



SoundBites Podcast Transcript

Episode: Alfred Mwamba

Dave: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's chief innovation officer. Our guest today is Dr. Alfred Mwamba, an audiologist based in Zambia, Africa. Today, he is the executive director of the Starkey Hearing Institute in Zambia, and I've had the pleasure of working with him numerous times in Africa. I think we first met in 2014. And it is such a pleasure to have you on our podcast today, Alfred. Thanks for being here.

Alfred: No, thanks. It's great fun. It's always fun to have a chat with you, Dave.

Dave: Well, I appreciate that. And let's talk about a little bit of your story. One could say, given that I happen to know that you share your birthday with World Hearing Day, you could argue that you were born to be an audiologist.

Alfred: I love that I was born on World Hearing Day, but it really was not my intention to become an audiologist. I don't know. It's an honor. I think World Hearing Day came after I was born.

Dave: It did. Yeah, it did. It did. Because you're old now. You're really old.

Alfred: On my birthday, I feel old. Older and wiser, I hope.

Dave: Yes. Well, yes, indeed. But talk a little bit about your journey. You grew up... You live now in Lusaka.

Alfred: Yep.

Dave: But you weren't born in Lusaka, I don't think. You were born outside.

Alfred: No, I was born in the northern region of Zambia, the Copperbelt region, so that was the commercial hub of the entire country. That's where the mining is done. I grew up in Ndola, which was the processing town, because each town in the Copperbelt has a specific industry. And for Ndola, it was a refinery place. And growing up in Ndola, everybody knew everybody. It's a small town. So everybody who grew up, in my time, we all knew each other, because we lived in the same neighborhoods, we went to the same schools.

Dave: Did you think you would work in the mining industry? Was that an expectation?

Alfred: It was. I mean, that's what we saw. The mining was... It still is the main industry in the country, so everybody looked forward to go work in the mines. So I was no exception for that.



Dave: Yeah. And it's been said, you can't be what you can't see, and you probably didn't run into an audiologist at that tender age.

Alfred: I like that you say that. You can't be what you can't see. And so I would never have thought of, being born on 3rd of March, that I would want to be an audiologist, because there were no audiologists to look up to.

Dave: Right. So then what happened? So here you go, you're a young boy growing up there. And at what point in time, when you made the trip over to the U.S... Talk a little bit about that journey, because I know there's some tennis in there, and then you end up in Purdue and... Let's hear.

Alfred: All right. So how do I end up even going to college? So I'm from a humble background, but I was blessed enough to have good family. My parents were very strong in making sure that I got a good education. My mom was a teacher and my father was a salesman, and I loved to play tennis. So I spent so many hours on the tennis court. It was my favorite thing to do. I don't know any other sport. I can't play soccer. I tried to play soccer, I got smashed in the face. I said, "This is not for me." And that's why I loved tennis, because you're... [inaudible]

Dave: More much of a gentleman or gentlewoman's game. Yes.

Alfred: But that tiny little ball, when it hits you, it hurts.

Dave: It hurts.

Alfred: So after I graduated from high school, I moved to South Africa to try and become a professional tennis player. I was about 16, 17 years old at that time. And whilst I was playing there, there were a lot of South Africans who were in college tennis in America. So they would always come and I would hit with them. And then one of them just planted a seed in my head. They said, "Hey, why don't you come play college tennis?" I said, "You can do that? I can't afford that." They said, "No, no, if you're really good enough, you can get a tennis scholarship." I said, "Wow, this America place must be really cool. I want to do that." And it all happened very quickly, because this guy asked me about playing college tennis, maybe a week later I have to go take my SATs. Like, okay, what are SATs?

Dave: Wow, just that quick? It was a week later you took the SATs.

Alfred: Yeah, pretty much. And I thought it was just some math and English. My goodness. That is not English. That is not even the Queen's English. That's just some Latin English. And I remember words like boisterous, and those were big words for me. I'm coming from a little town in Zambia, whoever says words like gregarious? Nobody does that. And they ask you about these yachts. What's a yacht? I've never even seen a ship.

Dave: It's pretty inland. Yeah.



Alfred: Very much so. So at that time I went and I got the little booklet, I studied it, I sent them my scores. And then fortunately for me that week there was a big tennis tournament, and I happened to go play in it, and I beat the 14th ranked South African. And South Africa is very strong in tennis.

Dave: Yeah. Very. Long history.

Alfred: So at that time, their top players, world class. So when I beat that guy, I sent those results over to American colleges, five, six colleges. A couple weeks later, I get a call from Hampton University in Virginia, Dr. Robert Screen. And he says, "Hey, is this Alfred?" "Yes, this is Alfred." "Yeah, I'd like to talk to you about recruiting you to come play tennis." I'm like, "Really?" I thought I was dreaming. Really, I thought this was just something you try and see if it will work, and you never really expect it to work. And he said, "We've seen your videos," because you got to send them videos when they're recruiting, "and we really like the way you play, and we would like to offer you a scholarship." I said, "But I can't afford to come to school." He said, "No, what a scholarship means is that we will pay for..." So he gave me a full scholarship to go play at Hampton.

Dave: For Hampton. Okay.

Alfred: And at that time, because I was really entrenched in tennis, and I was actually studying to be a tennis coach, I said, "I want to go study sports psychology." And so long story short, I find my way to Hampton University and my life in America starts. And it was very weird, because I always knew North America as this cold place, and then college starts in August. So I'm leaving home with the biggest jacket my mom could find me, I don't know where they got this jacket from. And so I show up, and I fly into...

Actually there is one important story about my travel to America, which I should share. Because I couldn't afford to purchase the ticket, even though I had a full scholarship, I had to go and ask for help. And so I went to all of the big airlines, and I asked Coca-Cola company, I asked everybody, anyone who would be able to help me get to America. And I wasn't having any joy. Two days before the expiration of when I had to be in America, I walk into British Airways and I write on a piece of paper that I'm heading to America, and I need to just get to America, and I'll be very grateful if they could help facilitate that because I was committed to coming back home, to come and make a difference, whatever it is.

Dave: Back in Zambia.

Alfred: And British Airways had never, ever given anybody a ticket in its existence. They decided to gift me the flight to and from America. So that was the very first [crosstalk].

Dave: So they did buy you a round trip ticket.

- Alfred: A round trip. And then they said, "Okay, pick any destination, we go to." I'm like, "Okay, here's the map. I don't really know where to go to." So I picked Philadelphia, because I remember some white tires that I would see on TV, like okay, that looks a cool place. It's close enough. So I end up and I fly into Philadelphia, with my big coat, in the middle of summer. Oh. And Philly is humid, and hot. I look an idiot coming out of that plane.
- Dave: So you made it there. You played tennis on a tennis scholarship. Still haven't told me how you got to audiology. Most of us have stumbled into this discipline, mine came in through pre-veterinary medicine, but I still want to hear and have everyone hear how you found hearing.
- Alfred: My journey into hearing. So now I'm settled at Hampton University doing my sports psychology, and I'm taking Sigmund Freud and Carl Jung, and I guess everybody does those courses in your first year. And in my second year, my grandmother dies. She dies from a stroke. But this was the second stroke. So the first stroke she had, my family calls me, "Your grandmother has had stroke and she's not speaking very well, and we can't really get any help for her." And she and I were very close, and that touched me a lot. So I shared that story with my tennis coach. And he just happened to be the head of Communicative Sciences and Disorders at Hampton University. What a coincidence. So he sucked me into it, really. He said, "Son, your country needs people in this field to go help people like your grandmother," because he was struggling to recruit guys into the program.
- Dave: So he's who's responsible.
- Alfred: He is responsible.
- Dave: For you becoming... And you're always quick to remind me, you're not the only audiologist in Zambia, but the first.
- Alfred: But the first.
- Dave: And that's aspirational.
- Alfred: Exactly.
- Dave: And it is testimony to the fact that you upheld your promise to British Air, to return to Zambia after you got your Master's degree at Purdue, Big Ten university, like the one I graduated from.
- Alfred: Boilermakers.
- Dave: Yes, U of M. The Golden Gophers aren't nearly as tough a mascot as a boilermaker, but nonetheless, it came out [inaudible] great education. Then back to Zambia.

Alfred: Yes. As a matter of fact, I've been blessed with a lot of strong mentors. Making a transition, a young African boy, moving to America, enjoying all of the luxuries that America has to offer, enjoying a great opportunity, and I'm forever grateful because it would never have been possible in my wildest dream that I would ever come from Ndola and be educated at such a prestigious university, and to be able to remember and stay grounded to that vision of... You got to remember why you went into the profession first of all. Fortunately for me, the mentors I had, Dr. Robert Screen, Dr. Robert Ringel at Purdue, they kept reminding me, "Alfred, why are you here? Why are you here?" And I think that was a very strong component of developing that sense of servanthship. [crosstalk]

Dave: Yep. You had to have it in you, but they helped pull it out of you.

Alfred: They always kept me grounded.

Dave: They would keep you grounded.

Alfred: And so with that, when the time came to go back home, when I finished my Master's degree, it wasn't an easy thing to do. Because here I was, and at Purdue, I was very fortunate again to have a fellowship. So you can go to school, and they pay you to go to school. I love America.

Dave: Don't tell this to any of the audiology students these days, because unfortunately since you graduated, and certainly since I graduated, the educational situation is very different, and there's not as much in the way of that support. But at the time that you were in school and I was, it was really helpful.

Alfred: Absolutely.

Dave: Because I came from a pretty humble background too, and I couldn't have afforded to pay to college, and I certainly am not a good tennis player.

Alfred: So we do owe it to the generation that we pay it forward. And the best way that I could pay all of the blessings that came towards me is to pay it forward in service to the people of Zambia and the people of Africa and the people of the world.

Dave: Well said. Yeah. And so when we first met, you were working for a hospital back now in Lusaka. And we bumped into each other, I believe for the first time, in around 2014.

Alfred: 2014, July.

Dave: And we were meeting at a conference, and I was presenting results from some evaluations that we had done, where we were using a behavioral fitting model to try to focus on scalability and sustainability to really help address... And again, given your birthday is shared with World Hearing Day, we know the current numbers are somewhere around 430 million people around the world that have measurable hearing



loss. We lament in the U.S. that the adoption rate is about 34% percent of those with hearing loss wear hearing aids. What's the situation back in your home country, in Zambia? What percentage of people who have hearing loss actually get hearing aids?

Alfred: I wouldn't give you a specific number because statistics are not readily available, but to give you an idea of how big a burden hearing loss is, every year the Ministry of Education publishes information on the children who are in schools with hearing loss. And this is not measured. So most of them are close to deaf, or they have some hearing loss, and because they haven't been exposed to speech, so they don't learn how to speak. At the beginning of my career, they were publishing between grades one and nine, over 28,000 school-going children with hearing loss. And none of them were getting any hearing aids.

Dave: 28,000.

Alfred: 28,000.

Dave: And none were getting amplification.

Alfred: Zero. Zero were getting amplification. And of course there were some agencies which were available to assist people with hearing impairment, the National Association for the Deaf, Zambia National Hearing Impaired Association, but even they did not have the access to the hearing aids. They would get occasionally donated hearing aids, but they wouldn't only just serve the school-going children, they had to serve the whole population. So even with that, I would say if we went statistically about 4% of the population having hearing loss, we're looking at 600,000 plus people. And if we go with the higher percentage of 6%, we're close to a million people with hearing impairment. And so the uptake... Well, access rather than uptake. The access, very, very limited. So if you are born in a province which is not close enough to the capital city where I live, then you're out of luck. There's absolutely no service. So the number of people who currently are using hearing aids of course have increased, because my presence there and having other professionals, hearing instrument specialists in the country has really helped to open up the country. So things are looking bright, but still...

Dave: But still, like the rest of the world, low and arguably... And I think for North Americans like myself, and as you know, although I'm from North America, my adopted continent is Africa. And having had the great fortune of being there many times, to really see the situation through... The situation in Africa is that, while many of us here are talking about, "As you get older, the older you get, the more likely you are to need hearing aids," in many countries that I've been to in Africa, where the average life expectancy is around 50, ten years ago, when I first started going, that they don't in many cases live long enough in order to acquire presbycusis.

So talk a little bit about the nature. What are the biggest causes of hearing loss? Now, Zambia is different than that. It has a longer life expectancy, so you have the same troubles that we have in the U.S., with the aging population feeling like hearing aids will



make them look older, the stigma. But you talk importantly about accessibility and affordability, and also some issues that we take for granted in the U.S., issues like malaria or quinine, which treats malaria, but also causes hearing loss. Talk a little bit about that with regards to the pediatric population.

Alfred: You see, Africa is a young continent. You have countries like Uganda with 42 plus million people, with an average age of 15. And as much as... Yes, there are countries which have advanced a little bit more, the life expectancy in a place Zambia is only 57.

Dave: Yeah, still. 57.

Alfred: 57. So we're still in that transition point where, as healthcare is improving, more and more people are getting older, but that's not the primary population that use hearing aids in Zambia. Most of the hearing loss is from ototoxicity. We have a lot of infectious diseases still. And every now and then, as much as vaccination programs have increased and improved significantly, and that also has helped to reduce these infections, we still have so many people falling through the gaps and not being able to get the vaccination that could prevent the need for ototoxic medicine. You mentioned... You call it quinine.

Dave: Quinine?

Alfred: Quinine.

Dave: Quinine. Okay, thank you. Okay.

Alfred: Well, we are in America, so we'll call it quinine.

Dave: Quinine. I'll go there. We know that artesunate is not ototoxic, but it costs a dollar more a patient, or \$1.40 I think is more a patient.

Alfred: It does cost more money than quinine.

Dave: So I think hearing is worth more than \$1.40.

Alfred: It is.

Dave: But nonetheless, it's really awareness, I think.

Alfred: Beyond awareness, you're dealing with a lot of physician driven health departments, and no disrespect to physicians, but prevention is not their primary objective. They fall more towards treatment. And we speak a lot about hearing loss being bloodless and painless, and it takes a long time.

Dave: And taken for granted.

Alfred: And it's taken for granted. When you deal with health systems which are dealing with tuberculosis...

Dave: Sure. HIV.

Alfred: ... malaria, HIV, these big three, it's not a priority. So consequently, the investment into that is not so high. So when a child has severe malaria, we call it malaria plus plus, cerebral malaria, you do have a choice. And because there's so many of those children having to be treated, as a government, do you only buy a few non-ototoxic meds, or do you buy a lot of ototoxic meds but you save lives?

Dave: The choice is obvious at that point.

Alfred: The choice is obvious.

Dave: As long as there are limited funds. And there's always limited funds.

Alfred: Absolutely. So that has led to a situation where, even when I was a young man, I actually don't know what silence is. It took me going into this field to know that people don't have ringing in their ears. I thought everybody had ringing in their ears. So when I was a young man, I got very sick, they pumped me with quinine when I was around nine years old, I've had ringing in my ears. My hearing is normal, but I do struggle with speech and noise as a result of having that constant ringing. Now that I mention it, I'm listening to it.

Dave: Okay. Well, we'll keep going. We'll keep talking.

Alfred: But we were talking about the causes. Yeah, the causes.

Dave: Yeah, the causes. So you mentioned malaria.

Alfred: Malaria. We have a lot of ear infections.

Dave: Yeah, a lot of middle ear infections.

Alfred: The worst thing about... It's not that the middle ear infections are the biggest culprit. It's the lack of knowledge in the medical fraternity on how to treat them that leads to a lot of these hearing losses that we see. So we get to see a lot more infection-driven hearing losses, and also hearing losses from treatments from infectious diseases, as well as the infectious diseases themselves, that can cause some hearing loss. So that's the big chunk of causes of hearing loss that we deal with.

Dave: Yeah. And you're really just at this point where, as we said, with a life expectancy of 57, just starting to see presbycusis in that population. But as healthcare continues to improve in your nation and surrounding nations, you're going to see that increase in hearing loss that comes with aging as well. But it just was interesting to me, is that wasn't really top of mind for working with patients when I first started traveling to many

African nations. And so we had this shared passion for hearing. Different sides of the same coin, perhaps. Me working primarily with aging populations, you certainly in your role were working and really looking at improving that accessibility and affordability and access, as you mentioned. And then we intersected in 2014, and we were both at a conference in Oxford, and our first interaction... Do you want to...

So I was presenting on how we were working on the WFA fitting model to improve sustainable and scalability, to treat more people, to really consider all of those thousands of people that couldn't receive access. And your first words to me, "Well, if this is good enough for Africa..."

Alfred: "If it's good enough for Africa, why isn't it good enough for the United States or anywhere else in the developed world?"

Dave: Yeah. And I'll tell you that, if you'll remember, it made me stop and think. And I would say our friendship started at that moment of conflict, if you will. It was productive discourse. And I think, at least on my end, we've been fast friends ever since, because I can always count on you to challenge me. And I think my response was, "Well, it should be." And it's interesting, because now we come eight years later, and as we look at over-the-counter hearing aids, which are becoming a reality in the U.S., and trying to again look at accessibility and affordability, and looking at solutions for behavioral fitting methods that may not be dependent on the audiogram, I can finally say that it is, and it will be.

Alfred: It is.

Dave: And so I think it's been really interesting to see the way that things have intersected, and then it has been interesting to see your growth as a professional, and counting on you as a friend and colleague now, in the sense that you... Talk a little bit about your role now at the Starkey Hearing Institute.

Alfred: So going backward forward, in the sense that we had this discourse, you and I, about the fitting method that was being used, the WFA community based model. And it's very important that you raise that question, and you remind me of that question, because a lot of my own perceptions have changed. What seemed to me at that time as being a nonscientific or a nonclinical way of doing things is actually what it should be. We do a lot... I mean, I'm American trained, and so I can relate to a lot of American audiologists in thinking that you have to go through all these protocols in order for you to get satisfaction.

But at the end of everything that we do, we ask one simple question. How does that sound? So who's the boss there? So we have to look at how this evolution is actually... From where I'm sitting, I think that no one should look at over-the-counter hearing aids as a problem. I see it as a big solution.

And I can only share the work that we have done. We have a training program where we're training hearing instrument specialists in all methods. So we train them to be able to do the most stringent verification methods that are there, to simply working with your two hands in the middle of a field with just nothing but a hearing aid and an individual in front of you. You have to provide that service. And so my mindset and my growth has been as a result of that first encounter. Why isn't it good enough? And when I look at over-the-counter hearing aids, I'm saying, "Hey, you know what? I actually have seen how a method where you're getting somebody access, and they enjoy what they're hearing..." Of course, we will get people argue and say, "They don't know what they're hearing." Well, you don't know what they're hearing either.

Dave: Right. If we start with audibility, and then balance between the two ears, and preventing loudness discomfort, we're beginning to meet the patient where they are. And absolute best practice should always be appropriate to the environment that is available, that will provide that best accessibility, affordability, with something that's scalable and sustainable. And I think there's not any argument there, from the standpoint of focus on the patient and...

Alfred: Focus on the patient, and the patient guides you. I mean, how many times have you, Dave, clinically worked with a patient and you're pumping your chest, "I have programmed my hearing aids to the best ability," you put it on the patient's ears, and they're like, "What the... Come on!"

Dave: "My voice sounds funny."

Alfred: Exactly. Okay, back to square one. And then you have to work off of their feedback. And I think the lesson that I would share from our work is that, by providing that access to sound, you change people's lives, and they will want more sound, they will want better sound. And we are well placed as audiologists and hearing care professionals to be able to serve even more people.

So I feel it is more of an opportunity that the lessons that we shared... I mean, I had a backlog of a few thousand people because I was the only one in my country providing service. You came in, you were at the very first program we had where we were serving a lot of people at a go, and I can assure you, because I stayed on the ground, that a lot of those people received so much benefit. Of course, there's always going to be a percentage who would need further services, but we provided them that initial access. And that's all we advocate for. Let's let people have a chance to hear and be the best version of themselves, and then we will make sure that we get them to the best possible level that they can get to.

Dave: How can you argue against that, when our biggest competition is non-compliance or non-access, to try to have the possibility that people can hear better, and then a continued focus on trying to get them to do as well as they possibly can, given the resources that are available? And I think a large part of that resource in Zambia is the same as our focus in the U.S. We're all for over-the-counter hearing aids as a means of

getting people on their hearing journey, but we also recognize that the role of the professional is exceedingly important. And with your role at the Institute, I think one of the things that's most impressive to me is you're training individuals to assist with patients who are wearing amplification to ensure that they know how to insert them in their ears, how to change the batteries, how to clean, how to do the proper protocols, as you said. But the fitting really isn't the finish line, it's the starting point. And talk a little bit... The cohorts you have at the Institute are typically around 16 to 20 individuals, and they are there for a period of how long?

Alfred: An academic year. Essentially 10 months, no breaks. The thing about what we have done and have managed to achieve is to increase access in more than 16 countries across the continent.

Dave: 16.

Alfred: 16. So whilst I might be the first audiologist, I'm proud that we have over 22 hearing instrument specialists in Zambia. I can be here and have this podcast with you, and I'm not worried about someone having to not get access because I am not there. And that's what our profession is about. Empowering people, empowering the patients that we work with. And we have now trained 67 people in all of these countries.

Dave: That's awesome.

Alfred: And we are receiving great stories about how they're changing people's lives. We have people working in the community with just their bare hands and some hearing instruments that they're fitting on people. We have people working and running tertiary level hospitals, teaching hospitals. And I think the focus in our training is more on the competency rather than on the qualification. Because if you're competent and you can change... If you allow me to share why I personally have been inspired to change my mindset and work on capacity building. When I returned from America to go to Zambia, the very first person that I met was my brother's barman. His name is Patson. And Patson had this big smile, very good, positive energy. Good individual. And I was like, okay, why is this guy so happy? He's always happy.

But I worked with Patson for so many years when I started working, to a point where I personally experienced this young boy that he had served from when he was younger run up to him, and give him this big hug of embrace, and the family was so appreciative. And for me, it's a light bulb. We gave that young man an opportunity to excel in his school, and now he's going to secondary school, and we gave this barman an opportunity to transform people's lives. It's really not about that title, it's what you can do to change people's lives. And that's exactly what the Starkey Hearing Institute has done, in changing people's lives... [crosstalk]

Dave: Every day.

Alfred: Every day, and providing access. I mean, what a better calling than that can you ask for?



Dave: You can't. You can't. Well, I do have a question. We talked about the fact that you are skewed towards younger patients than we are typically here, with the life expectancy being greater in the U.S. Do you have the same stigma, or is the stigma different, as it relates to hearing loss and particularly hearing aids? Because you don't have that issue of they're going to make you look older, because in many cases, sadly, as you said, with a life expectancy of 57, you don't... How is the stigma different?

Alfred: I think maybe if we go a little bit further back, even though audiology started from World War I, the history...

Dave: World War II.

Alfred: World War II, sorry, with that, the stigma that might have existed there, and I'm imagining this, was more that all of these deaf veterans are now using hearing aids. So it was more, the hearing aid was associated to deafness. That's where we are, because we have a lot of young people who have hearing loss, and they're the ones who use hearing aids. Yeah. So the stigma is more, if you are using a hearing aid, then you are likely to be seen as deaf.

Dave: As deaf. Okay. Interesting.

Alfred: Not so much old, because we don't get a lot of old people that...

Dave: It's a throwback to that... [inaudible]

Alfred: But things have changed. Since having all of these readily available smartphones, everybody wants headsets, and so it's very difficult now to be able to notice a hearing aid, as a matter of fact, with the cool technologies that we have with streaming capabilities, and I wear my hearing aids for listening to audio books, and I wear them and people say, "Oh, that's a cool set of headphones." So I think that there is that stigma which is disappearing as a result of people always having things on their ears. I mean, now we've spent three years of our lives wearing masks, so we're always used to seeing people having something on their ears. So I would say that the stigma is a little bit different. It's still there, but it's not quite... It's reducing with time.

Dave: Yeah. And as a member of the baby boom generation, I say that in comparison to my parents who were from the traditional generation, those born before World War II, that they were indeed in this country stigmatized by hearing loss, and their primary concerns were cardiovascular disease and cancer. Now, the baby boom generation being more educated than our parents, cognitive decline is an issue. I'm not as stigmatized by what hearing aids will make me look like, my gray hair does that, but I have higher expectations for what they can do, like you said. My dream come true is when I have the opportunity to explain to somebody what modern hearing aids can do, and then they say, "I want that, and I don't even have hearing loss." And if we make them desirable, if we make them a little cool, and then get people to say, "This is my superpower. This is something that I can augment what I naturally have," that's the best of both.



Alfred: That's the best of both worlds. And when you look at some of the innovations, teleaudiology... [crosstalk]

Dave: Which has to be huge in Zambia, right? The potential for that.

Alfred: The potential is massive. You have to, however, realize that we are so used to traditional medicine, having a doctor sitting in front of you. So it can be a little bit different and uncomfortable for certain people. Believe it or not, there are still people out there who have never seen somebody talking to them from a distance on some gadget. There are people like that where I'm coming from, because they live in rural areas and they don't have access to those sorts of technologies. But at the same time, it is an opportunity that has just exploded our ability to reach more people. And we can leverage... I can be in the middle of Mongu somewhere in Zambia, and I can pick up the phone and say, "Hey Dave, I'm having this challenge with this individual. What do you think I should do?" I mean, even that is great value, because now we are better able to serve people, because we have that interconnectivity.

We spoke about how many people across Africa have received our graduates who are now serving there, but this interconnectivity means that we're more like a hub, and everybody's connected to each other, and we can help each other at any time. And I think that's the beauty of what technology is doing, and I'm really excited about... Even when they say, "Self-fitting hearing aids" — more opportunity for us to provide better service.

Dave: Yeah. Not a threat, it's more opportunity to engage. And in a way, like you said, telehealth is like that ancient continent, Pangaea, where they were all one continent, and the phone, the cellphone... And the cool thing for me is to see how cellphones really are ubiquitous in Zambia. I mean, now they're not all smart phones, but they're cellphones. And I think what I remember as some of the biggest challenges is people will have phones that have prepaid service, and then they're depleted, and then they get a new phone number. So one of the challenges still comes down to accessibility, not that they don't have a... They have a wireless and a cell phone connection, but keeping that number the same still remains a challenge in some cases.

Alfred: Yeah, in some cases. Things have improved quite a lot, and it's hard not to find network.

Dave: Yeah. Yeah, that's good. That's a good thing. You want sometimes to be off the grid.

Alfred: You do want to be off the grid sometimes, but things are improving. A country like Zambia is not densely populated. So because it's not densely populated [inaudible] lots of dead areas. But when you go to a place like Malawi, there's barely any space. And so even there, their connectivity is much better. So these are the opportunities that we have available to us, and we're just looking forward to more and more.

Dave: Yeah. Well, tell me what you need and we'll keep working on it. One question, one more technology question, and then I see already we're almost out of time, but rechargeable



batteries versus replaceable batteries. One of the issues has been in some of the areas where you're... Really remote areas. The hearing aid again is just the beginning of the journey, because you have to have batteries to supply them. But with rechargeable, has the adoption rate for rechargeable in Zambia been similar to the rest of the world, where it's quickly going that way in hearing aids? Or is there still a need and desire for replaceable zinc-air batteries?

Alfred: I would say that for most of the new users, they prefer the rechargeable option, because they're used to charging their phone anyway.

Dave: Everything. Yeah. Right.

Alfred: And so what's charging a hearing aid? Because you charge your devices every day. For those who are used to batteries, they have it a little bit difficult because they tend to forget, even though they charge their phone, but they tend to forget to charge their hearing aids. So you are right when you say that there is a push for more people to have rechargeables, but it also just makes sense. It saves them...

Dave: For the environment it's better, and you're throwing... Less waste.

Alfred: Absolutely.

Dave: It saves the expenses.

Alfred: Yes, the expense.

Dave: And the need to go out and find batteries, even sometimes, if they're in remote areas.

Alfred: You can't find batteries. I mean, if you're in a remote area and you can't get to Lusaka, then you won't be able to get batteries. Then you get batteries for the watch, which only lasts a few hours, and it's much more expensive than a hearing aid battery. So those are some of the challenges that I'm excited that rechargeables are able to take care of that problem for us.

Dave: Thank you for that, and sharing a little bit about the situation as it relates to access for the technology, service as... How soon will there be a doubling of the number of audiologists in Zambia, do you think?

Alfred: 24 months.

Dave: Excellent. Glad to hear.

Alfred: At least, that's the target.

Dave: Yeah. And really, this has been the first time in over two years that I've been able to see you. I've had the pleasure of you and Sheeba, your wonderful wife, opening your home



for visit, and I look forward to visiting again. And as we wrap today, I'm wondering if from your journey, from a young man born in the northern part of Zambia, finding their way through Hampton University, Purdue, Salus was where you got your Au.D.

Alfred: My Au.D, yes.

Dave: What advice do you have for someone considering a career in audiology now? Or the younger professional, looking to find their way, seeing all of the threats, but not seeing the opportunities. And when I think of some of the obstacles that you've overcome even to get your first flight here, and your determination, what advice do you have for someone starting out or considering a profession in audiology?

Alfred: Recently, I met a friend who said that you never switch off your ears. We all know it, but very few times do you hear that. But then with hearing, you connect love, emotion. When you hear someone tell you, "I love you," you feel something, it changes you. And one of the things that is very addictive in this line of work is having people reconnected with the people they love. And you have to put yourself in that position. And that comes first. Yes, we get school loans and we have to pay them off, but if you build it and you truly serve the people, there is nothing that you would do wrong. Because for me, who is a spiritual person, that's a higher calling, to be able to change people's lives. I never left America to go back to Zambia to go get rich, but I'm not starving. My needs are taken care of. And it's because I choose to serve.

And so if it's a young professional coming into this field, it's that service to humanity, service to connecting people to each other. And I think that's where the focus ought to be, not so much on what can go wrong and how will I survive. It always works out.

Dave: Yeah. And you mentioned really it's that emotional connection to hearing, when we think about... I think it was Maya Angelou that said, "People won't remember what you said, but they'll remember how you made them feel."

Alfred: How you made them feel. Yeah.

Dave: And so when you think of your favorite sounds, can you identify what a couple of your favorite sounds are, as somebody who's now devoted a significant part of your life to hearing?

Alfred: I like to walk in the woods, and it's quiet, and you just hear the rustling of the leaves. The peace that I feel when I'm in that environment. I can't explain that. So I'm not so much of a beach person, and the water waves. I like that freedom. I feel connected to the planet Earth when I'm in that woody kind of space. It's really beautiful.

Dave: I share that with you, except that usually the woods where I'm walking are a lot colder than [Inaudible] you are. Well, Alf, I can't tell how much of a pleasure it's been to have you on the podcast today.



Alfred: Thank you.

Dave: And I hope you come back, and I look forward to seeing you again soon, and I wish you all the best. And once again, it's not often you get to interview someone who's had a day named in their honor, with World Hearing Day.

Alfred: Well, I would like to balance my head as I walk out of here. I appreciate that. And it's a great pleasure to be able to share these stories with other professionals and other people, because the joy is just immeasurable. So thank you so much for taking time to have this podcast with me, and happy World Hearing Day.

Dave: Thank you very much. And to our listeners, thank you for listening to this episode of Starkey Sound Bites. And if you enjoyed this conversation, please rate and review us on your preferred podcast platform. You can also hit subscribe to be sure that you don't miss a single episode. So we'll see you and hear you again soon. Thank you.