

Matt Hay:

And so I was just writing about, I didn't realize till now, but I grieved for my hearing loss. And fortunately, I smashed it all into about a six hour window of moving through the stages, but it was almost like, you start with anger and then denial and then negotiating and then something and then acceptance.

But there was actually a grieving process. And then just like with regular grief, you get to step five and then a month later, you're back at step two. And so it's not a linear path, but there's absolutely a grief process of hearing loss. And I don't think ... I had never heard anybody talk about that before. And maybe that's the value I can bring today.

Dawn Heiman:

You're going to help a lot of people today.

Matt Hay:

Thank you.

Dawn Heiman:

So our guest today is Matt Hay, who you will find everyone loves. He's adorable. He is smart. He is unfortunately on a journey that took him along with hearing loss that he was not expecting. And all good things, he's helping people with hearing loss all over the world, including being able to work for a company named Redux. And he'll talk about that, I hope.

About how he's been there. And I don't want to tell too much because I feel like I would be stepping on your toes, but so many people are affected by hearing loss and it's so good to be able to hear their stories and to be able to give each person a platform, so that they too can feel like that they're not the only one out there. So Matt, welcome.

Matt Hay:

Thank you. This is exciting for me, Dawn, because, and I think you know this or hope you do, but I've known your name and seen you out on social media. So it's fun for me to be a part of what you're doing after years of just watching from afar what you're doing. So thank you for having me.

Dawn Heiman:

Thank you. Thank you for being vulnerable and showing up today and being willing to share your story. Do you want to start at the beginning? Where?

Matt Hay:

Sure. So I'll try to condense 40 years down into some more relevant information, but I'm 44 now. When I was 18 or 19 years old as a sophomore at IU, I noticed I couldn't hear on the phone anymore. I had grown up around chainsaws and lawn mowers and in the eighties hearing protection wasn't quite as well known as it is now.

I had actually applied to West Point in high school and failed the US Army physical. And I failed for substandard auditory acuity, which is army speak for, "You can't hear very well." We just assumed it was growing up around loud noises and not taking very good care of my hearing.

Dawn Heiman:

Sure.

Matt Hay:

And I applied to Indiana and very quickly realized that Bloomington was a much better place for me than West Point after all. So thought maybe that was just serendipity.

In my sophomore year, I lost my hearing in one ear. I couldn't tell, I couldn't hear on the phone and went to an audiologist because when I got home that summer, my parents were floored by how many things I was missing or how often I was nodding and smiling. And they were recognizing that I wasn't picking things up like I did before.

So I went to see audiologist and I was certain they were going to tell me everything was fine. And that was the day that my respect for the audiology community really got turned up to 11, because instead of selling me hearing aids, which they could have probably very well done, they said, "We think you need to see an ENT." And it was an ENT who referred me to get an MRI and the MRI showed two bilateral acoustic neuromas, which are benign tumors on my hearing nerves.

And it is not terribly uncommon to have an acoustic neuroma and people can continue to live very typical lives with an acoustic neuroma. But bilateral is more than twice as bad because you don't just have two, but as they grow and they start to put pressure on both sides of your brain stem, lots and lots of bad things can happen when you start squeezing your brain stem.

So I was diagnosed with neurofibromatosis 2, which is more easily referred to as NF2. And that kind of really changed the journey of my life of saying there's a lot of physical, mental, emotional challenges that you're probably going to run into with NF2. And like with any, I mean, I was 19 years old, so of course that's not going to happen to me. Right? There's nobody more invincible than I was at 19.

I got them all. So I spent the next 10 years dealing with the hearing loss, the loss of balance, the loss of facial nerve function. And it really, I went from thinking, "What do I want to do for a living? Or what am I going to do when I'm 30 or 40?" To thinking, "What decisions do I need to make to get through today?" I mean, and sometimes, "What decisions do I need to make to live through the week?" And that put things in perspective. And I probably had to grow up pretty quick.

Dawn Heiman:

Wow. And were you dating at the time?

Matt Hay:

During my diagnosis at 19, I went out of my way to not be tied down. And I moved to Chicago with college roommates and having disposable income for the first time in my life. And I accidentally met someone who just blew me away. Was actually at New Year's Eve, after graduation. And I'm not always good with dates, but I know the night that we met because we were at a bar and they played, it was the year going into the new millennium, because they played Prince's Party Like It's 1999 right before midnight.

Dawn Heiman:

Nice.

Matt Hay:

And then the Backstreet Boys, right. I think the millennium song? Right at midnight. So I can remember that. And I was actually had a date that evening, who I very casually ditched at midnight, because I had met this woman who went on, has gone on to be my wife now of 18 years.

Dawn Heiman:

That's awesome.

Matt Hay:

So I could strategically be by her at midnight because I wanted to kiss her at midnight and it all worked out perfectly. And I thought, "Well, that was pretty smooth." She has no recollection of it at all.

Dawn Heiman:

No!

Matt Hay:

Doesn't remember that happening at all. We even have a little commemorative shot glass. And to me, it's commemorative of our first kiss. To her, it's commemorative of me telling her that was the night of our first kiss.

Dawn Heiman:

That's amazing.

Matt Hay:

So she was there when things really started to go sideways. And around the time when I thought maybe I'm not going to be the lucky guy that dodges the bullet that is NF, that is hearing loss, a lack of vestibular nerve, functional lack of facial nerve function.

I guess, depending on your perspective, lucky for her, lucky for me, we'd been dating about six months when I had the first of what would end up being dozen surgeries, about six months after we started dating. And so she very early on had to make a decision of, "Am I serious enough about this guy? Am I okay enough with dating a guy that has this severe neurological disorder that I want to stick it out?"

And I made it very clear that I would not expect or blame her. We were 23, 24 years old, that she didn't owe me anything. And one of the things I love about her is her confidence and independence. And she took that very vulnerable time for me to make it very clear that she was not making decisions based just on me.

That she was perfectly capable of making decisions based on what was best for her. And she decided that what was best for her, fortunately, was to stick around.

Dawn Heiman:

Nice.

Matt Hay:

So that was 19 years ago. So if she's regretful, she's not very good about taking action on that regret.

Dawn Heiman:

That's great. So tell me about that those times when you'd first started dating, what kind of surgeries did you have? What happened?

Matt Hay:

So NF2, I lack of protein that you and most people are fortunate to have, that prevents benign tumors from growing on any nerve sheath in your body. The protective sheath around your nerve is just like a cable that has a plastic sheath around it. But I can have a tumor grow on any of those nerves.

Unfortunately, you have 50 plus miles of nerves in your bodies, so that's a lot of places for tumors to grow. So we were very aware of the acoustic neuromas, because when you do an MRI scan, they show up bright white. I also had enumerable tumors on my spine. And the reason I say enumerable is those were actually the words used by the radiologist. Which I thought was like the laziest thing a radiologist can ever do is start to count tumors and be like, "Forget it. Innumerable."

And if I'm going to live with this disorder, the least you could do is count my tumors. Right?

Dawn Heiman:

Yeah.

Matt Hay:

So the largest of those was inside my spinal column. So we were aware that it might be a problem because you don't want to be messing with the inside of your spinal column. And over the course of about six weeks, I went from having kind of a stiffness in my back to having a debilitating pain.

And it felt like somebody just was constantly turning a cork screw from the inside out. And so I had surgery to remove that tumor and the surgery was successful because they got the tumor out and I got flow of spinal fluid back in my spine. But when they pull, essentially, all of the nerves in your body from your neck down aside to operate on a tumor and they do that for 15 hours, the outcome could be pretty unpredictable.

So the tumor got out, but I woke up unable to feel from the waist down and unable to feel my hands, which was one of those things they said could happen. But when you go into a surgery, there's a million things that can happen, and there's no way to really wrap your head around all of them. So I hadn't really given the not much thought.

There's a lot to process when you wake up and you can't walk. And the doctor says, "We think you'll be able to walk again. And we will know in a year, because it might take a day, it might take a week. It might take a year, or you might not ever get that nerve sensation back."

So if you think, I could move my legs up and down. I could move my hands, but if you think of the most asleep your foot's ever been, ever, where it's no longer tingling anymore? It's just an appendage that's there and you can't feel anything. I had that permanently on half of my body for months and months.

Fortunately, through ... I moved into long term care rehab. Nora moved in with my parents, so she could be close by and come visit me. And with a lot of physical therapy, a lot of occupational therapy, and then just a lot of persistence, I guess? I was fortunate to get a little bit of movement back and over the following six months move from really ICU to a hospital bed, to a wheelchair, to a walker, to a cane. So yeah.

Dawn Heiman:

How old were you at that time?

Matt Hay:

23.

Dawn Heiman:

23? In long term care?

Matt Hay:

Yeah. I can remember lying in bed and seeing my friends get promoted to their first, you know, from, if they're an attorney, maybe they graduated from law school, they got promoted to associate, or they got promoted. They're on a track for junior partner. And I can just remember feeling ... there's a line on don't let the sun go down on me by Elton John who says frozen here on the ladder of my life.

And I can remember it laying in that bed for day after day and thinking, "That's me, I'm stuck here. And I can't do anything about it. Everybody keeps telling me how well I'm doing and how patient I need to be." And I don't belittle my friends or I wasn't jealous that they were, I was proud of them for moving forward in their lives, but I was frozen there. And there are absolutely times where the mental and emotional wrestling match was worse than the challenges of not being able to walk.

Dawn Heiman:

Absolutely. But you had an encouraging support system, your therapists were seeing progress. And how long did it take for you to learn to walk again?

Matt Hay:

So about nine months later, I was walking without a cane. And about three months after that, I saw that the ... I think at that point I was allowed to walk one mile and I was allowed to carry two cans of corn upstairs, because they didn't want me carrying a lot of weight and it would throw off my balance.

And I found out afterward that my physical therapist didn't mean literally two cans of corn, but each day I would get up and walk one mile and then walk up and down the steps. I was living in Chicago, where you are. So I went to Jewel and bought two cans of corn, and I would walk up and down the steps each day, holding two cans of corn. And that was my home therapy. So maybe I took that a little too literally, but I became kind of addicted to the idea, through all of the therapy I had done, I really liked and responded well to measurable progress and saying, "Okay, if I do X, Y will happen."

And so if I could see, if I'm going to walk it every day and keep carrying those cans of corn, that now I can do 10 flights of stairs and maybe next time I can do 12 and a week later, I can do 14. I responded very well to that. And so I saw that the Chicago marathon that year was the one year anniversary of my surgery. And I thought what a great way, what a great literal figurative finish line to run the Chicago marathon, or at least progress, and cross the finish line. I don't know if running is necessarily the right word.

And so my wife and I started training, which meant I was now allowed to go more than one mile and carry more than two cans of corn. And several months after that we finished or we didn't win, but we finished the marathon in some five hours or so. Which means we didn't see the Kenyans at all. They were already on their flight home before we crossed the finish line.

But it was very encouraging to me to be able to say one, "I did this," but two, I was told that the outcome of my surgery would be, "We think you could walk in a year." And so, after a year of failing a lot of things, just every day was one failure after another. It was really, I needed a win and that was the win that I needed. So that was a turning point for me because I thought why, "I'm no longer going to have to be limited by what other people are telling me, this is the outcome you're probably going to experience."

They might be right, but I'm the one that gets to decide that, not them. So that was pretty impactful in how I would continue to deal because I ended up having another 13 surgeries after that. On face, brain, brain again. And I certainly believe that that win was a way for me to reflect back each time, when I was feeling those losses pile up, of saying, "You know what? We've been through this before. We could get through that again." So, sorry. I've got a little emotional with that.

Dawn Heiman:

That was fine. So it's understandable.

Matt Hay:

That first surgery was at 20. It was in 2002, a couple years later. Nora and I are now married and my hearing continued to decline and one day I woke up and I couldn't hear any more. And we knew this was going to happen. And so I had done everything I could physically to prepare, sign language, lip reading, mentally kind of saying, "All right, this is what's going to happen. What's the worst part of that. What's the best part of that?"

Did everything I could. And there's just very, very little that you can do to prepare where the actual moment comes, where hearing loss, where hearing evolves from being something that you process, to being a memory. And that concept of sound is memory to me now. I was not prepared for that.

The surgery that I had right before that, or that I had right after that, where they implanted my auditory brain stem implant, which is like a cochlear implant, except because I have nerve damage, my highway of my ear is perfectly fine. It's well paved, bright yellow lines. Everything about my hearing is picture perfect.

And then you get to the very end and the bridge is out. So I have this like great four lane highway with a rusty little bridge that connects to my brain is totally washed out. So no sound that I process can get to my brain. So an auditory brain stem input, you're probably hearing me define that. And as a doctor of audiology think, he's like 2% right?

Dawn Heiman:

Oh no, I'm not judging. I'm just helping anyone who's watching.

Matt Hay:

Okay.

Dawn Heiman:

No, you're doing a beautiful job.

Matt Hay:

So an auditory brain implant was only approved by the FDA a couple years earlier and cochlear makes it for a compassionate care. And right out of the gate, if you're getting something for compassionate care, that's a fancy way of saying we've got super low expectations here. Compassionate care does not equal amazing outcomes. It's sort of a, "This is the best we can do for you."

So what an auditory brain stem implant does is I had surgically attached to my brain stem 12 electrodes and a doctor at the House Ear Institute in Los Angeles, who had the most experience doing this ever, because he had implanted like a hundred of them ever, said, "We think this is the part of your brain stem that processes sound. And so we're going to sew these electrodes there and cross our fingers and see what happens."

So they did that and they removed the tumor at the same time. And the other thing I wasn't prepared for was waking up with facial paralysis because they damaged the, your facial nerve is right next to your hearing nerve and the tumor was on both. And I had spent a decade preparing for what it would be like to not process in information and sound. And I thought I had done the best I could to process that.

At no point did I consider the challenge of being limited of now being able to convey information out. So when your hearing is gone, you've limited your input. When you have facial paralysis, you've now limited your output. And that is an incredibly lonely feeling. And I've got about half of that movement back now, but I spent a year of just with no feel, and I still can't feel the side of my face, but no movement. And they connect my ABI and ever, I've got high hopes again. I'm going to be the one guy that blows everybody away by how well it works.

And they plugged it in and it worked, but everything sounded like a gravel truck. A toilet flushing my wife saying, "Hi," a gravel truck. In fact, in hindsight, I probably should have spent more time around gravel trucks because that would've been the one thing I would've been able to identify. It was just grumbling and electronic everything.

And I wore my implant for a year and after a year everything was grumbling electronic and a year lighter, the progress was that I could now identify two kinds of gravel trucks because the gravel was a little bit for one noise versus another. That's essentially useless. But what I know now is that was actually measurable progress. And if you think of a radio dial, old school tuner dial on a radio, which makes me think I don't know how often people listen to a radio anymore and how often radios have tuner dials, but they did.

And you couldn't find a station and it was just fuzz. And then as you approach a station and you can start to think, "Hey, somebody's talking near," I don't know what they're saying. I don't know if it's a man or a woman, but I can tell it's a voice. I had evolved to that stage. And then I spent about five years there of trying to identify those voices.

And just like with the doctors, when I started walking again and they said, "We think that's about what you'll do." I've been wearing my AVI at that point for seven or so years. And they said, "Hey, this is what we expected. Life noises. You can hear oven timers and police sirens." And I'm embarrassed to say that I accepted that that was ... I achieved what they told me I would achieve.

And I spent years there and maybe feeling a little bit sorry for myself, or maybe just acceptance. And I mentioned you once before, Dawn, that hearing losses a lot like any other kind of grief. Initially, it's a denial of, "There's nothing wrong with my hearing." And then as you move through those steps, I eventually had just accepted that this is what my world was going to sound like.

And somewhere along the line in training for some race, because I don't wear my implant when I run, I get a lot of time alone with my thoughts. And I thought, "Why was I so unwilling to accept that walking was my best case outcome once upon a time? I was not willing to accept that, so why now am I

so willing to accept that this is what an implant can do. There's only a couple hundred of them. That's a pretty small sample size. So why not keep working at this?"

So I started listening to music because I missed music. And that for me, I'd been wearing my implant every day, I wasn't practicing with intention and so the benefits stopped coming. "What if I start listening to the same songs over and over and over?" And that becomes my practice. Unbeknownst to me there was an entire science of this happening at the same time in universities across the country. But I was just trying to live my life and get through the day.

And after about a year of listening to the same dozen songs from our wedding CD, CDs are also something people used to listen to after radios. I still couldn't hear anything. And after another year, I'd start to get one word here and there, but that put me back in the mode of measurable outcomes. If there's 10,000 words in this song and I just heard two, maybe next month I can hear four and that's a 100% improvement.

My self responds well to that. And my hearing, we do open aided hint recognition sentences when I'd have my implant updated annually. And those scores went from zero to about 30% over a seven year period. And everybody said, "Holy cow, 30%, that's amazing. Your ears don't even work." And then I started listening music and they went from 30 to 40 to 50. And eight years later or 15 years into wearing my implant, my sentence recognition was in the mid sixties.

Dawn Heiman:

Wow.

Matt Hay:

And everybody said, "Holy cow, that's amazing." Then I started working with Angela and auditory processing training. And I don't think I've shared this with anybody yet. As of last Monday, my open aided hint recognition score was a 79%.

Dawn Heiman:

Woo!

Matt Hay:

Yeah, so-

Dawn Heiman:

No way!

Matt Hay:

And I fully credit that to intentional practice and professional help. So all of this, and I can kind of get finished with where, how I ended up at Redux and what we do. But I was learning on the go through all of this. I didn't have anybody to help. And I felt very lonely and you know, I had a wonderful support network and family and friends, but they didn't get it.

And I'm guessing that a lot of patients you see, and other people with hearing loss, they probably think, "They just don't get it." And that's assuming you're aware of your hearing loss. The other thing I don't think people really, I don't hear people talk about enough, is hearing loss is an invisible thing that if I don't hear something, I don't know what I don't know.



So if my hearing is getting worse, I'm probably not going to ever realize that until it gets to a point where I can't hear on the phone. It has to be something major.

Dawn Heiman:

Yeah.

Matt Hay:

Because you don't know it. And how can you fix a problem that you don't even know that you have? And I don't see enough right now in the industry. And I love that we're having this conversation because I know this is part of your effort to be the change you want to see, is recognizing that hearing loss is not just a physical challenge.

There's an emotional and a mental component to that, that at times was way more important to me than the physical part of being able to say, "All right, here's what I can't do. I can't go out to dinner with friends because the restaurant's too dark and too loud. But I can have three friends over to my house and make dinner in my living room." Hanging out with three people is bad for me because the two other people will get in a conversation and I have a hard time keeping up.

So I make plans now when we go out and I only invite even number of people, because that means I'm always not the third wheel. So you start to figure out those kind of things. And to me that was a mental and an emotional part of it. That wasn't a physical adaptation to my circumstances. And I just would like to see the industry continue moving in that direction.

Sorry. I'm starting to talk a lot now, but I've just kind of head circling of all these different thoughts. I never have heard an audiologist talk about how terrifying it must be for a patient to walk in the door. So I'm going to assume you have a little bell on your door when a patient comes in, in case you're not there.

I don't know if the world recognizes that the second someone like me or one of your patients takes a step into an office. What they just did probably took a year or 10 years to get the courage to do, because you're not going to have any good news for them. And we are programmed to avoid bad things.

Dawn Heiman:

Right.

Matt Hay:

And bad news and failure. So for a patient to walk in your door and say, "I'm here and it's going to cost me money. And you're going to tell me what I can't do well. And you're going to take a test that I'm going to fail and probably continue to fail even worse." That's terrifying. I totally understand why there's a lot of people that need hearing aids that don't get them.

Because it took me a decade to do that. And I'm encouraged by conversations like this, because I know people like you and your peers are starting to be more aware of that. And I think that doesn't have anything to do with decibels or Hertz or audiograms. It's just ... it's a people factor.

Dawn Heiman:

It's true. You're so right. I've done a few videos just to the general public saying, "We're not scary. I understand. This is hard to make this appointment." We train our staff to make sure that they know when this person calls, this was not an easy thing. Someone had been maybe mentioning they should

make the appointment. They've been putting it in their calendar, that they're going to make that call, but they procrastinate.

Because this is, like you said, a very psychologically driven appointment. They might be afraid of the outcome. They might have heard rumors about negative stigmas associated with hearing loss. Meaning, they themselves, or had heard of other people making fun of someone who had a hearing loss.

But the biggest and best message that we can tell them is that after seeing the professional, they're usually smiling and they're so glad they came. Because now that this weight is off their shoulder, and now they have a plan to move forward and no one makes fun of them, the irony of the whole thing. Or some people say, "Well, it's an age related hearing loss. I don't want to get old." But when they start doing something that's good for them, you start acting younger. You could strategize-

Matt Hay:

A benefit of hearables now is ... it's uncommon for me to go onto a plane now. And instead of being wowed when I saw something with someone in their ear, because I would always notice, this was just 15 years ago. Now it's odd to get onto a plane and see someone not wearing some type of ear worn device.

Dawn Heiman:

Yeah.

Matt Hay:

But I think so recognizing the fear of coming in, I would also say congratulations and well done to anybody listening to this who has taken that step because I can absolutely recognize that it's not easy. My situation is a little more uncommon, but if I had not gone into an audiologist, how big would those tumors have gotten and what kind of irrevocable damage could they have done before I had an audiologist say, "You know what? I'm not just here to fit hearing aids. I'm here for your health. And healthy hearing is part of your whole health. And that's why I think that you need to go see an ENT."

I was convinced that my audiologist didn't know what she was doing when she just sent me to someone else. And I had to go back and thank her because ... and it's not dramatic to say that she might have saved my life or certainly impacted the quality of life that I would lead.

Dawn Heiman:

Yep. All those tasks are not just to push buttons. We're looking for patterns to try to prevent bad things. So sometimes you're referred and everything's normal. Sometimes you're referred and our worst suspicions are confirmed. But we want you to you to do well.

Matt Hay:

Yeah.

Dawn Heiman:

And then, I love that you talked a little bit about the psychology of the battles or like for you, you were given a diagnosis, but you really didn't know what the journey was going to include and having a professional alongside you, but also your wife, your family, you have kids, right?

Matt Hay:

Yep. So three teenagers.

Dawn Heiman:

Three teenagers. And do you feel like they're more empathetic?

Matt Hay:

So short answer. Absolutely. And I grew up being taught kindness and I think it took me until 30 before I learned that kindness and empathy are not the same thing. And I didn't know that was something that I needed. I just didn't know any better.

And so when I could see my kids do something that is out of their way or empathetic now, I probably praised them more for that than anything else because being a little older and wiser, I recognize how valuable that skill would have been for me sooner. And that you want your kids to go on and be good people and make you proud.

And I tell them that nothing they do makes me more proud than being empathetic. And we had a conversation once about what was the difference between kindness and empathy. And my youngest daughter nailed it. And it means a lot to me and I can't say that a life neurofibromatosis was worth it to teach my kids empathy, but you've got to find your wins where you can. Right? And if that's a win that came out of this, then that's not a bad thing.

Dawn Heiman:

Yeah. So how did you land at the company you're at? Can you tell us that story?

Matt Hay:

Sure.

Dawn Heiman:

Of what happened?

Matt Hay:

So, I guess now I've been wearing hearing aids and an eventual implant for 25 years. And when people complain about hearing aids, I'm kind of like, "Man, they've always made a measurable and positive impact on my life." So I can't imagine hearing better. And then being like, "Yeah, but the Bluetooth is a little shoddy." I'm like, "Are you kidding? You realize how crazy that is?"

So I'm very defensive of hearing aids. The one problem that I had was that I would always get them wet. They were always bubbly or echo-y, and I would take them in, they would get them clean, I'd get them back and they would sound better. But of course they should. And you keep them in your ear. There's no air flow. Your skin is designed to release moisture. Your body's 98.6 degrees.

And an ear is actually a really bad place to keep a hearing aid, all things considered. So I got my implant wet one day while skiing and it died and it would've been very ... I can't hear without it, so I have to get it fixed. But I have to go to hospital to have it readjusted. If they can't fix it, they have to send it back. I have to wait, even a day or two to get a new one.

So in the meantime, my friend said, "Our company dry cell phones in Verizon stores, I think they could dry your hearing aid." I knew they couldn't because I had been researching hearing aid dryers for

decades, trying to find something that would help. So I went anyway, because I didn't have anything to lose. And 12 minutes later they gave me my hearing aid back and I had to turn the volume down because it sounded better than it had in five years. And this is my implant.

And I'm like, "These guys just saved me hundreds of dollars. Days of not hearing. And my aid sounds better." I was like, "What did you do?" So when I mentioned here about being frozen here on the ladder of my life, that kind of carried on with a job that I stuck with way too long, because it had really good insurance, which is a very appealing thing when you've got brain tumors.

And I met these guys and I'm like, this was ... to stick with the music theme here, there's a Van Halen song from the nineties called right now. And even the video on MTV was flashing neon signs of right now. And I've visualized that in talking to these guys and thought, "If I'm ever going to leave, this is a thing I need."

I've been in sales for 20 years. This is something I will use forever and nothing else can do what they do. And they're solving a problem I have, I can sell that. So I mustered up the courage again, probably almost as scary as walking through an audiology door for the first time and walked out and said, "Are you hiring?" And I walked out of there as their director of audiology sales.

And so then that's how I had then the opportunity to meet you and hundreds of other of your peers that have all been equally wonderful. And so we now sell the ... so Redux is the world's only professional in office dryer. And we remove moisture from 98% of all hearing aids. And we do it in about eight minutes.

And then while it runs, it will show you exactly how much moisture comes out. So it's been a perfect fit for me because we're helping almost a thousand people hear better every day. Where else would I get to do that?

Dawn Heiman:

We have it in our office. And since I got it, oh my goodness. The hearing aids that this dryer has saved is amazing. And it's really cool to hand people over their little report sheet and show how many microliters of water came out. And right, like you had said, they put on their hearing aids and they go, "Wow! Now they're too loud." Because they were golfing, they fell in the water. The one man, he lost his hearing aids for three days in February in the snowstorm. And they finally found it after plowing and there had been salt on the ... long story, but oh my gosh, he thought for sure, he'd have to buy a brand new pair of hearing aids. Nope.

Matt Hay:

So you won't be able to see, but I get goosebumps when you talk about that. Because part of me thinks, I can't believe I get to do this for a living.

Dawn Heiman:

Yeah.

Matt Hay:

A problem I had that I can fix, selfishly, I just wanted to fix for me and thought, "Well, wait, we can do this for a lot of people out there."

Dawn Heiman:

Yeah.

Matt Hay:

And a person could do everything right. They can come see you. They could get fit for a hearing aid, but if it's wet, it doesn't matter what your brain is doing with the sound that it processes, if the thing that is helping that sound come in, has water in it. It sounds like a silly thing. And I have actually had people in your position tell me before if it were that easy, somebody would've already done this before. And I'm like, "Okay." I don't know. That's not really how technology works, but to have that technology to help people hear better in eight minutes is pretty cool.

Dawn Heiman:

Very cool. I love it.

Matt Hay:

Great. I love hearing, I never get tired of hearing that.

Dawn Heiman:

Oh yeah. Well, we have it in the back and we brag about it all the time. So is there any message that you would like people to leave with? If there's one thing that they learn from this conversation, what one thing would you want them to remember?

Matt Hay:

I would say don't be afraid of Dawn. And there's a version of Dawn somewhere near you. They might not be as good as Dawn, but there's a version there. And it's never going to be easy. I mean, any things that we are nervous about or scared of never gets better over time. We just find reasons to delay it.

Dawn Heiman:

Yeah.

Matt Hay:

If you find a hearing care professional that you like and trust, they are only going to have your best intentions in mind. There's no downside. And there are not very many things that you can say in life, "Well, hey, if I try this there's no downside." And meeting with a hearing care professional happens to be one of those, where the worst thing that can happen is you're going to be able to hear birds chirping and your granddaughter say, "I love you."

And what's the value of that? What's the price tag of being able to hear better on the phone and being able to communicate better with your friends and family. So it would be that, to just ... even if it's the scariest thing that you're going to do this year. If it doesn't work out, I can give you, Dawn's got my email address and you can email me and say, "I told you so."

Dawn Heiman:

I don't know. I think I would agree with that. You know, see a professional, but part of your story told us that don't settle either. There is more to your hearing than just the device or just putting it on or

accepting. If you think you could hear better, find a program, find a professional that guides you through to push you along.

Were you always a goal oriented person or did this journey put you into a place where you found that you're really good at achieving goals?

Matt Hay:

That's a really good question. I became much more intentional about it because I mean, growing up, you're a teenager, early twenties, you think you know everything. And my attitude was, "I'll figure it out," because I usually just kind of figured things out.

But I wonder how long things took me to figure out versus how long they would have if I had been intentional about that practice. And so it really changed the way that ... and intention is the perfect word, because before, if I wanted to play soccer, I'm going to go play soccer. But Michael Jordan didn't get better shooting a basketball by just getting shots up. And I'm going to work on left hand handed layouts with my left hand off of my left foot. And I'm going to do that over and over again all day. And then I'm going to work on, right-handed layups with my right hand off my right.

I mean, everything is very intentional. The other thing that I'm still trying to learn, you'd think ... so not every lesson lands quickly, is the value of getting professional help. Because I thought, a doctor gives me directions on a piece of paper and I'm going to read these and follow them and that'll be fine.

It's incredibly difficult to replicate the value of professional expertise and professional health. After the marathon, I started getting into triathlon stuff because I thought, "Well, here's this thing, even if it's slow." My hearing continued to decline, so there's still things professionally I can't do, but I can run slowly, bike slowly, and swim slowly. So I'm going to keep doing that.

So I started doing triathlons and things, but even to this day, I regret that I learned, I taught, I mean, I knew how to swim, but my goal to swim was always to not sink. When you're swimming in a triathlon or eventually an Ironman Triathlon, and we've got 2.4 miles on Lake Erie, your goal can't be to just not sink or you're going to be out there for a really long time.

Dawn Heiman:

Yeah.

Matt Hay:

And I don't know if it was ego or frugality, but I regret to this day not hiring a swim coach. Because I'd go to the Y M C A and go underwater and watch the fast people next to me and try to replicate what they were doing. And it took me years to get where it probably could have taken me months if I had taken the time to hire a professional to walk me through that stuff.

Even now years later, and I can get a little bit more into my hearing loss, but to jump ahead, I've progressed more with my hearing in the last year than I have in the last 10 years, because I started using a professional auditory processing disorder training program with someone who specializes in that.

And I thought I could get better at hearing just by wearing my implant or just by wearing a hearing aid. And you can a little bit, but there's eventually going to be diminishing returns because I wasn't practicing with it, with intention. I was just a guy that was, I'm going to hear, I'm going to wear it all the time. And that's like, Michael Jordan just getting shots up. I wasn't being intentional.

And so starting to be intentional about word recognition and sound recognition. When I really circled back to practicing with a specific goal in mind, my hearing started getting better and I reminded

myself how much I love measurable progress. And even the woman that I work with will remind me, because I want to be tested at the end of every session. She's like, "This isn't linear. Sometimes it's going to be one step forward, two steps back or vice versa." But I really like that measurable improvement.

Dawn Heiman:

Absolutely. So you work with Angela Alexander?

Matt Hay:

Yes.

Dawn Heiman:

Dr. Angela Alexander, right. And getting back to the professional, whether it's physical therapy, whether it is a triathlon coach, it's an audiologist, they have the way of giving you not just the mental push, the encouragement that you need, but they have a plan that they've already found has worked and is efficient and they take you through their plan. So that's great, so she's doing pre and post outcome measures with every therapy session?

Matt Hay:

Well, not every, I want to know the difference, sometimes she won't share the data with me, which is my way of knowing that I didn't score as well as I think. But yeah, and certainly the emotional support. But also not getting into bad physical habits of, "Hey, I think I'm practicing something," but if you're doing it wrong?

I mean, I've tried to golf a dozen different times. And again, I don't take a lesson because I'm a slow learner, but I think that I'm doing something right. And all I'm developing is a muscle memory of the wrong way to do something. And so having somebody to course correct you before you get ... you really start to move in the wrong direction.

Dawn Heiman:

And you need someone to push you along in, like you said, in an organized manner with purpose, so that you meet the goal that you want to meet. We're seeing more and more people that are going through our hearing wellness journey program. We're having the positive outcome measures. I can't wait to report them. It's so exciting.

And it's not settling or just saying, well, I've met so many people that said, "I was told it's just me." And when in fact maybe the professional they were working with didn't try.

Matt Hay:

Yeah.

Dawn Heiman:

The hearing devices could have been updated. Maybe it was moisture and they needed the hearing aids put in the Redux. There's so much, but never give up. Right?

Matt Hay:

Yeah. And so maybe you were talking about the stigma before. If it seems foreign to have like a doctor of audiology check my ears, to me you're just a hearing coach. You know that you're going to get me the equipment that I need. You're going to give me the tips that I need to succeed. There's no stigma about having a coach.

Tiger Woods and Phil Nicholson have a swing coach. I can assure you if Phil Nicholson still needs a swing coach that anybody listening to this, Dawn and I included, need a coach and everything. If Phil Nicholson still needs a coach to teach him how to swing a golf club.

Dawn Heiman:

Absolutely. We all need a coach in everything in life. We need a cheering section. We need to have goals where we get to celebrate. Even if it's opening a can of corn, which I'm really disappointed that you didn't eat the corn, I would've been like, "And we're done," but you kept going. You kept pushing the envelope and finding new mountains to climb, which I absolutely love. Did you learn lip reading?

Matt Hay:

Accidentally. I don't recommend losing your hearing, but if you're going to do it, doing it over 10 years or so, my lip reading only testing because I was curious how well I could read lips. So they would do a test where I could see the person speaking, but there was no sound, was in the high thirties, low 40%.

So I can watch when the coaches put the play over their mouthpiece now, but I can get about a third of what a coach says when the camera zooms in on them just from lip reading. And so a little hint on that is it's mostly just cussing. They're not asking how someone's day went. So that helps. My communication goes down a notch and I'm talking to somebody with a mustache because ... and that's how I know how reliant I am on those visual cues. Oh man.

Dawn Heiman:

The mask. Let's talk about the mask. What's your strategy for masks right now?

Matt Hay:

Okay. I can't say that it's a good strategy, but here's what happened last night.

Dawn Heiman:

Okay.

Matt Hay:

So I walked through the grocery store line and get whatever groceries that my wife told me we needed to pick up. And I had forgotten to do three days in a row. So I'm at the grocery checking out and the lovely young woman behind there looks at me and says something. And so I quickly evaluate the scene and think, "All right, what could the checkout person at Kroger be wanting from me and under these circumstances?"

I have this conversation in my head in like half a second, she's either asking paper or plastic. She's going to ask if I have coupons. She's going to ask how my day was. All of these different things. So when a person looks at me, I rarely get what's being said, but if I know I'm being spoken to, I will say, "Hey, I'm doing well today. hope you are too. I want you to go ahead and put those in paper and then



I'm going to carry them out of the car. But I do not have any coupons. I do not have my Kroger card with me and I'm going to be paying with a credit card."

And so I can sometimes tell how accurate my guess was by how slowly they nod their head or if they furrow their brow. And I leave those circumstances and they might be thinking, "I didn't ask him any of that." but that's my, I have to adapt to the scenario. And I just can't go through every day of saying, "I'm sorry, I didn't catch that. Let me go out my voice recognition software. Can you please repeat that?" And like, I can't do that with every interaction. So it does add a significant level of stress and anxiety.

So the masks do. Now the flip side of that is we're talking on zoom right now. And I have, I use Otter voice recognition software that I have on a screen right behind my camera.

Dawn Heiman:

Awesome.

Matt Hay:

And I have a Bluetooth computer or a Bluetooth speaker. So we are having this conversation. We've only met one time ever. I'm getting everything that you're saying using technology that didn't ... none of this existed even 18 months ago. And I think the last year forced some of these communication tools to get much better, faster. I mean, how long did we all wait for Skype to get good? Half a generation. And Zoom came along and now who uses Skype?

Dawn Heiman:

Right?

Matt Hay:

So there are certainly additional hurdles over the last year, but it has again helped. They're like, "All right, well, where are the wins?" And for me, being the added communication challenges with masks, but being able to do this, phone calls used to terrify me. I had Cattel, that was a great assist, but had limitations. I've even forgotten during this conversation that I'm actually deaf because I can see you, hear you, and read what you're saying all at the same time.

Dawn Heiman:

I love that. We're going to be having this closed captioned when the final cut is done. We have that edited. So you'll be able to watch the video.

Matt Hay:

Okay.

Dawn Heiman:

Is there anything ... so I thank you so much for coming, first of all. I can't even begin to describe how excited I was that you asked to be on our podcast. But what kind of feedback can you give me, or any professional, of what we could do better? How can we improve upon this podcast, on your audiology services, on any part of this? If you could tell any audiologist what you're thinking and how we could do better?

Matt Hay:

So I'm kind of divided on that, because as a patient, I have a lot of thoughts, but also as somebody who's trying to sell a device to some of your colleagues, I don't want to be in a position where I'm telling them what to do.

Dawn Heiman:

No.

Matt Hay:

So we have another mutual friend named Nora Stewart, who I'm talking to later today.

Dawn Heiman:

Okay.

Matt Hay:

And we are talking about exactly this subject because I hear a lot about patient centered care. And I love the idea of putting the patient at the focal point of every decision. The but I have in that from a patient perspective is how can a room full of audiologists get together at a conference and decide what is patient centered? To me, that's kind of like having a bunch of parents get together and say, "Let's all get together and decide what's cool. And then we could go tell our teenagers, hey, the parents have all decided that this is cool."

Dawn Heiman:

Right?

Matt Hay:

"And cool is a Guess sweatshirt and a maroon minivan with wood panel on the side." And there's just a natural disconnect between what a professional might think is patient centered care. Just like there's a disconnect of what a parent might think is cool. I would like to see more involvement of patients being able to determine what patient centered really means.

I think it's empowering and I think that it will improve care. So these are things on my mind, so I guess stay tuned, because I'm not sure what I'm going to do with this yet. But what I know about Nora is, Nora Stewart, the other, I have two Noras in my life, is that if there's something there and she sees the value in it, she will be shouting that from the mountain tops.

Dawn Heiman:

Absolutely. Yes. She's one of my heroes for sure, as are you. So thank you so much for everything. I really appreciate you telling your story.

Matt Hay:

I feel like I should be thanking you. This was wonderful.

Dawn Heiman:

This transcript was exported on Oct 04, 2021 - view latest version [here](#).

This was great. So maybe we'll have you on in the future, if there's any new developments. When you're finished with your auditory therapy, six months, six years from now, whatnot, we would love to have you back and hear how things are going.

Matt Hay:

Well, thank you very much. I'd be honored.

Dawn Heiman:

I would be honored. All right. Well, you enjoy your day and happy fall. It is fall today. It's nice and cool.

Matt Hay:

Is today's the first day of fall?

Dawn Heiman:

It is.

Matt Hay:

Well, wow. Need to go buy pumpkins.

Dawn Heiman:

That's right.

Matt Hay:

So, well, thank you very much, Dawn. It was great to see you.

Dawn Heiman:

It was wonderful seeing you. Bye Matt.

Matt Hay:

Bye.