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# United States Senate

COMMITTEE ON VETERANS' AFFAIRS

WASHINGTON, DC 20510

March 12, 2008

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Honorable James B. Peake, MD  
Secretary of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary Peake,

I am writing to bring your attention to several issues involving claims for audiology disabilities filed by veterans.

The first issue was brought to my attention by a veteran who was injured by an improvised explosive device (IED) in the Iraqi theater. As a result of this event, the veteran suffered a profound hearing loss in one ear that the rating schedule does not rate separately from his normal hearing in the other ear. This disability prevents him from locating the direction of sound and causes other problems described in the enclosed report of an audiology professor concerning the impact of unilateral hearing loss on function. While this report focuses most directly on the individual veteran who brought this issue to my attention, I believe that the impact of unilateral hearing loss raises broader policy concerns, especially in view of the large number of veterans who have sustained hearing loss as the result of IED blast injuries.

The second and related issue involves the failure to change the VA rating schedule to provide a separate listing for hearing loss in each ear after section 1160(a)(3) of title 38, United States Code, was amended in 2002. This was to provide that, where a veteran has suffered "deafness compensable to a degree of 10 percent or more in one ear as a result of service-connected disability and deafness in the other ear as the result of non-service-connected disability not the result of the veteran's willful misconduct," benefits are to be paid as if the combination of disabilities were service connected. Unless and until the rating schedule is amended to provide for a 10 percent rating for deafness in only one ear, it appears no veteran would qualify for the benefit intended by this statutory provision.

The third issue involves the criteria for assessing hearing loss and tinnitus. In the 2006 report of the Institute of Medicine (IOM), *Noise and Military Service: Implications for Hearing Loss and Tinnitus*, the authors make the following point:

Given the likely occurrence of maximum noise-induced hearing loss at 6000 Hz, include the measurement of hearing thresholds at 8000 Hz in all

audiograms to allow for detection of the noise-notch pattern of hearing loss associated with noise exposure. The current rating criteria are not adequate to identify high frequency hearing loss.

It is my understanding that veterans seeking compensation and pension benefits are not routinely provided with audiology examinations which comply with this IOM recommendation. I also note that the IOM report includes a number of recommendations for research. I would appreciate learning VA's response to the recommendations of this IOM report.

I look forward to hearing your views on these issues relating to veterans' audiology disabilities.

Sincerely,

A handwritten signature in black ink that reads "Daniel K. Akaka". The signature is written in a cursive style with a large, stylized initial "D".

Daniel K. Akaka  
Chairman

Enclosure