

You've Earned This Freedom: Providing Enhanced Care to Veterans with Hearing Loss

BY STEFANI KIM

According to the 2015 Annual Benefits Report from the US Department of Veteran's Affairs, hearing loss and tinnitus are the top two service-connected injuries affecting veterans from every generation. As a hearing care professional, it's critical to be aware of the special challenges that veterans face and how you can use that information to treat them effectively and holistically.

A recent webinar sponsored by Hamilton CapTel and presented by Heroes With Hearing Loss National Spokesman Sean Lehman discusses the unique needs of veterans, their personal, physical, and psychological characteristics, and how those needs can be best served by a hearing care professional.

Lehman is a 20-year retired Air Force Master Sergeant (MSGT) with two decades of broadcast and journalism experience. He has conducted over 600 interviews with senior members of the military, including two US presidents, during his years reporting for the Defense Department. Lehman is now involved with educating hearing care professionals and the general public about the Heroes With Hearing Loss initiative, a program dedicated to raising awareness and initiating meaningful dialogue about hearing loss experiences among veterans, their families, and friends.

The mission of the Heroes With Hearing Loss initiative is to develop a "platform of engagement" where veterans can discuss how they are coping, day-to-day, with hearing loss as well as other comorbidities they face as a result of military service. The goal is also to lessen the isolation that results from no longer being part of a military community coupled with the isolation caused by hearing loss that, together, can have an exponential effect on veterans.

For example, the webinar details the military experiences of retired CPT Mark Brogan and CPT E. Anthony Seahorn, both of whom suffered hearing loss and multiple injuries while deployed in Iraq and Vietnam respectively. Both men view their hearing difficulties as secondary to the physical and mental trauma they experienced in combat.

For Brogan, who spent 17 days in a coma after an explosive device detonated near him, coming to terms with a multitude of potentially disabling injuries took precedence over anything else when he awoke. "Hearing loss was the least of anybody's worries," he said.

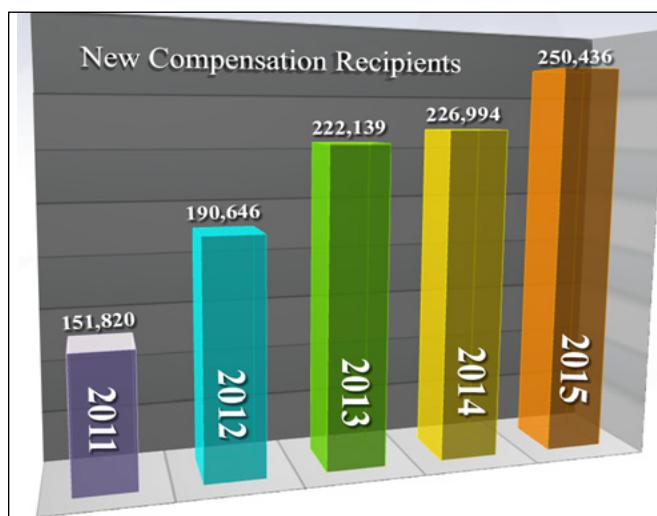
Seahorn, during his tour in Vietnam, describes an encounter where he was thrown from a helicopter that exploded moments after he was ejected. "After experiencing the death and destruction of combat you can't just go back and be the person you were before," he explains. "I never viewed hearing loss as serious or critical. Mine is all intertwined with my combat experience."

There are about 1.4 million veterans with tinnitus and just over 1 million with hearing loss¹, according to a 2015 Annual Benefits Report from the US Department of Veterans Affairs. The report, however, only accounts for the portion of veterans who have applied for and received compensation for their injuries, said Lehman; there are likely greater numbers of people suffering from hearing loss than these. In particular, new auditory-related claims have increased steadily since 2011 among younger veterans fighting the Global War on Terrorism (GWOT), from 151,820 in 2011 to 250,436 in 2015 (Figure 1).

Other factors that may affect how hearing care professionals tailor their care for veterans include the prevalence of underlying health issues for this population, who are more likely than non-veterans to report two or more chronic conditions (which can sometimes be hidden) as well as serious psychological distress—both of which can impact hearing loss. Lehman cites statistics that show nearly 60% of veterans with higher disability rates have more than one disability,^{1,2} broken down by the average number of disabilities per veteran:

- WWII: 2.41;
- Korea: 2.44;
- Vietnam: 3.74;
- Gulf War: 6.28.

The increase in veterans living with multiple disabilities may be related to improved medical care in the field; in previous generations, soldiers may not have survived the degree of multiple injuries of today's soldiers (Table 1).



New auditory related claims have steadily increased since 2011—particularly among Global War on Terrorism (GWOT) veterans. Source: 2015 Annual Benefits Report, US Dept of Veterans Affairs.

Lehman also outlines several aspects of military culture that may influence how veterans interact with hearing care practitioners:

- 1) **Pride/denial.** The military trains its members to be “invincible” to some degree which can get in the way of effective treatment if individuals don’t admit they have a problem.
- 2) **Credibility/The Fraternity.** The brotherhood of the military is strong, says Lehman. This can be a problem because ex-military people don’t always listen to people outside the military, regardless of expertise or occupation. Veterans are more likely to take advice from other veterans, so if you really want to reach a veteran, get to the veteran community.
- 3) **Mission-oriented.** Veterans are taught from Day #1 to accomplish a mission. Their mindset may be that “hearing loss is a challenge and I want to figure out how to accomplish the mission on my own.”

In addition to existing cultural preconceptions, some veterans may delay seeking assistance for their hearing loss. Nearly 3,000 veterans with reported hearing loss were asked about their reluctance to try hearing aids.³ The top reasons given were:

- 1) **Inadequate information.**
- 2) **Stigma.** Pride and cultural factors may come into play where veterans may think, “I don’t want anyone to see that I’m weak.”
- 3) **Misdirected medical guidance.** At one point, a veteran may have been told that “nothing could be done” for their hearing loss or tinnitus. Many may not realize that the VA experience has changed dramatically in the last 10 years.
- 4) **Importance of hearing.** Not realizing the importance of hearing and how it affects life on day-to-day basis; veterans just learn to live with problems without complaint.
- 5) **Believing that hearing aids don’t work.**

- 6) Not trusting hearing aid professionals.
- 7) Not recognizing the value of hearing aids.

When veterans do start to notice a problem, however, these are the most likely responses:

	World War II	Korean Conflict	Vietnam Era	Gulf War Era	Peacetime Periods	Total
Disabilities	247,396	318,471	5,043,015	11,724,463	2,350,046	19,683,391
Average # of disabilities per Veteran	2.41	2.44	3.74	6.28	3.26	4.72

Table 1. The average number of disabilities per veteran has also increased, possibly as a result of improved medical care on the battlefield.

- 1) Recognize something is wrong, but are cautious about who and how much they tell. In the military, it's common to think that your benefits or job will be affected by a disability or injury. That type of thinking may translate to the civilian world as well.
- 2) Hesitant to talk about military experience. Many times family members are not even privy to this information, particularly if it's traumatic.
- 3) "Suck it up" or "bite the bullet" attitude. It's critical to get spouses and family members involved and build a sense of community to encourage individuals to seek treatment when they might otherwise just endure hearing loss on their own.
- 4) Denial.
- 5) Are concerned others will think they're weak for seeking help.
- 6) Feeling of hopelessness. This can be changed by getting them talking to other veterans and healthcare providers.⁴

As mentioned earlier, veterans are often dealing with several comorbidities, including:

- 1) Tinnitus. Over twice as many veterans (11.7%) experience chronic tinnitus compared to non-veterans (5.4%). Lehman believes that, indeed, almost all service members have at least some tinnitus given the day-to-day exposure to noise from explosions, bullets, and atmospheric noise on Humvees or aircraft.
- 2) PTSD.
- 3) Traumatic Brain Injury (TBI). Up to 2/3 of veterans suffering from TBI also have hearing loss, though TBI can make hearing loss difficult to diagnose.
- 4) Other combat-related injuries. These can include severed limbs or burns.

Given the prevalence of tinnitus, Lehman stresses the importance of making veterans aware of treatment options, such as hearing aids with tinnitus masking, sound pillows, etc. As an alternative to in-person appointments with the VA, Lehman suggests tele-audiology options, which have been shown to have the same or better results than face-to-face appointments. Lastly, Lehman said, as a hearing care practitioner, you should strive to build trust with veterans by asking about their military experience, and helping them open up about their difficulties.

For additional information, please visit www.heroeswithhearingloss.org; by phone (800)-974-1517; or email: sean.lehman@heroeswithhearingloss.org, info@heroeswithhearingloss.org.

For additional information about no-cost caption telephones from Hamilton CapTel, an easy solution for veterans that struggle over the phone, call 1-800-826-7111, or visit: <http://www.heroeswithhearingloss.org/sponsor>

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