Sheilah Kast (SK): Good morning I'm Sheilah Kast we're on the record. It's Veterans Day as we take some time to thank those who have served in the armed forces and think of the debt we owe them. I want also to focus on the most common war wound veterans bring home. The Hearing Health Foundation reports that tinnitus (ringing or buzzing in the ears) and hearing loss are the number one and number two war wounds among veterans returning from Iraq and Afghanistan. Those health issues have been prevalent in previous wars too. A few days ago I spoke to Glenn Baquet, program manager of Audiology and speech for the V.A. the Veterans Administration Maryland health care system which encompasses all veterans clinics in Maryland.

Glen Baquet (GB): I asked Dr. Baquet how common hearing loss is among veterans hearing loss and tinnitus has been in the top five disabilities ever since World War II since 2010. Fifty eight thousand other veterans coming back from the Middle East have hearing loss issues that are recognized as a disability and 70000 have tinnitus is recognized as a disability. So there's about a 10 percent of the total number of veterans that served in the Middle East which is about 1.3 million. About 10 percent of them have disabilities of hearing and tinnitus. These are noisy wars. You have the disease you have the firefights with gunfire explosions and mortar rounds. Most of these guys are combat veterans that come back from these tours. They've been there multiple tours. They are given ear protection but that's the last thing they think about when they're being shot at. He also described how veterans can get connected to care if they are enrolled in a system they can call us directly we have direct scheduling. They can call the call center if they're already enrolled in the V.A. and they call the call center and say look I think I need the hearing test the call center give them the next available appointment to see us and then we take it from there we give them a hearing test after we give them the hearing test. We determine if they need a hearing aid one or two hearing aids and we wind up getting it for him within the service connector non-service connected. We look at it as if the hearing loss interferes with his participation in his health care then he's entitled to the hearing aid.

SK: Glenn Baquet a hearing expert for the Maryland V.A. There are about 400 30000 veterans here in Maryland so it could be that more than 40000 veterans in Maryland are experiencing some type of hearing problem. Today we'll hear about a non-profit in Baltimore that specializes in tackling hearing loss from testing for it to addressing it through hearing aids or other types of adaptive technology. Julie Norin is director of audiology for The Hearing and Speech Agency, known as HASA. The Hearing and Speech Agency offers onsite audiology, speech-language therapy, interpreting services and deaf
awareness workshops. HASA also runs the Gateway School, a private school for students with communications challenges Dr. Norin: welcome to on the record.

JULIE NORIN (JN): Hi. Thank you so much for having me today.

SK: I'm very glad you're here and also with us is Herbert Rogers director of security at HASA. Herbert served eight years in the Air Force and he's had hearing aids for more than five years. Welcome to the show.

HERBERT ROGERS (HR): Thank you very much. Glenn Baquet head of audiology and speech for the V.A. Maryland Healthcare system said that hearing loss affects 10 percent of veterans who served in the Middle East in the general population.

SK: Julie Norin, how common is hearing loss hearing loss is one of the most common disability among the American population about 48 million people in the population have some form of hearing loss. It's often referred to as the invisible injury or invisible disability because it's not something that can be seen. It's only something that can be detected by the person who has hearing loss or by diagnosis.

SK: I'm really trying to get a feel also for whether it's more common among veterans or whether it tends to hit everybody especially as people get older.

JN: Right. So age related hearing loss is the number one cause of hearing loss that we see in the in our population. But second to age related hearing loss noise induced hearing loss is one of the most common causes of hearing loss. And we do see that in a large portion of our veterans that come back from serving in the military.

SK: Herbert Rogers: tell us your story. When and where did you serve in the Air Force?

HR: Well I started - I went in 1960 and I served through 68. I served five years at Dover Air Force Base. Three years in Germany and I got discharged after three months in California.

SK: So you were discharged in 68. Yes. And did you have any concerns about you hearing then?

HR: No not really. I think I started to notice it. You know many years later I always had the habit of having to ask people you know “what did you say?” And then when I started to actually work The Hearing and Speech Agency with their examination, I finally got one.

SK: So you actually started to work at The Hearing and Speech Agency before you addressed your own hearing?

HR: Yes.

SK: Do you think you were more aware of it because?

HR: Oh yes! Much aware because the audiologist would mention to me every once in a while “during your time in the Air Force, what kinds of noises were you exposed?” No not really I wasn't in a war zone or anything but just normal everyday noises.
SK: Julie Norin in Herbert’s case could the hearing loss he experienced later in life be a result of noise exposure from his time in the Air Force?

JN: Absolutely what we tend to see is individuals whether they’re in the military or not. But more so with military veterans is they have a significant amount of noise exposure and they don't even really recognize what that noise exposure is comprised of. So it could be shouting yelling, could be radio headset it could be aircraft noise it could be fire arms many military service members go through drills for weapons firing. So oftentimes, they're exposed to loud noise and they think of that as common noise and they don't think of it as loud noise. They returned from the military and they do have a weakened auditory system. They may have a hearing loss that’s going undetected because it has not yet been identified and they might use very common compensatory strategies like asking people to repeat themselves and over time that becomes habit until it starts to become more and more difficult. They start to experience a greater degree of difficulty communicating or hearing the television or talking on a telephone or people are encouraging them to get their hearing tested like Herbert said. And then the hearing loss is identified through testing.

SK: That is Dr. Julie Norin. She's director of Audiology for the nonprofit Hearing and Speech Agency in Baltimore. This is on the record on WYPR. I'm Sheilah Kast. Also with us is Herbert Rodgers, director of security for The Hearing and Speech Agency. Herbert Rodgers served eight years in the Air Force and has had hearing aids for five years. What other lines of work are likely to lead to noise induced hearing loss?

JN: People who are exposed to high levels of noise on a regular basis in their occupation It could range from anyone who is in manufacturing. Truck drivers have a tendency to have a hearing loss that tends to be asymmetrical because one side tends to be situated next to a window where engine noise might be louder. Auto mechanics dentists or dental technicians because they’re subject to the loudness of dental drills and other dental equipment even bartenders and wait staff if they work in an environment that tends to have loud music or live music if they’re there for an extended period of time on a regular basis that's enough to weaken the auditory system and cause hearing loss.

SK: Herbert Rodgers was it hard for you to think what I'm asking people to repeat. Maybe it's my hearing I mean was that a hard conclusion to come to?

HR: No it wasn't really. I just had to just realize that possibly could be losing my hearing and again with the help of the staff. They encouraged me to you know have it tested and see what happens.

SK: Is your hearing loss asymmetrical worse and worse in one ear than the other?

HR: Yes. My left ear is worse because I tend to I used to tend to turn my head to the right to hear when television was on. People would ask me: why are you looking away from the television? It was because I had turned the good ear to that to the set where the sound was coming from.

SK: But you wear a hearing aid in each year. Yes. Why is that?
JN: Well he has hearing loss in both ears. So when there’s a hearing loss in both ears whether it’s symmetrical or asymmetrical we want to address the need that’s on in both ears so that we felt balanced that we have better localization of sound coming from different aspects of our environment.

SK: We’re better able to hear Dr. Norin explain to us how veterans get connected to HASA.

JN: So sometimes if they’re coming from outside a referral source it’s because they might be low income and they might not have the financial resources to obtain help elsewhere and HASA is unique in that we offer a sliding scale of fees based on income. So individuals who are financially limited are able to come to us and apply for our reduced fee status. They get placed on a sliding scale and that gives them the ability to receive a discount.

SK: What do you recommend to people who serve in the military or did serve in the military or work in an occupation that exposes them to hazardous noise levels?

JN: So for individuals that are working in environments where they’re exposed to loud levels of what we consider hazardous noise we always recommend using hearing protection hearing protection.

SK: Earplugs?

JN: Earplugs. As long as they’re inserted properly headphones so earmuffs that go over the ears. There are some occupations where is actually recommended because of those significant levels of noise that they use foam earplugs underneath earmuffs that go over the years for double protection. So it really depends on what someone's occupation is, their environment what they're comfortable using. Because again even individuals that we work with who work in manufacturing plants sometimes are hesitant to use their hearing protection in one or both ears because they're afraid they might not be able to hear a co-worker. They might not be able to hear a warning signal. So they do fear for their safety. But it's important to protect the hearing that we have.

SK: Any other recommendations?

JN: We also try to encourage people to get a baseline hearing test just so that you can have some sense of where you're hearing levels are. And then over time particularly if you’re working in noisy environments or you know that you’re subject to loud noise and that there's a potential to develop a noise induced hearing loss have that baseline hearing test and then do regular hearing testing annually so that you can monitor your hearing to make sure that there isn't a hearing loss developing or if there is a hearing loss you can monitor its progression.

SK: You mentioned age is the most common element in noise related hearing loss but it's not only older people age is not necessarily a factor in noise induced hearing loss someone at a very young age can develop a noise induced hearing loss strictly from the noise exposure.

JN: There have been lots of studies now monitoring even children listening to headsets and using earbuds showing that we’re seeing a rise in the development of what is visible on our diagnostic equipment as a noise induced hearing loss it essentially shows us a specific footprint in the configuration of the hearing loss to let us know that it's most likely a noise related hearing loss. So individuals that are exposed to noise can develop a hearing loss that doesn't necessarily have to be
related to age. However one of the other things that we are seeing in our practice is an increase in the trend of an age related hearing loss happening at a much earlier onset historically in age related hearing loss would show in individuals who are 65 and older. Now we're seeing a trend more towards an age related hearing loss developing in those who are 50 years and older. So you might see an earlier onset of what would have been an age related hearing loss occurring at a much later age had there not been that noise exposure.

SK: Herbert Rogers, can I ask how old you were when you started thinking I should have my hearing checked?

HR: 60

SK: And would your family have said actually you should have had it done sooner?

HR: Yes

SK: We've been talking about hearing loss and of course hearing aids are a technology that can address it. What about tinnitus ringing in the ears.

JN: Right. So tinnitus is a very common problem especially among military veterans who are coming back from serving again that exposure to hazardous noise such as weapons firing or explosives even aircraft noise and engine noise can result intended as which is commonly known as ringing in the ears. There really is no way to make that tinnitus go away. Tinnitus is a sound that's perceived coming from inside the head. So it's a sound that's perceived by an individual where there's no external source of sound. It can present in the form of ringing buzzing chirping clicking humming roaring. So there's different ways that individuals will perceive that sound. Some of the treatment options that we recommend usually are first and foremost to have your hearing tested if there is a hearing loss along with the tinnitus will recommend hearing aids to treat the hearing loss. And that usually alleviates the tinnitus because it gives that individual access to sound that they otherwise we're not getting. And it doesn't make the tended to stop or go away but it makes it less noticeable because that person is now able to hear more environmental sounds than they were hearing without the hearing aids. For individuals that don't have a hearing loss we usually recommend not allowing yourself to be an absolute silence. So that would involve using a fan as background noise getting a sound machine that you might found at a home store or using low level music in the background something that just gives you a little bit of environmental noise so that it alleviates the perception of that tinnitus. Even though there's no way to make it go away.

SK: This is Veterans Day and we are talking to a veteran and I should say thank you for your service. Is that just something that you've had to deal with now.

HR: Good. I would. It's interesting doing the conversation. I was at the Dover Air Force Base for five years and my barracks was right next to where the planes took off and I never thought about until Julie just said it. So five years I was listening at the planes but that's normal noise for us. That's interesting.

SK: I'm glad you have escaped tinnitus at least. So Julie, if someone suspects they have hearing loss or other auditory issues what's what should be their next step?
JN: So again we usually recommend that they consider finding an audiologist that they trust that they do reach out and schedule a time to come in for a hearing evaluation specially so that they can establish a baseline and determine if there is a hearing loss. We are more than happy to work with them to address the needs that they might have, whether it's using hearing aids whether it's using some other form of assistive listening technology or a combination of both. There's lots of different technology that's out there that's designed to address hearing aids.

SK: Well I appreciate you're both talking to us about it.

JN & HR: Thank you. You're very welcome. Thank you so much.

SK: Dr. Julie Norton is director of Audiology for the nonprofit hearing and speech agency in Baltimore. Herbert Rogers is director of security at Casa. He served in the Air Force for eight years. On the on the record page at WYPR.org, you'll find links to HASA's Website and to the Department of Veterans Affairs resources for news noise exposure and hearing loss. I'm Sheilah Kast went on the record returns that a veteran's story. Stay with us.