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HAAA meeting

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>> Toni: Hello, everybody. My name is Toni Barrient, and I'm the Director of Member Services in Chapter Development for the Hearing Loss Association of America. I'm going to be your moderator this evening for Dr. Bratt's webchat. The Hearing Loss Association is proud to present live moderated chats featuring nations -- nations leading experts in hearing loss and hearing loss issues. For those of you who are who are visiting the webchats before, you will notice that tonight is quite different. This is an exciting format. You will see -- you see our guest speaker on web cam and you see me as well. Hello. You will enjoy a chart presentation and, of course, this event is entirely captioned for your benefit. This evening our topic is audiology and hearing aid benefits for veterans. Our guest speaker is Dr. Gene Bratt from the veterans administration in Nashville, Tennessee. For those of you who attended the Nashville convention last year, you had the opportunity to hear

Dr. Bratt speak at the opening session. Dr. Bratt is the chief of audiology and speech pathology service at the Department of Veteran affairs., Tennessee Valley Health Care System in Nashville, Tennessee. He received his doctorate in audiology from Vanderbilt University in 1980 and has since be a clinical audiologist at the VA in Nashville. He's also an associate proffer of audiology at Vanderbilt School of Medicine where he did his teaching interest centered about cling call audiology and pathologies of the auditory system. Dr. Bratt will speak to you and afterwards he will take your questions. You can type your questions in the chat box in the middle on the left - on your left column. And you should see where you can enter your questions. Below that you will find that there are documents you can download. One is Dr. Bratt's presentation and two of them are in acrobat formats, that is universal that anybody can -- should be able to open, and you can write notes. You can find that under the chat box.

So now we're here to welcome Dr. Bratt. We're very honored to have him come and be our guest speaker in our new chat room and spend time with veterans and members. Thank you so much for coming. Dr. Bratt.

>> Dr. Gene Bratt: Thank you so much, TonI. It certainly is a privilege for me to be with you tonight. And I want to thank you so much for the opportunity. It was a real privilege also in Nashville to meet so many members at

your excellent meeting, and tonight it is also an honor for me to be able to speak on behalf of the Department of Veterans Affairs and hopefully to provide some assistance for benefits, particularly with regard to hearing loss for our hearing impaired veterans. Again, thank you so much for the invitation.

>> Toni: Okay. So I guess it is time to get started with your presentation, and so Dr. Bratt, I again, give you the mic.

>> Dr. Gene Bratt: Thanks again. I have prepared a very short presentation just to give you some background on the VA hearing program, and also to provide for you an e-mail address, and I welcome any comments or questions that you have. A few of you have sent in questions today that I'll be able to begin with, but also through my e-mail address I would be very much interested in hearing from any of you who have more questions or want clarification in any of the things that we spoke about tonight. So I included my e-mail address on the opening page of this presentation, and now I would just like to move through three or four pages just to give you some background to the program, and then after that I will be happy to take any questions that folks have. The VA audiology program is centered, I think, around the provision of hearing treatment for veterans with hearing loss. Particularly with regard to hearing aids. But it goes well beyond that. As you can see from this list of services provided by the VA, we also in addition to just

evaluate and -- evaluation and treatment of hearing loss have programs for the evaluation and management for tinnitus or tinnitus as some folks wish to say. We also have a very active program in the assessment of balance problems, and in some locations, also balance rehabilitation. Of course, evaluate our patients and issue hearing aids, and other assistive and alertive devices to veterans who are eligible to receive those services. Those individuals hearing aids are not, hearing loss, those who can wear not a hearing aid, also have a cochlea implant program and bone anchor hearing aid management or sometimes more commonly referred to as BAHA. Finally, many of our sites also have active programs in oral rehabilitation for hearing loss. So you can see that the services that we provide are quite varied and cover the gamut. Now, some of the VA sights across the country are located in large medical centers, and typically you will find the complete array of services just mentioned. Other instances may be nearer to a smaller site and in those instances the complete gamut of services may not be available, but typically the availability of those services may be provided at a larger medical center within driving distance or may be provided in certain -- certain circumstances by the VA and range in which patients and provide providers at the expense of the VA. This is the busy slide, and I apologize for the small type, but basically I wanted to just briefly go through the hearing aid program itself. I believe that it is fair to say that the program itself is

recognized for its excellence because VA audiologists are fortunate to be able to use state-of-the-art instruments and I think are highly skilled professionals. Typically the initial hearing aid is provided free of charge or as we prefer to say in the VA all of our services are prepaid by years of service, and I mean that in the best sense of the word. Also if in some instances a backup hearing aid is necessary, they may also be provided. The evaluation includes the fitting and adjustment of hearing aids, instructions on the use and care of hearing aids. Typically the hearing aid batteries are provided through the mail. Again, no added expense to the veteran, and all hearing aid repairs are also provided at no added expense either through the local VA medical center or through an extensive program that the VA established through its main depot in Denver, Colorado. Typically hearing aids are expected to last somewhere between four to six years of age, then may be replaced or they can be replaced sooner if the hearing aid is lost or if there's been a significant change in hearing. And also the range of assistive listening device is quite extensive, ranging from alerting devices and other types of signalers to FM systems, to infrared systems, to assist veterans in different types of listening situations or living situations which they need additional help. Sometimes VA may find itself using contract hearing aids and off contract hearing aids. Typically most devices that are provided by the VA are provided through eight or ten -- eight, nine or ten large manufacturers who

provide hearing aids to the VA on contract, but sometimes it is necessary when the needs are quite specific to go off contract, and we certainly have that ability to do that as well. So I think you can see that the program has been over many years of service to provide the best opportunities for veterans to receive the services that they need with a minimum amount of benefits to them. I think probably one of the most important questions that you may have tonight is simply this. Who is eligible in the VA to receive hearing aids? And I have listed probably the eight to ten most common eligibility criteria for receiving hearing aids through the VA, but again, if you have specific questions, I would really encourage you to contact me at your convenience through my e-mail address if you have specific questions. Generally speaking, however, any veteran may receive a hearing aid through the VA by no additional cost if they have a service connected disability rated at 10% or greater regardless of what that disability is. So it doesn't have to be for hearing loss. The person has a 10% or greater service connect disability for any type of disorder. May be diabetes, could be various types of skeletal problems. Any type of service connect disability at 10% or more qualifies for the full scale -- the full gamut of hearing aid services. In addition to that, if you have been awarded a Purple Heart, you're eligible. If you are a former prison of war you're eligible. If you are currently enrolled in a VA vocational rehabilitation program you are eligible. If you have sight or

vision problems and you are about to be admitted or are already admitted into a VA blind rehab center or other low vision programs, you are eligible. You may be eligible if you have significant medical conditions that render you housebound. In that instance you may file for a special consideration through the VA through what is called an aide and attendance program, and that's provided to veterans who need special assistance. For the most part I have talked about special considerations. But also the VA has significantly broadened their eligibility for services in the past few years to those veterans who do not have service connected disabilities. In this instance if a veteran has a hearing impairment that has resulted from the existence of another medical condition for which they're being treated or if the hearing loss resulted from treatment for a medical condition, for example, diabetes, they may be eligible for a hearing aid. Or any veteran who has a significant functional or cognitive impairment that limits activities of daily living could be eligible for hearing aids. Any veteran who has a hearing loss that would interfere with the delivery of their health care may be eligible for hearing loss -- for hearing aids. Now, in these last ones it sometimes becomes somewhat arbitrary as -- depending upon the audiologist who is providing the care is to whether or not the veteran meets the guidelines or not. On some instances the eligibility guidelines are very clearly set, and other situations it is left to the judgment of the audiologists, so it may vary

somewhat from site to site, but the message that I want to leave you with is this. If you have established a service connected disability for any condition, that's 10% or more, then you certainly are eligible for care, but if you haven't been able to establish that, but you are having hearing loss that would interfere with the delivery of health care to you, please don't let that fact that you're not service connected stop you from seeking assistance. It is very likely that even though you don't have a service connected disability that you may be eligible for care and assistance for hearing devices through the VA. So I hope that provides a little bit of a background, and I think probably there may be some follow-up questions to some of these because they have a tendency to be somewhat technical in nature, but I'll try to make them as clear to you tonight as possible or if you wish, you may contact me again at any time through by e-mail. Finally, I want to address specifically the issue of cochlear implants. The VA has a very strong cochlear implant Framingham, and most of the larger centers -- medical centers in the VA system will offer this service. The medical criteria are very similar to the criteria that are established elsewhere outside the VA for candidacy for cochlear implants, and those have to do with first of all, no medical contraindications for anesthesia or surgery, no active middle ear disease or evidence of eighth nerve disease. Those are follows elsewhere outside the VA. As far as the audiological criteria are concerned, we provide cochlear implants for

those individuals who receive only marginal or worse benefits who have bilateral severe profound hearing loss, and then there's some technical mark stones that a person has to meet in order to be eligible for a cochlear implant, but I think it is fair to say if a person has a severe to profound loss for which they're receiving minimal or no benefit from traditional amplification, they probably would qualify for a cochlear implant. Finally, if the patient has any cognitive or emotional capacity to adapt to benefit to -- to implantation, that's an important consideration, and also if they have a reasonable and appropriate expectations of potential benefit, and of course, we help veterans work through those to make sure that the expectations are real so that the risk and the benefit from the surgical procedure are practical balanced, and then, of course, the patient must also agree to participate in treatment and in a rehabilitative protocol. That's just like where it is anywhere else, outside the VA as well as. So I hope that these -- these bits of information that I provided give you some background to the VA hearing aid program, and again, if you have questions about any of these, I would be happy to address them this evening if we have time, and if not, just get in touch with me by e-mail. And I think that concludes the brief presentation, Toni. I think if we have questions, I would like to begin, if it is okay with you, with some questions that were already submitted today. I received some excellent questions from Alan and (indiscernible) this evening that you asked for, but I will do

to find the information and to forward it on to you. One of your questions asked if the military tracks the number of soldiers with hearing loss. And although I'm not a military audiologist, I'm quite certain they do, and I have friends in the military and audiology, and I'll go ahead and contact them in the next day or two to try to answer that question, and then your second question had to do with how does that compare with current DVA estimates of those within the current health system? And again, I can provide that information for you later on, and also asked for the breakdown of the VA of mild to moderate hearing loss. Let me say this. First of all, it has only been in the last two years that the VA has had a center for collecting audiometric data, and we have been doing that now for a couple of years, and we have just passed our 1 millionth audiogram, so we have a lot of data, but at this point we have not had (no audio) upon my years of experience in the VA how the breakdown occurs with regard to severity of hearing loss in the VA, with regard to mild, moderate and severe, I would say that probably in the range of 40 to 45% of -- out of the veterans that we see are what we call mild. Probably 40% to 45% are in the moderate to moderately severe range, and only a small number are in the severe range. And I think that's pretty accurate and pretty stable across other medical centers with the information that I have been able to obtain from audiologists at those sites as well. I think the bottom line is we don't see the severity of profound hearing

loss within the VA that we see outside of the VA, and of course, the reason for that is because all of our profound veterans would have had to have acquired profound hearing loss as any profound hearing loss at birth would probably disqualify an individual for military service. So the patients that we see all have acquired hearing loss, and we don't see the incidence of severe to profound inside of the VA that we do outside of the VA. At medical centers that I'm at in Nashville, we probably do four to five cochlear implants a year, so that gives you an idea of the incidents of new severe to profound hearing loss that we see at least at our medical center. One of the really critical questions that has occurred in the military in the last few years arises from what are called traumatic brain injuries or even a subclassification of that mild traumatic brain injury where individuals have been exposed to blasts exposure, and as such a -- not actually incurred the type of open type of head wound that are often associated with blast injuries, but rather are sustaining more mild, at least mild appearing types of head injuries but have very subtle but very real manifestations. One of the real problems that we're seeing now in the veterans coming out of the Gulf wars is that type of soldier who demonstrates normal hearing in all of our tests, but who simply cannot understand speech under difficult listening conditions, such as background noise. We're seeing exactly the same thing in individuals with vision problems who test for vision normally, but who are having

problems discriminating images from backgrounds, particularly under difficult situations. And we think that these very subtle types of problems are arising from the results of concussion. Brain concussion. Not so much exhibiting open head injuries but the more subtle forms of impairment resulting from closed head injuries, and we're seeing this also not only with regard to vision and audition, but also with regard to the ability to these individuals to attend, to focus, to concentrate, to remember. It is a very -- very much a new area of investigation for the VA and has almost become the signature injury of soldiers coming out of the Gulf War, so we're very much in tune to those individuals as well. Very interesting question that you asked with regard to -- I think it was related more to the soldiers with respect to posttraumatic stress syndrome, and ask whether or not these individuals are experiencing a Kubler-Ross set of stages. Kubler-Ross. Those are of course the stages of grief individuals go through particularly when they learn of a devastating illness in their own that they have themselves or in a near loved one, and the five stages range from initial stage of denial to eventual stage of acceptance and then going through the various stages of bargaining and depression and finally acceptance, and then you ask whether or not soldiers who were transitioning, coming out of military who have had posttraumatic stress syndrome are going through the stages, and I can't tell you for sure that they

are. And I'm not sure anyone knows, but many of them pose many of the same types of symptoms, and that is we, of course, would not see them in the initial stage of denial because that would be immediately following injury, but we do see many veterans in the next stage, and that is bargaining or in anger, but what very concerned about are veterans in the -- in the latter stage of depression. As you have been able to see in the literature, depression and suicide are a terrific problem, not only in our nation's veterans, but also active military, and I think that it is a very plausible explanation that they are passing through some of these stages of grief, particularly after they have been associated with the traumatic injury themselves or if they have had -- if they have lost a comrade in one of these types of blast situations and they're not experiencing these stages of grief that are associated with the syndrome. And the VA and the military are becoming increasingly alarmed at the incidence of depression and threaten suicide. I know that all VA personnel who have -- who have patients, who have access to patients that provide direct care receive regular and updated training and the recognition of depression and suicide on immediate steps to take in case a veteran threatens suicide, and interestingly enough, one of the conditions that we see ringing in the ear, tinnitus, is one that's more likely to produce that type of reaction in actual hearing loss, where patients are so depressed by the tinnitus that they just find it difficult to carry on their normal daily

activities. So all medical personnel in the VA and the military services are becoming more sensitive or having sensitivity training in recognizing these symptoms than making the appropriate recommendation for treatment, and often which includes treatment that very same day. Immediate referral to mental health for an immediate screening, and I know also as well as being a part of the management of our medical center that we take suicide threats received by e-mail or over the phone extremely seriously, and all threats are followed up typically by use of local resources typically, area of police force or sheriff or State Troopers. We take these very seriously, and then you asked that beyond providing technical services, what advice would you give for these veterans and for their families, and the advice that I would provide is to seek never, never underestimate the importance of severe depression in an individual who has gone through a stressful period, and by all means, seek the appropriate medical care either through the emergency room at a VA or other sight or through the outpatient services. Emergency room, if it is a dangerous situation, and through their -- through primary care if it is more of a long-term situation. I hope I have given you a little bit of background and some of the information that you desire, and I'll try to find some of the more specific information that you have asked for as well. Toni, I think if you have any other questions, I would be happy to entertain them now.

>> Toni: Okay. Let's see. Can you hear me okay? All

right.

>> Dr. Gene Bratt: I can.

>> Toni: I think I'm back on. We actually did have some people write in, and I would like to give you those questions if I may. Rufus from San Jose, California says I'm a veteran of the Korean War. What are the requirements to get hearing aids from the VA at no cost? I think you may have covered that, but give him --

>> Dr. Gene Bratt: Let me reiterate. I would like to cover it again. First of all, Rufus, I want to say -- again, I want to reiterate in the VA we don't charge it at no cost because we think you have paid a remarkable cost already through your military service, but I understand you to say no additional cost or no additional expense. What you need to do, Rufus is go to the nearest VA medical center to you and go to the business office medical center and need to enroll for care. You can enroll for care through any VA. Another option, however, that you may wish to take, particularly if you have any -- if you have had any injuries while you were in the military to cause you any difficulties would be to go to a benefits counselor as well as the business office at the VA and speak to a benefits counselor about filing for a service connected claim for that disability. I think there's been a lot of talk in the press about how long that process takes, but I think there -- it is not as bad as it used to be, and I think probably we're looking at a three to 4-month delay, but it is well worth it if you have any disabilities that you're

experiencing now that you think may have been a result of your military duties. Two things. Go to the business office and enroll for care and then secondly, go to a benefits counselor and if you have any service, connected disabilities you would like to file for. There are two advantages filing for these claims. The first is it may actually result in a monthly compensation check, but more importantly, it places you at the head of the line for care because the VA does recognize some priority resources given the service connected veterans, as opposed to the veterans that have not filed for a service connection. But regardless you need to go to the medical center, to the business office and then to a benefits counselor. Hope that helps.

>> Toni: Okay. Another one from Katherine from Burton, Texas, and she asks, I'm currently attempting to assist my husband with getting some assistance with his hearing loss via the VA. Where is the best place to research documentation for supporting the theory that is loss is noise induced? He served at 82nd airborne in the '60s in aviation mechanics helicopter. We believe that -- we believe that an armory extreme and constant noises without any protection has caused his loss. We are just beginning to try to take advantage of his benefits. Any advice would be appreciated. I'm also hard of hearing.

>> Dr. Gene Bratt: Katherine, first of all, thank your husband for his service to our country. Really he doesn't have to provide any evidence if he doesn't have it because

once he files for a claim or asks for care, then it becomes the responsibility of the VA to provide whatever evidence is in the record, and the VA does keep significant extensive records on veterans, and they know a number of years ago there was an unfortunate fire at a St. Louis records depository in which some of those records were lost, but most veterans now still have within their VA records, their service medical treatment records from their -- from their service days, and if you file for that claim, then it is the responsibility of the VA to find those records and to bring them to a VA official to determine whether or not the claim that's being submitted is appropriate one. But that's for filing a claim. Suggest that you also go to the business office of the nearest VA and simply enroll for care. Ask for care. Now, there's certain criteria that have to be met, and those criteria are expanding more and more, and I'm not an expert on what those criteria are. If I were you, I would go to the business office, and always helps to bring a document called a DV214. That's probably the primary piece of evidence that would be helpful. If you would bring that to the business office and apply for care, then they would be able to tell you whether or not you were eligible and what steps you need to go further into the process. But I would certainly encourage you to make those initial steps either through the business office or through the benefits office of that medical center. I hope that helps.

>> Toni: The next one here says Dr. Bratt, I am an

Operation Iraqi Freedom veteran with severe to profound hearing loss. I'm a suicide bomber attack. From what I have heard there are thousands, if not hundreds of thousands of veterans returning home with a hearing loss from blasties. I was wondering what the VA is anticipating as far as funding and utilizing newer technologies as they are advancing rapidly all the time. I believe that once a veteran from the GWOT era is admitted into the system, there should be an immediate and mandatory hearing test administered. Is there a proposal for this in the works? One last quick question. I have heard that tinnitus is the number one compensation claim for veterans of these wars due to the exposure to blasts obviously. What research is out there to help address this symptom? And thanks for your time and your participation in this chat. Respectfully mark Brogan, captain of the U.S. Army retired. And mark Brogan is in our audience tonight, so you will be speaking to him directly. I think you know him too. (laughter)

>> Dr. Gene Bratt: I think so. Let me tell you, I think we had a chance to meet in Nashville, if I'm not mistaken, and it was indeed an honor. The number of questions that you asked are very important questions. You are correct. Tinnitus is the number one condition for which compensation is paid in the VA. Number two is hearing loss. And sometimes they will reverse position, but between those two conditions, those are the two most commonly rated disabilities in the VA. So it tells you the magnitude of the

issue not only for our Gulf War veterans but also for veterans from previous wars, but I will say that the veterans of our Gulf Wars are beginning to demonstrate similar and very remarkably exclusive injuries, and alluded to this before, and that has to do with what's called minimal traumatic brain injury, and it is really not minimal at all. It is called minimal because it doesn't have any open wounds that are so impressive in graphic -- in graphic display. These individuals may look absolutely normal but have suffered concussion and as a result of that have very subtle hearing disabilities that are difficult to manage -- that were really only trying to begin to fathom. First of all, let me say that all veterans from Operation Iraqi Freedom, and Operation Iraqi -- from the Iraqi conflicts have been granted -- I believe it is now six years open-ended treatment for whatever disabilities they have. These teams are multi-disciplinary, enter disciplinary teams that are charged with evaluating patients coming in from the Gulf Wars with any type of injury at all, and what they will simply -- what they often do is then do a screening for various types of disabilities and then more intensive training for other -- for disabilities that prove to be positive. So. The matter of tinnitus is very difficult to manage. As you know, there is no cure for tinnitus. It is a permanent condition, but that does not mean we can't help individuals manage them. And the VA we use a philosophy of progressive management, and that is we try with the simplest forms and often for many

individuals suffering from tinnitus, the fitting of very good hearing aids will provide significant benefit. But for those whom that's not appropriate, there are different types of masking devices and adaptive devices that will work, and then for those individuals who have intractable tinnitus that simply is providing more of an obstacle than they can tolerate in the everyday activities, there are tinnitus management therapy programs and typically those are not administered within the VA, but administered within the community, but the VA will provide the support to pay for those services. So tinnitus is a terrific problem, not only with regard to its potential effect upon quality of life, but also in regard to how often it occurs its incidence veterans returning from conflict. With regard to other devices, I would think that the VA is providing the most -- the latest technology, both with regard to hearing devices and assistive devices that's available, and if it is not immediately available within the VA, then also it is -- we can procure those services through contract in the community. One thing we are trying to do more and more, and that is we are trying to bring our services closer to where veterans live, rather than make them travel long distances to large medical centers, we are providing these services in smaller sites, and if that's not available in certain circumstances, actually contract to go into the community. So I hope that provides some of the information that you were asking about. If -- I think the basic criteria that the VA utilizes with regard to

providing needed services is what does a veteran need? If those veterans' needs are available within that medical center, we will do it, and if not, -- if they are available in the community, we will take the steps to provide them in the community. I hope that helps.

>> Toni: Thank you. Neil from Charlotte, North Carolina asks, I am a veteran with hearing loss, and I have the most up to date hearing devices. I have an FM system from the VA and a Bluetooth system, and I'm very grateful for all they have done because I know how to use the technology and do so. My question is there anything available that will do voice carryover, VCO, with a cell phone that the VA support any type of TTY devices and should I pursue trying to get something. What would you recommend TTY home phone and or cell phone? I have to do conference calls on occasion and really need to know 100% what is said.

>> Dr. Gene Bratt: Is this Neil who is asking this question?

>> Toni: That's Neil, yes.

>> Dr. Gene Bratt: Neil, the question that you ask is quite complicated because cell phone technology is evolving with regard to compatibility with hearing aids. At the present time we're make something significant progress, but I'm almost going to have to have a conversation with you privately to determine exactly what devices you have and then I will go ahead and find the necessary resources to

answer your question. If you will e-mail me at the address on the presentation slide that I have put out earlier tonight, I will certainly get back in touch with you, and what information I find I will also forward to Toni so she can make that available to others who are attending tonight's chat.

>> Toni: Okay. I flipped the PowerPoint back so that everybody can see your e-mail address on the screen there. Okay.

>> Dr. Gene Bratt: Glad, Neil, that things have worked.

>> Toni: We have Tom here who is in the room.

Wants to know what accommodation did the VA provide for its hard of hearing patients? Are ALD's available or room loops? I'm going to assume that he's talking about when he visits the VA facility.

>> Dr. Gene Bratt: Right. Most hospitals will not have looped rooms, okay, but most facilities will have available assistive listening devices in their audiology programs, especially in the larger hospitals, so my recommendation would be that if you are going to be visiting a VA medical center, specifically either to visit an inpatient or if you have services that you're going to be seeking in other -- other services in the medical center, I had recommend that you -- maybe a day or two before you show up call the audiology service of that medical center, tell them that you're going to be in the hospital and ask if they have any type of assistive devices that are going to help you with your visit. Many VA

medical centers, the waiting rooms are very crowded. It is difficult to hear. Even with the best listening equipment and if you find yourself in those situations, hopefully you can find a sympathetic clerk who will be able to help you, but certainly if you go to the audiology service, you should have assistive devices that you can use while you're in the medical center to carry on business of your visit, and then return that device as you leave the medical center. I know we provide those services at our medical center, and I would like to think that most audiology services at other medical centers do the same.

>> Toni: Fred wants to know the VA wants to tell you that the VA gave you some government hearing aids that are not giving him satisfactory hearing help. Is the VA obligated to issue me hearing aids that will satisfactorily help me? I am Deaf in the left ear and severe in the right ear. I am a Korean veteran. Is there any advanced hearing aid technology available at the VA?

>> Dr. Gene Bratt: Well, I certainly wish that I could tell you that we have devices that would bring you the satisfaction that you desire. But particularly with individuals with severe to prone hearing loss, even the best devices frequently fall short of what our expectations should be given the state art in other disciplines. So first of all, I certainly can't assure you that we're going to be able to provide a device for you that's going to prove satisfactory, but having said that, if you have received care from a VA

medical center with regard to hearing devices and those devices are not -- devices are not satisfactory, strongly encourage you to call that service back, make an appointment. They do this everyday for our veterans., in fact, we always tell our veterans we put hearing devices on them. First of all, recognize that the devices are not going to bring your hearing back to normal, but also that the devices, especially the newer ones, are extremely versatile, and if you feel that the initial fitting was not the best of your advantage to bring the device back and let us work with you. So I would encourage you to bring that device back to that medical center, explain to them the problems that you're having and ask for either adjustments to that device or consideration of other device. I will also say that remarkable advances have been made just in the last couple of years with devices, so if the hearing aids that you have are more than two to three years old, then I would think that it would be very likely that we could provide you something than what we have right now. But I also will say that severe to profound hearing loss remains a very frustrating fact of life for you obviously as the veteran, but also for those of us who would like to provide a satisfactory quality of life for you.

>> Toni: Well, it seems that we don't have any more questions, although we have -- we have a few comments, and some good things to say about the VA service. I think that I just would like to add something personal and just to

amplify something that you said, and that is in order to be eligible for the benefits, go for the care, so I think what that means is to see a medical care, an internal doctor, have a physical exam and follow-up. Get your medical care from the VA and that will qualify you for audiology benefits, and the reason why I know this is that my father served in World War II and he came to live with me a few years ago, and I took him to the VA, and he was getting medical care -- actually, we went to medical care for a second opinion, and while we were there we accidentally found out he was eligible to get hearing aids because he was getting the medical care there. So he didn't have to prove that it was related to, you know, his war service or anything. He just had to get medical care at the VA center. So I think that's really important for people to understand.

>> Dr. Gene Bratt: Toni, can I just add to what you just said. That's probably one of the greatest misconceptions about care in the VA, and that is that prosthetic devices such as hearing aids are eligible only -- are available only for those individuals who have proven service connective disabilities, and that's just not the case. I think that most individuals who have a hearing loss in the moderate-to-severe to profound range would qualify for devices under the Criterion that devices are available for anyone for whom their care is compromised by their hearing loss and that -- what that means is that the VA has taken the position that if we're going to provide medical care for a

veteran, then that veteran should be able to participate fully in that medical care, and as you know, most care really is a two-way street. It involves not only the provider but the patient working together, and to do that requires typically adequate communication skills, and if that's compromised by the presence of a hearing loss, then they would -- a patient would qualify for assistive devices, hearing aids and other devices, simply because they are receiving that care, and so the advice that I gave earlier is very real. If you feel that you have a service connected -- service related disability and you have not filed a claim, do so, and the best way to do that is through contacting the benefits counselor. Let me just say something about benefits counselors. Typically they're highly qualified, sometimes they're not. Okay, and you can find them in many different locations. All -- most of the large VA medical centers would typically have three or four such benefits on duty during business hours Monday through Friday, and our medical center we have probably three or four, and we have representatives from both the American legion and the DAV that have permanent offices in the medical center, and you can approach these offices on a walk-in basis. You don't have to have appointments. You simply walk into that office. You tell them, I'm a veteran, I have a hearing loss or I have ringing in my ears, or I have ear disease, and I think the military caused it, and I want to file a claim, and it is helpful to have your DV214 form with you when you do that. You can also go to VA officers in

regional offices, if you are near one of those. You can also go to service organizations in the community. Again, DAV American legion, VFW. Most service organizations have benefits counselors in the community. And frequently these people are excellent. Sometimes they're not. And I think if you are not receiving the care or the attention that you expect to receive, then I would suggest you try another benefits counselor, but I think it is very important to have any type of service related disability at all to make sure you file a claim for it. Again, not so much for the dollars and cents involved with the monthly compensation check, but rather that qualifies you for care. If you don't have those disabilities, go to the business office of that medical center and ask for care and qualify and ask if you qualify for care. And I'm not an expert on those criteria, but those individuals are. Sometimes steps can be somewhat laborious, but they are worthwhile, and as Toni mentioned, once you are enrolled for that care, there's a high likelihood you would be eligible for hearing devices even though you don't have service connect disabilities for hearing or other ear related conditions.

>> Toni: Okay. I don't think we have time for any more questions. So for those of you that have questions, please make note of Dr. Bratt's e-mail address and e-mail him personally. I would like to say that this recording -- this program has been recorded and will be available for play back tomorrow, and Dr. Bratt, I just can't thank you enough

for being our first guest. I just appreciate you taking your time, your personal time to be with us tonight.

>> Dr. Gene Bratt: Well, it was my privilege. As I said that earlier, and I really mean it. Not only a privilege to be with members of HLAA but also an honor to speak with regard to the VA. I have been with the VA for about 35 years, and I can't think of a better way to have spent my career. Everyday is an honor and a privilege to be able to serve individuals like captain Brogdan.

>> Toni: I hope you come back and see us again sometime.

>> Dr. Gene Bratt: I would love to. Thank you very much.

>> Toni: Thank you. Okay. Well, I would like to give you a little information about our next web broadcast, which is going to be on February the 25th. And the topic is going to be sharpening your listening skills with hearing aids or cochlear implants. And we're going to have a guest speaker from the -- who is a manager of the rehab program for the bionic ear association. And so that's going to be next month, February the 25th, right here, 9:00. Please be sure to sign up for the e news at hearingloss.org if you would like to get a reminder about this Webchat. This evening's program has been sponsored by the Hearing Loss Association of America and I ask that you please support these webinars with a donation and keep us going.

<http://www.hearingloss.org/donations/index.asp>

Thank you all for joining us tonight. And good night.

>> Dr. Gene Bratt: Thank you.

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