

Hearing Accolades

Audiologist changes lives from the U.S. to Africa

BY JOANNE BLOOMSTEIN



▲ Dr. Catherine Clark

DR. CATHERINE CLARK IS usually the first Black audiologist that her clients at both Rochester Institute of Technology (RIT) and at the National Technical Institute for the Deaf (NTID) have ever met. She worries that when she retires — she’s worked at NTID for 37 years — she will also be their last, as less

than 4% of audiologists in the U.S. are Black.

As one of a small number of Black female audiologists in the world, Clark is not only working to increase diversity in the field in the U.S. through mentoring, teaching and other outreach, but she is also working tirelessly to expand

the reach of audiology services into Africa, volunteering her time and providing essential services to deaf and hard-of-hearing children and adults in Ethiopia. Her work there has been so important to the region that a new audiology center in Hawassa, Ethiopia, has recently been named in her honor: The Dr. Catherine Clark Center for Audiology officially opened in fall 2023.

Clark is currently planning her eighth trip to Ethiopia, scheduled for July 2024, during which she will work at the new center as well as in the surrounding community. While she is eagerly anticipating the trip and is looking forward to seeing so many people whom she considers family at this point, she also stresses that “the whole goal is to train more people in Ethiopia to deliver the services” so they don’t remain dependent on foreign aid.

She has already trained audiology assistants, Enderis Kedir Genabo and Bereket Ayele, and enlisted the help of an otolaryngologist (ENT) to provide support and maintenance services on hearing aids. In her absence, they are now able to examine patients and to identify those who need ear cleaning and hearing aid support, as well as identify students who need physical support.

During Clark’s first trip to Africa — to Senegal — she immediately realized that she wanted to return to Africa to share her expertise, which includes cochlear implants and other advanced technology as well



► A boy signs “I love you” while wearing a hearing aid he received from Clark and her team.

PHOTOS COURTESY OF DR. CATHERINE CLARK

as more standard testing, hearing aid fittings and maintenance. “I’d always wanted to go to Ethiopia,” she says, “because it was one of the few countries that wasn’t colonized for a long time, so to me, that meant it would be kind of like a truer Africa because it wouldn’t have so much of a European influence.”

When Clark was offered the opportunity to go to Bahir Dar, Ethiopia, in 2014 on a trip coordinated by Nazareth University and nonprofit organization Visions Global Empowerment, she jumped at the opportunity. “I’ll bring my machine and see what happens,” she remembers thinking as she packed a portable audiometer. “And boy, was there great interest! Great interest! I was meeting families, seeing the kids, seeing the adults, many who had never had a hearing test,” Clark remembers enthusiastically.

During that initial visit, Clark was sometimes breaking the news to parents that their child couldn’t hear, as many children had never had a hearing test before Clark arrived. Importantly, sign language classes were available nearby, so Clark could reassure nervous parents that although they were deaf, their children could still learn. In fact, one of her primary goals in Ethiopia is to “see deaf and hard-of-hearing children have better access to education. Access to education is going to help with employment. Employment is going to help with quality of life. That’s what I would like to see,” Clark stresses.

Skilled in American Sign Language, Clark can communicate with deaf English-speakers, and through an interpreter in Ethiopia, can also communicate with deaf patients and practitioners there. In fact, one of Clark’s Ethiopian trainees is deaf. “Deafened by meningitis, he knew

the spoken Amharic language, so he was also the interpreter, taking histories,” she explains. “It’s his community. He’s invested ... So he could code switch between spoken Amharic, he knew English, he knew Ethiopian Sign Language,” and Clark knows American Sign Language, English and a bit of the Ethiopian languages. “We made it work ... it was very cool,” she says.

Starting with \$3,000 in seed money, Clark has been able to procure more than \$10,000 worth of donations of used equipment, hearing aids, batteries and other supplies, and with those donations and her perseverance, skill, intuition and empathy, has been able to change thousands of lives.

One patient, a young mother whose chronic ear infections had left her hard-of-hearing, told Clark that “she had gotten a lot of complaints where she was living because people said, ‘Your baby cries all the time! Why don’t you take care of your baby?’” The woman explained that she couldn’t hear the child cry. “Her goal was to get a hearing aid to be able to hear her child. So she came in and we fit her with a hearing aid, and she just cried,” Clark remembers. She encouraged the woman to have surgery to repair the ear to lessen the severity of her infections, but the woman declined. “Whatever limited hearing I get with the hearing aid, that’s all I need,” Clark remembers her saying. “All she wanted was to be able to hear her child.”

“I realize that I’m not in control,” Clark admits. “I’m a recommending person. You want to have a dialogue. Sometimes [the patients] agree with me and sometimes they don’t. You have to watch that American privilege. I’m trying to reduce that privilege. It has to be a dialogue,” she stresses.



For example, in the U.S., it is recommended that hearing aids be worn consistently, as much as possible, says Clark, especially with children. “I tell them to wear the hearing aid all their waking hours, because we know how important auditory stimulation is. But here, the parents say, ‘Only special occasions the hearing aid comes on. This is precious. I don’t want my child to lose it.’”

Sometimes she is only able to provide one hearing aid per patient, although two would generally be prescribed in the U.S. “But we don’t have enough to give everyone two hearing aids ... so these are things I’m not used to doing. ... While these might not be best practices in the U.S., we are giving people access, so the goal changes. It might not be what I prefer to do. What I want to do. But I know this is what I need to do.”

While Greg Buie of Visions Global Empowerment has called Clark “a true leader with a work ethic like no other,” she, in turn, stresses that “the work would not be accomplished without the kindness of others. Volunteers and donations of expertise, time, funds or audiology/educational supplies are always welcome,” she adds. She hopes that more people will get involved with Visions Global Empowerment Ethiopia by visiting visionsethiopia.org. ■



▲ ABOVE: Clark supervises an iPad audiometry session with the boy wearing headphones.

▲ BELOW: Clark’s work has brought audiology services to those in Ethiopia.