy S.



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IHF



LISTENS for those who can't hear

We need your help to implement International Hearing Foundation (IHF) programs. Please make your check payable to the International Hearing Foundation and mail to 701 25th Avenue South, Minneapolis, MN 55454.

Here is my contribution in support of better hearing.

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The IHF is an affiliate of the University of Minnesota Foundation, a 501(c)3 charitable organization. For more information about the IHF, please call (612) 339-2120 or visit www.ihf-mmf.org.

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