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Soldier's story illustrates risks of hearing loss in war

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By Jack Gruber, USA
TODAY

Kevin Dunne, then a specialist in the Army, walks through the empty markets of Muqdadiah, Iraq, in October 2003 while taking part in a foot patrol guarding government buildings.

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By [Gregg Zoroya](#), USA TODAY

The bombs along the Baghdad road exploded one after the other, leaving one soldier unconscious and another screaming from his wounds. Staff Sgt. Kevin Dunne's squad was under attack. Rifle and machine gun fire pinned them down. Then shots from a sniper.

Dunne yelled orders, but he and his squad were at a disadvantage.

Dunne says he couldn't hear well enough to tell where the sniper fire was coming from. "I had no idea," he wrote in an e-mail to USA TODAY.

In the four months before the April 7 attack, the chief physician at Fort Hood, Texas, had warned that Dunne's hearing was so bad that he should be removed from combat duties. Others in the Army overruled him and sent Dunne back to Iraq for his third combat tour.

Now, a member of Dunne's squad — Sgt. Richard Vaughn, 22, of San Diego — lay dead from a sniper's bullet. "He was lying in the middle of the street motionless," Dunne wrote. "I blame myself a lot for not being able to identify the threat simply because of the way I heard the shots."

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Hearing loss is one of the most common ailments that affects troops sent back to combat, according to the Pentagon and government researchers. One in four soldiers serving in Iraq or Afghanistan have damaged hearing, the Army says. In addition, a recent study from the RAND Corp. reported one in five combat veterans suffer post-traumatic stress disorder (PTSD) or depression. Back pain, leg injuries and other muscular-skeletal problems are the top ailments of troops in the war zone, says Ellen Embrey, deputy assistant secretary of Defense for force health protection and readiness.

Dunne, who in Iraq was part of the 4th Infantry Division at Fort Hood, is now back home. Besides his hearing problems, he shows signs of PTSD and has severe back problems.

After more than five years of war marked by multiple deployments, many combat veterans are developing long-term health problems, raising the risk that ailing troops are being sent back into combat.

Since 2003, 43,000 troops who were classified as medically unfit in the weeks prior to deployment were still sent to war, Pentagon statistics show. That number began to drop after 2003, but the trend has reversed in the last two years. The U.S. Central Command, which oversees troops in Iraq and Afghanistan, is drafting rules that could make it more difficult to send unfit troops to war.

"As much as I wanted to get out there ..., I'm seriously physically challenged by not being able to hear," Dunne wrote. "The guys to my left and right don't deserve anything to happen to them because of my personal pride."

'Feeling like I'm 50'

Dunne returned from Iraq in June. "I'm now at 29, feeling like I'm 50," he wrote before leaving Baghdad.

He has fought off and on in Iraq since 2003, when his unit was profiled by USA TODAY. Dunne has been in occasional contact with the newspaper since then.

Meanwhile, Dunne began a series of routine medical exams and screenings to understand the war's toll on him. Doctors found:

- Hearing loss, which declined dramatically during Dunne's first tour. Army audiological records show loss in various frequencies, particularly in his left ear, says Anthony Cacace, an audiologist and professor at Wayne State University in Detroit. Cacace reviewed Dunne's medical test records provided by USA TODAY.

The weakness leaves him struggling to hear consonant sounds, especially if there is background noise.

"He's going to have one hell of a time understanding what people say, if he can't get visual cues," Cacace says, adding Dunne has the hearing of a 70-year-old in his right ear and worse than that in his left.

- Severe lower back pain dating to his first Iraq tour from April 2003 to April 2004. By his third tour, Dunne required regular painkiller injections.

- PTSD symptoms after his second tour, when Dunne was near a suicide bomb explosion.

- Tinnitus, or ringing in the ears that never stops. To sleep, he listens to rock music on his iPod, a common means of coping for troops with tinnitus, says Army Maj. Dan Ohama, an audiologist working in Baghdad.

Service-connected back and neck injuries have left nearly 50,000 Iraq- and Afghanistan-era veterans permanently disabled, Department of Veterans Affairs records show. The VA has treated 75,000 such veterans for PTSD and placed nearly 35,000 on permanent disability. And almost 70,000 suffer from tinnitus, VA records show.

In December, weeks before Dunne went to Iraq for his third tour, his company commander spelled out the staff sergeant's chief physical problems. The soldier's battle-damaged hearing, Capt. Alex Garn wrote, "limits his ability to identify enemy locations by sound, hear commands from his team leaders, hear radio traffic over a squad radio, or speak with local nationals in combat, which could have negative ramifications to the mission."

On Dec. 19, the chief physician and medical commander at Fort Hood, Texas, where Dunne is based, urged that he be taken out of infantry. "At risk of continued hearing loss," Col. Jeffrey Clark wrote.

Clark was the only doctor on a five-member panel reviewing Dunne's fitness for combat on Dec. 19. He was overruled by the other four panelists.

Dunne's brigade commander and three senior sergeants agreed that Dunne should stay in infantry and go to Iraq. "Hearing loss is present in all forms ... in the Army," wrote one panelist, Master Sgt. Ulysses Martin. "It's impossible to validate whether he will lose his hearing more or less in the future. I feel that infantry is his best place."

One factor in their decision was Dunne's desire to return despite his hearing loss. He said he felt a responsibility to be with his platoon. His unit's young soldiers, he wrote from Iraq, "needed as much help as they can get."

"That's pride," says Geni Gillaspie, Dunne's girlfriend and the mother of his two children. "That's Kevin ... wanting to lead his men and do the right thing."

The attitude impressed Dunne's brigade commander, Col. Theodore Martin.

"Very dedicated soldier," Martin wrote during the review. "Wants to stay infantry. This is his life. I vote he stays infantry."

Despite his desire to deploy, Dunne thought his commanders would limit his combat exposure because of his hearing loss. Garn had recommended in his memorandum that Dunne be given a hearing aide to wear into combat.

Neither happened. During that April firefight, Dunne realized he was truly handicapped.

"I came to terms with myself and realized that I was not as confident in my ability to continue my job," he wrote in an e-mail May 6. "It was better for me to realize this than to ignore it."

Even then, he said, he hesitated to speak up. "I don't know how to approach (commanders) and tell them of what my feelings are," he wrote in an e-mail April 26, "because I've been around long enough to know that I'll be looked at as a quitter."

Rules not followed

Army regulations allow troops with health problems to go to war if their job comports with their physical limitations and if there are resources in the combat zone — such as psychological counseling — to treat them.

But a Government Accountability Office report released June 10 found the rules are not always followed. It said that after doctors identified significant health issues among dozens of soldiers from three installations — Fort Drum and Forts Stewart and Benning in Georgia — infantry commanders failed to limit their duties or schedule review boards to determine whether they should be moved to different jobs or out of the Army.

Troops with hearing unfit for combat are showing up in the war zone, Ohama says. "We see cases of soldiers deploying when they did not meet the hearing standards," he says.

As troops prepare for war, medical officers need to be forceful, says S. Ward Casscells, the Pentagon's chief of military medicine. "The commander has to make the call based on the mission, but the doctors should make the case very clearly that deploying Cpl. X against his or her medical judgment is a decision that could be held against the commander," Casscells wrote in his Internet blog.

The risks of a mistake are too high, says James Martin, a retired colonel and expert on military culture at Bryn Mawr College in Pennsylvania. "This is a disability you don't want to get worse," he says. "You don't want this person to be put in a position where he might hurt himself or others."

A new assignment

At the time of the April attack, the forward operating base in Baghdad where Dunne was deployed was under constant mortar and rocket fire. He sought counseling with one of the Army's combat stress teams.

"They say my symptoms are mimicking signs of depression. Who the hell knows what that means?" he wrote on May 6. "They gave me three sheets of paper with breathing techniques, another describing how to imagine being in a happy place ... and to remind myself to relax when I started getting anxious."

With the installation under daily rocket or mortar fire, Dunne said, the recommendations were impractical. "For them to tell me to think happy (thoughts) is what will resolve my issues immediately — I have no faith in their judgment," he wrote May 22.

Dunne finally was moved from the front lines only after he complained by e-mail to Gillaspie, his mother, Diann Dunne, and after USA TODAY inquired about Dunne's combat fitness. He was given another hearing exam by Ohama in Baghdad. The results confirmed the earlier findings.

His current brigade commander, Col. Mark Dewhurst, cites the review board's decision in December as the reason Dunne was in combat. "Staff Sgt. Dunne attested that he could fulfill his duties," Dewhurst says.

The commander said he was not aware of any problems until the USA TODAY query. "Dunne relayed that he did not want to let down his soldiers, so he did not report his condition."

Martin says it is a mistake to rely too heavily on the servicemember suffering the disability when it comes to the question of fitness. "You can't ask the person to make the determination because emotionally, they're too connected to wanting to overcome their disability."

In a telephone interview from Texas, Dunne says he is uncertain about his long-term future.

Another fitness hearing is scheduled and he has been assigned to a rear-detachment unit. Dunne says he once dreamed of law enforcement, but that his hearing loss has put that out of reach.

So shortly before coming home, Dunne accepted an offer to re-enlist for three years with an \$11,000 bonus. He hoped the Army would find a place for him away from combat.

Last week, he said he received some good news on that front — a new assignment as a casualty liaison officer for 4th Infantry Division wounded who arrive at the Army's Landstuhl Regional Medical Center in Germany. All casualties from Iraq and Afghanistan pass through that facility.

"I get back to helping out and doing things for these guys," he says. "I'm really excited."