



ARMY HEARING PROGRAM IN EUROPE

Program Status Report

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Introduction

The Army Hearing Program Status Report - Europe (AHPSRE) provides a means for the Hearing Program Manager for Europe (HPM-E) to monitor, assess, and report aspects of the program as required by Department of Defense Instruction (DODI) 6055.12, Department of the Army Pamphlet (DA PAM) 40-501, Army in Europe Regulation (AER) 40-501, and the Chief of Staff of the Army's Safety and Occupational Health objectives.

IAW AER 40-501 7(a)(17) the HPM-E is responsible for reporting program participation and progress metrics through the OCSURG, HQ USAREUR, to the CG, USAREUR on a regular basis. Chapter 9 of DA PAM 40-501 directs HPMs to collect and report certain metrics for the purpose of program evaluation. The report captures all of the required elements in the chapter and provides a vehicle for the collection of Measures of Performance (MOP) and Measures of Effectives (MOE) in order to report the metrics as directed.

The report is divided into four sections that correspond with the reporting requirements detailed in DA PAM 40-501: Hearing Readiness, Clinical Hearing Services, Operational Hearing Services, and Hearing Conservation.

The program consists of 2 military audiologists (72Cs), 1 civilian audiologist, 4 civilian technicians, 6 contractor technicians, with all other sites operating on borrowed military manpower. Hearing readiness and hearing conservation surveillance testing is performed routinely at 16 sites across EUCOM and CENTCOM AORs.

Clinical service areas include Vilseck, Grafenwoehr, and Landstuhl Regional Medical Center with teleaudiology appointments available at Vicenza, Ansbach, and Stuttgart. The clinic performs diagnostic audiology, hearing aid, hearing readiness, hearing conservation, and SRP services to all units and entities (all branches and components) within the health services area.

Executive Summary

This report provides the data for the responses recorded from **September 2024**.

Hearing readiness did not achieve the Army goal of 90% and has decreased from August 2024, dropping to 85.75%. The incidence of Hearing Health Injuries for Military increased from the previous month and is currently AMBER at 4.77%. These numbers are affected by the increased operational training tempo and PCS season in the region. Civilian rates are RED at 20%, an increase from the previous month. MIL STS Follow-up rates are above the average for Compo 1. They remain above the goal of 70%, sitting at 71.94%. CIV STS Follow-up rates are RED at 32.43% and have slightly decreased from the previous month. CIV STS Follow-up rates remain below the averages of other regions and installations within the active component.

AHP-E reported 8 DOD recordable hearing injuries in September 2024, an increase from the previous month. The spike in hearing injuries is due to the increase in training tempo. These injuries are required to be investigated as Class D accidents and must be entered into the OSHA 300 log for CIV and into ASMIS 2.0 for both MIL and CIV.

September 2024			
	AHP-E	AHP Goal	Vs. August 2024
Readiness			
Hearing Ready	85.75%	>90%	↓
HRC 3	0.69%	<1%	↔
HRC 4	13.28%	<6%	↑
Workload			
Readiness Tests	2152		↓
Hcon Tests	17		↓
Diagnostic Encounters	62		↓
STS			
STS-MIL	4.77%	<3%	↑
STS-CIV	20%	<4%	↑
Follow-up			
F/U-MIL	71.94%	>70%	↑
F/U-CIV	32.43%	>70%	↓
Injury			
Recordable Injury - MIL	8		↑
Recordable Injury - CIV	0		↔

Hearing Readiness

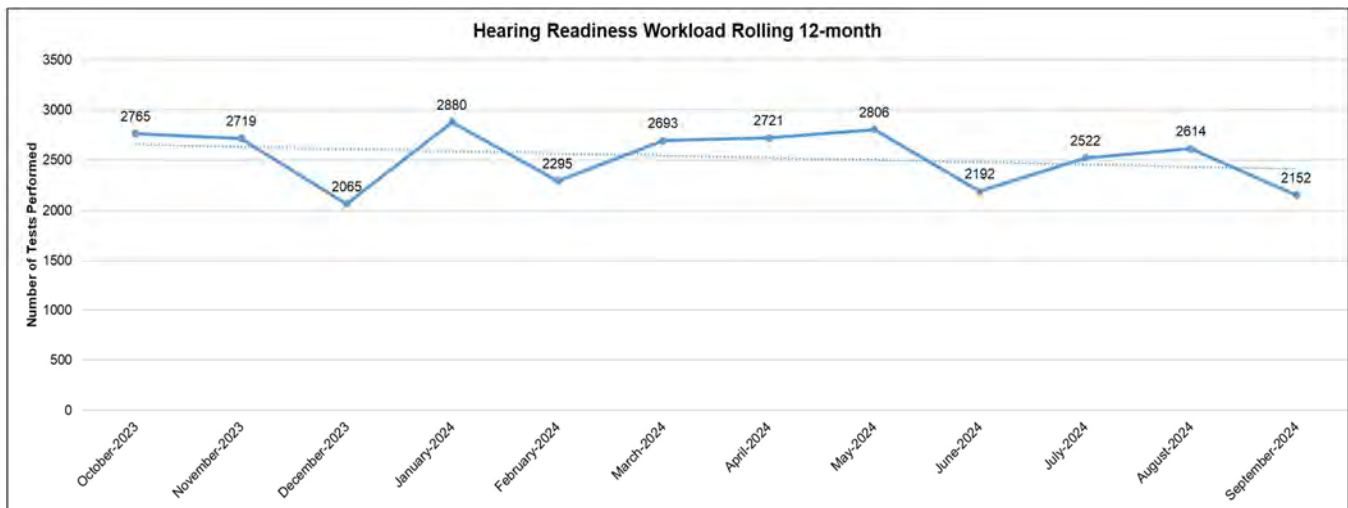
Deployability status

DA PAM 40-501 9-3a requires reporting on the number of Ready (Hearing Readiness Classifications [HRC] 1 and 2) and non-Ready (HRC3x and 4x) Soldiers at least quarterly. The Army Hearing Program goals for Ready Soldiers is 90% or greater. The goal for HRC 3x is less than 1% and the goal for HRC 4x is less than 6%. As of the end of September 2024, USAREUR-AF had an active duty Ready percentage of **85.75%** HRC 3x is **0.69%** and HRC 4x is **13.28%**. AHP-E number of Ready Soldiers is significantly better than the active component. There is a decrease noted from August 2024 for a HRC 1,2, and 4 readiness classifications.

Workload

DA PAM 40-501 9-3b(1)(a) requires at least monthly, that the HPM report the number of Solider hearing tests provided at a given location based on the DOEHRS-DR Records Received Report. During September 2024, 2,152 hearing readiness tests were administered across the USAREUR-AF footprint. Historic information is displayed below.

Source: DOEHRS-HC Daily Summary Report



Hearing Readiness Workload by Location – September 2024					
Ansbach	169	↑	Kuwait	111	↓
Baumholder	158	↑	Landstuhl	150	↓
Caserma Del-Din	0	↓	SHAPE	37	↑
Grafenwoehr	430	↑	Stuttgart - Patch Barracks	129	↓
Hohenfels	110	↓	US NATO Clinic, Brussels	2	↓
Illesheim	0	↓	Vicenza	120	↓
Kleber Kaserne	198	↓	Vilseck	274	↓
Kosovo - Camp Bondsteel	0	↓	Wiesbaden	264	↓

Hearing Health Injuries – MIL

DA PAM 40-501 9-3b(2)(c) requires reporting of new noise-related injury cases, using the positive Significant Threshold Shift (STS) report, at least quarterly. The percent new cases identifies the incidence of hearing health injuries at a given installation. The AHP goal for military new cases is less than 3%. AHP-E had a new case rate of **4.77%** for September 2024, an increase from August 2024. AHP-E injury rates for military personnel are slightly lower than the active component and are lower this FY than in FY23.

Source: *DOEHS-HC DR STS Summary Report*

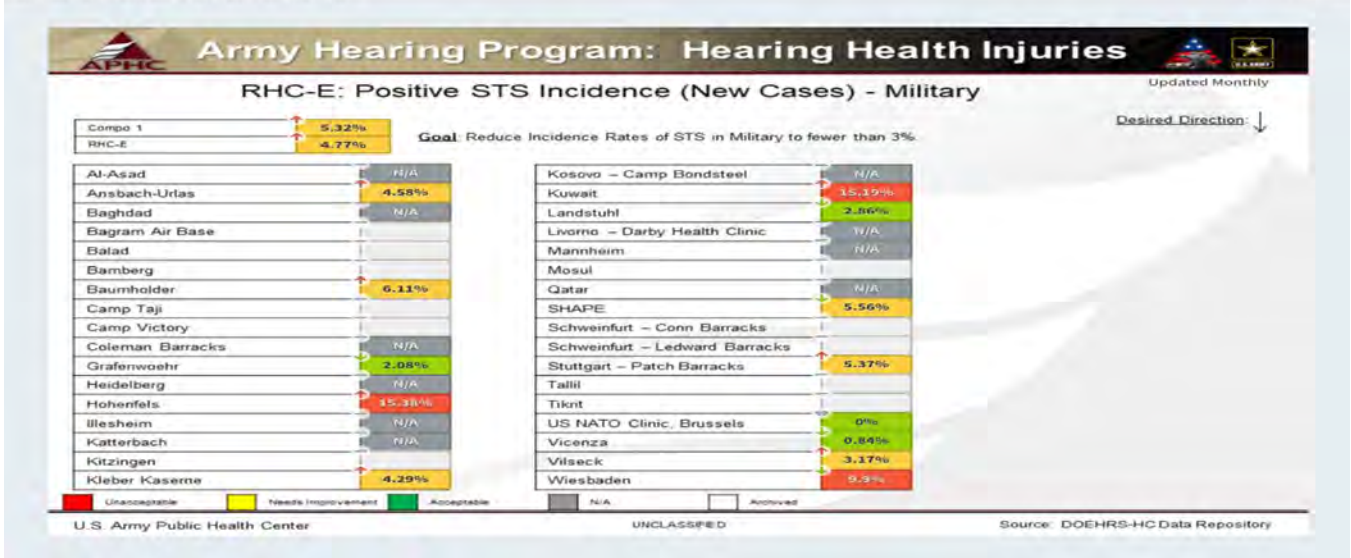
MRC, Europe - Incidence - MRC, East Inst - MIL

September 2024



Incidence - RHC-E Overall Chart - MIL

September 2024



STS Follow-up Rates

DA PAM 40-501 9-3b(2)(a) requires the reporting of STS follow-up testing compliance. Follow-up is required per DODI 6055.12 and DA PAM 40-501 when an STS is recorded on a periodic test, and must be completed within 90 days for Soldiers. MEDPROS tracks follow-up compliance as a readiness issue, and Soldiers who present with an STS on their periodic examination will remain 'not-ready' in MEDPROS until the completion of the follow-up process (HRC 4B). If not completed within 90 days, they will become HRC 4C and will remain 'not-ready' until the process is re-initiated and completed. The AHP goal for follow-up compliance is greater than 70%. AHP-E follow-up compliance for Soldiers' STS is **71.94%** for September 2024. The follow up rate has reached its goal for this month.

Source: DOEHRs-HC DR STS Summary Report

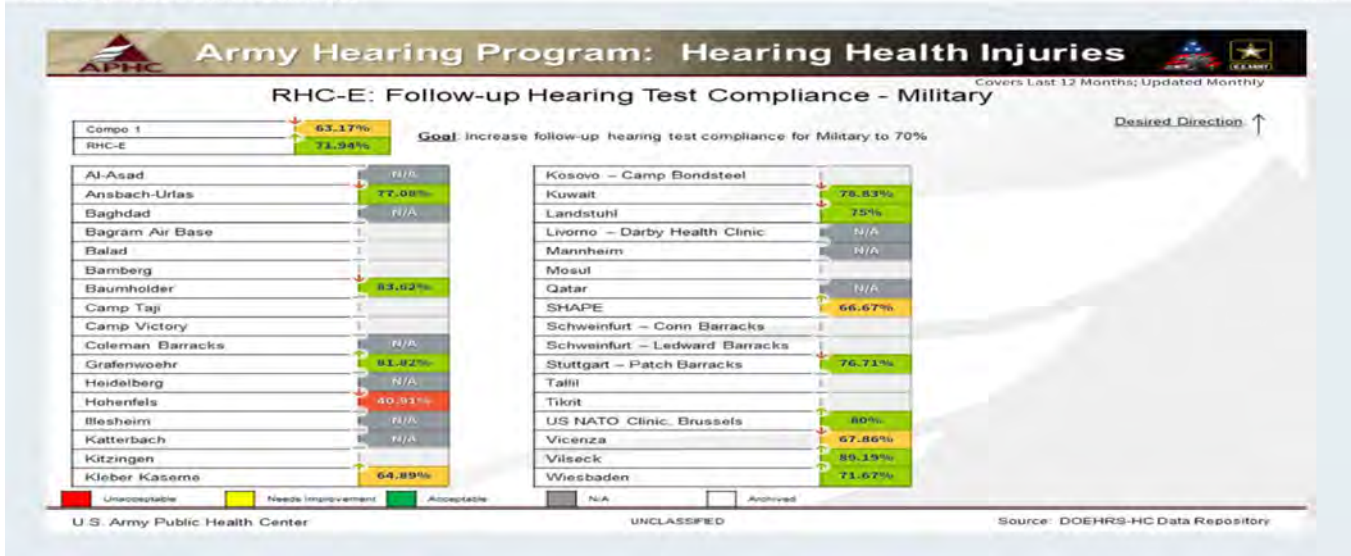
MRC, Europe - Follow-Up - MRC, East Inst - MIL

September 2024



Follow-up - RHC-E Overall Chart - MIL

September 2024



PTS/TTS

DA PAM 40-501 9-3b(2)(b) requires reporting of the rates of permanent threshold shift (PTS) versus temporary threshold shift (TTS). However, these data are dependent upon personnel completing the required post-STS follow-up. If one exhibits an STS on their periodic examination and does not return for follow-up, the STS is necessarily considered a PTS since there are no data to rule it out. However, if one returns for follow-up completion, it is possible that the STS will resolve following auditory rest and can be counted as a TTS.

Because AHP-E follow-up rates have been historically low, TTS/PTS rates cannot be considered meaningful at this time.

Any STS, temporary or not, is an indication that personnel have been over exposed to noise and/or ototoxins and provides an opportunity for intervention by AHP personnel to re-educate and refit hearing protection devices.

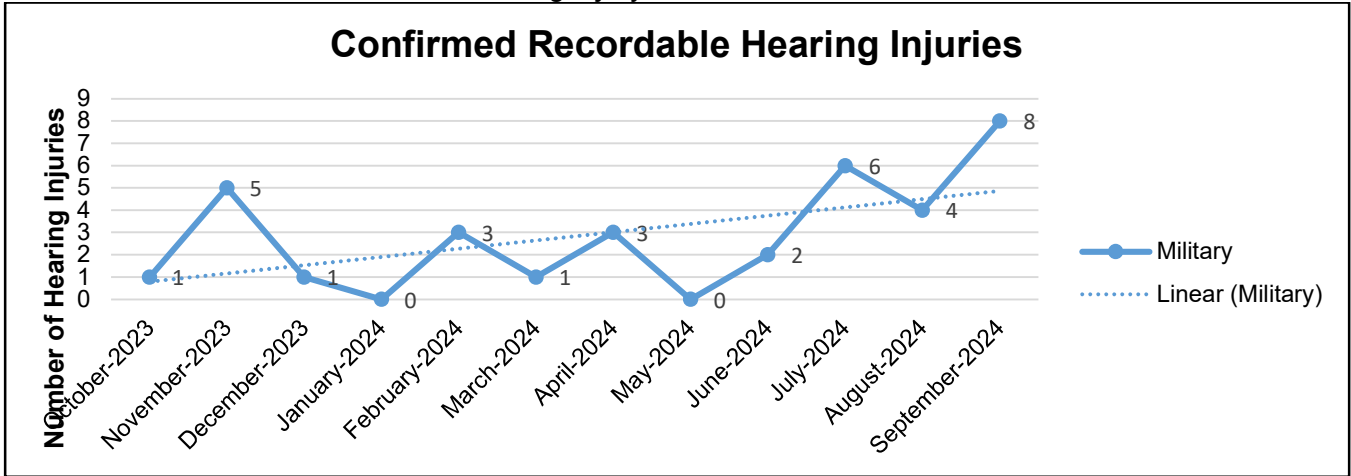
Hearing Health Education

DA PAM 40-501 9-3c calls for reporting of the number of units provided hearing health education (HHE) as required in DODI 6055.12. AHP-E has not provided unit-level hearing health education since 2019. For September 2024, AHP-E delivered HHE to 0 Soldiers.

Recordable Hearing Injury (MIL)

DA Pam 40-501 9-3c(2) requires reporting hearing loss rates to the Safety and Occupational Health offices. This report is compared to the accident reports generated by commanders and safety office. DODI 6055.07 and DA PAM 385-40 require reporting of occupational hearing illness and injury, which is classified by AR 385-10 as a Class D accident. Confirmed recordable losses for Soldiers are listed below. AHP-E had 8 confirmed DOD recordable hearing injuries in September 2024, an increase from the previous month due to higher training tempo. The number of injuries is sporadic over the 12-month timeframe.

Source: AHP-E Internal Recordable Hearing Injury Tracker

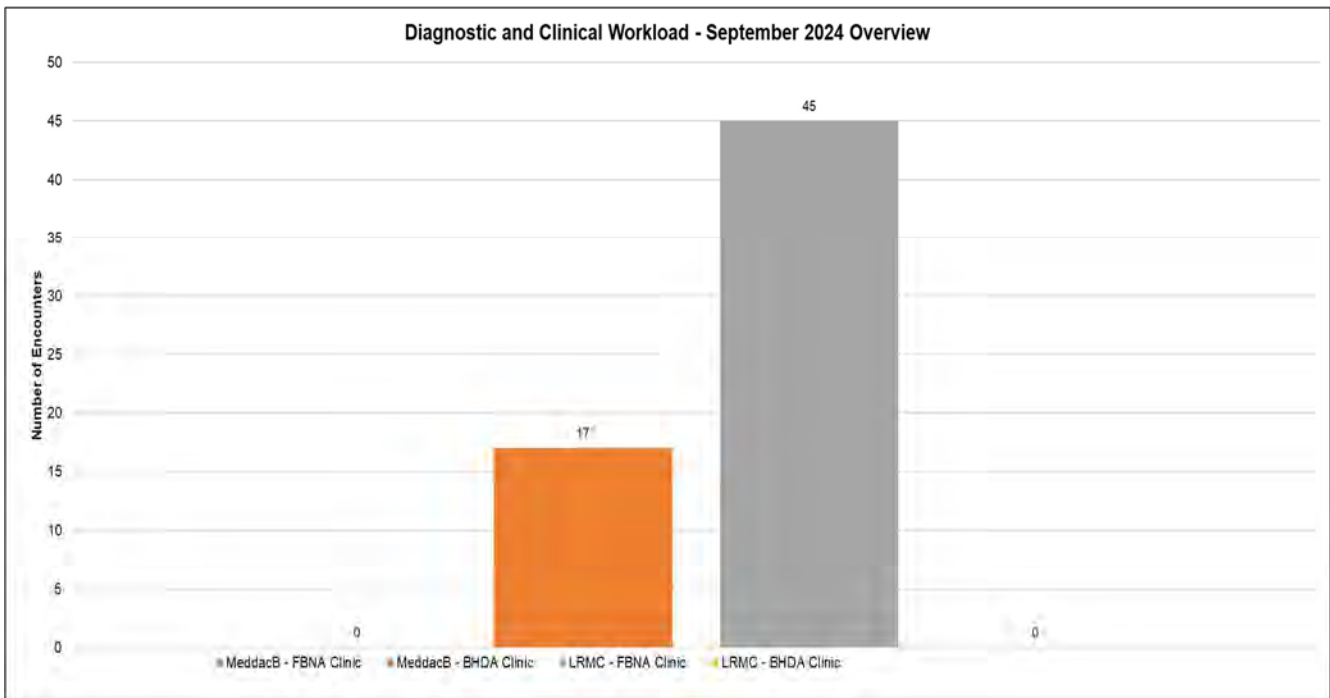


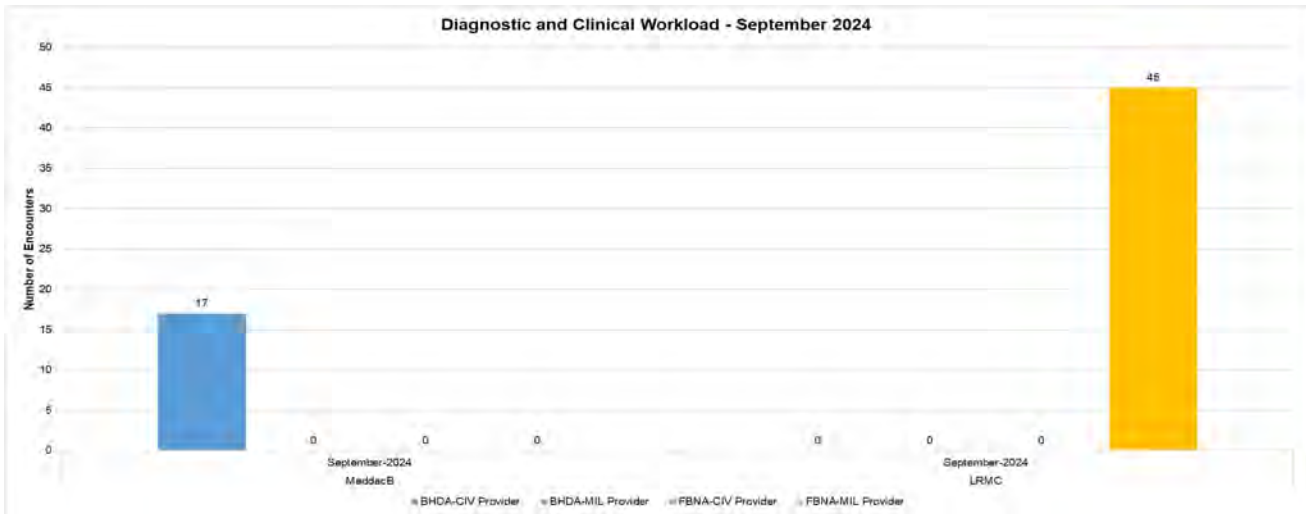
Clinical Hearing Services

Workload

Workload accounting for diagnostic and clinical audiometric encounters performed by Civilian and Military audiologists is below. MEDDACB – FBNA – 0, BHDA – 17; LRMIC – FBNA – 45, BHDA 0.

Source: MHS Genesis Reporting





Operational Hearing Services

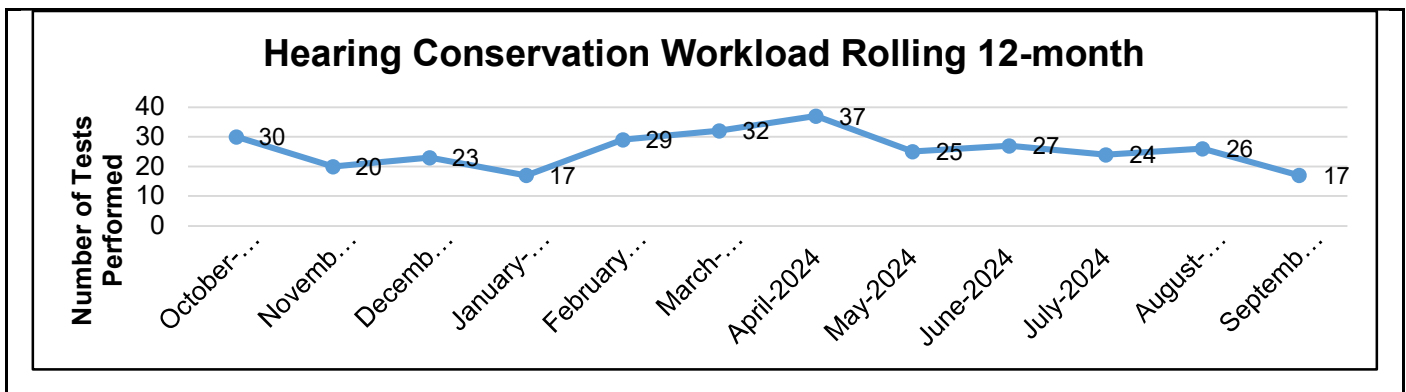
DA PAM 40-501 9-5 requires operational hearing service evaluations, which provide commanders and key leaders with relevant information regarding the hearing health of Soldiers in operational and training environments. Announced and unannounced inspections of unit operations will be conducted periodically, but no less than annually, and will be reported through safety, range control (if applicable), and unit chains of command to the senior brigade-level or higher commander. Inspections include static and maneuver ranges, as well as base camp assessments. AHP-E conducted **2** static range inspections in September 2024, and **0** noise hazard area inspection.

Hearing Conservation

Workload

DA PAM 40-501 9-6a(1)(a) requires that the HPM report the number of Civilian Hearing Conservation (HCon) tests provided at a given location at least monthly. These data are obtained from the DOEHRSHC daily report log. See workload below. Note: noise-exposed local national (LN) employees are not captured in these numbers as they are tested off-site on contract.

Source: DOEHRSHC

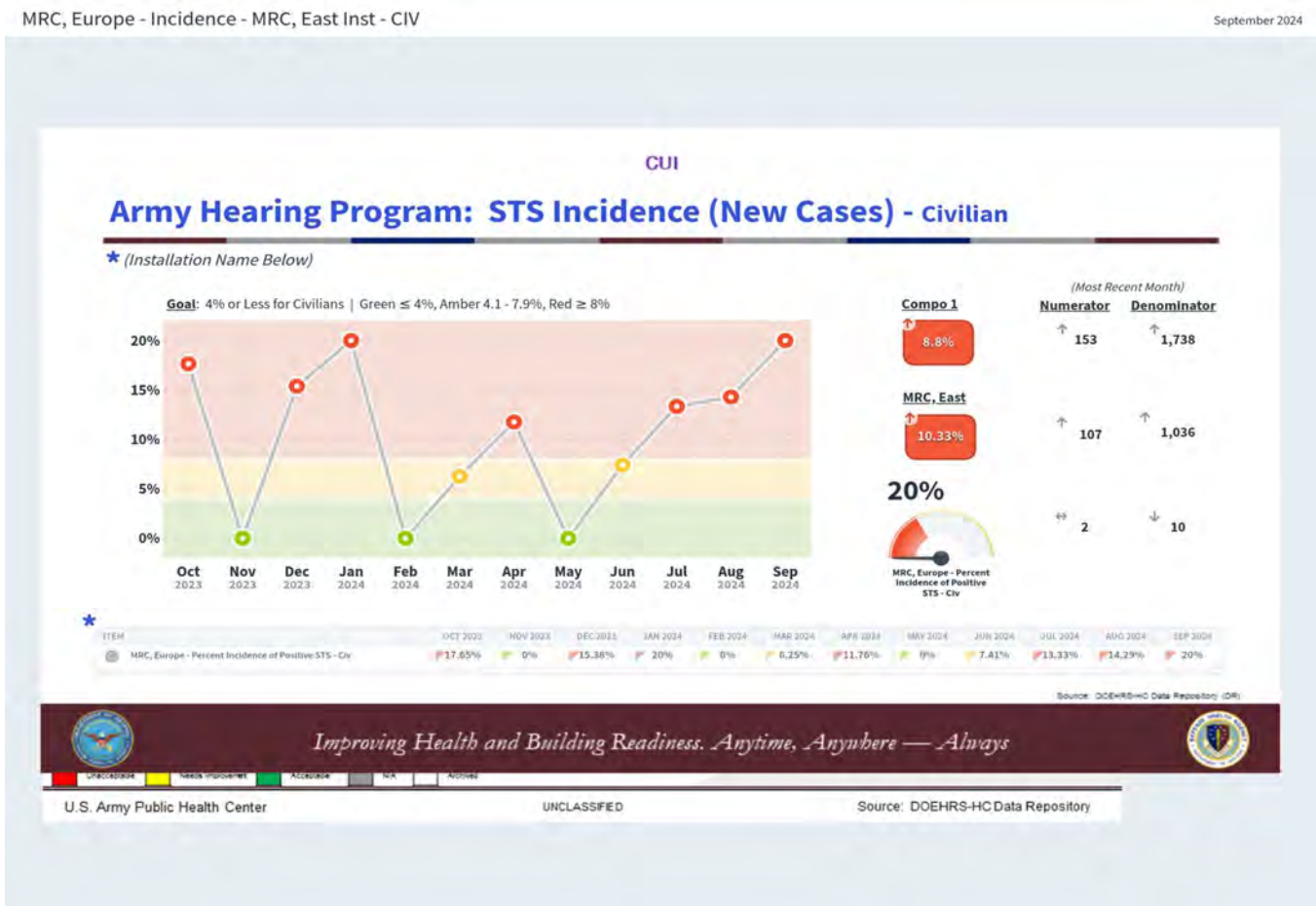


Hearing Readiness Workload by Location – September 2024					
Ansbach	0	↓	Kuwait	6	↑
Baumholder	0	↔	Landstuhl	4	↑
Caserma Del-Din	0	↔	SHAPE	0	↓
Grafenwoehr	1	↓	Stuttgart - Patch Barracks	1	↔
Hohenfels	1	↔	US NATO Clinic, Brussels	0	↓
Illesheim	0	↔	Vicenza	4	↑
Kleber Kaserne	0	↔	Vilseck	0	↓
Kosovo - Camp Bondsteel	0	↔	Wiesbaden	0	↔

Hearing Health Injuries – CIV

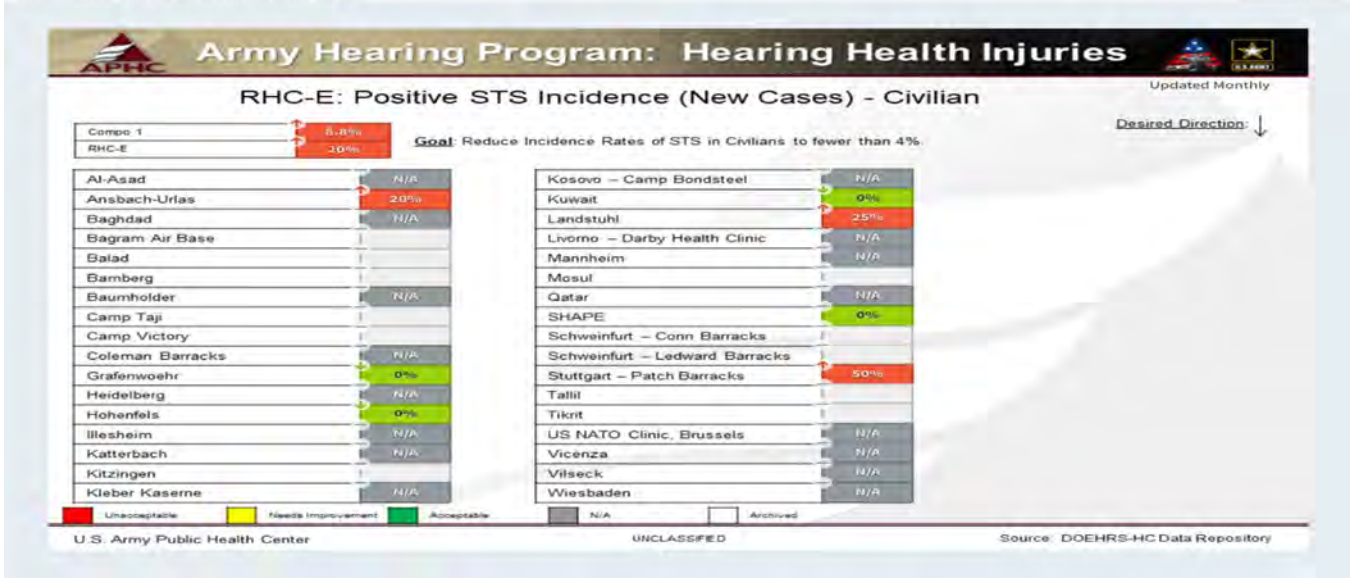
DA PAM 40-501 9-6a(1)(b) requires reporting of new STS cases attributed to noise exposure, using the positive STS report, at least quarterly. The percent new cases identifies the incidence of STS at a given installation. The AHP goal for Civilian new case STS has increased from August 2024. AHP-E had a new case STS rate of **20%** for September 2024. The new case STS rate for Civilians is highly variable due to the relatively small numbers of Civilians tested each month. The absolute number of STSs in September was 2. AHP-E CIV STS rate this month is lower than the active component.

Source: DOEHS-HC DR



Incidence - RHC-E Overall Chart - CIV

September 2024



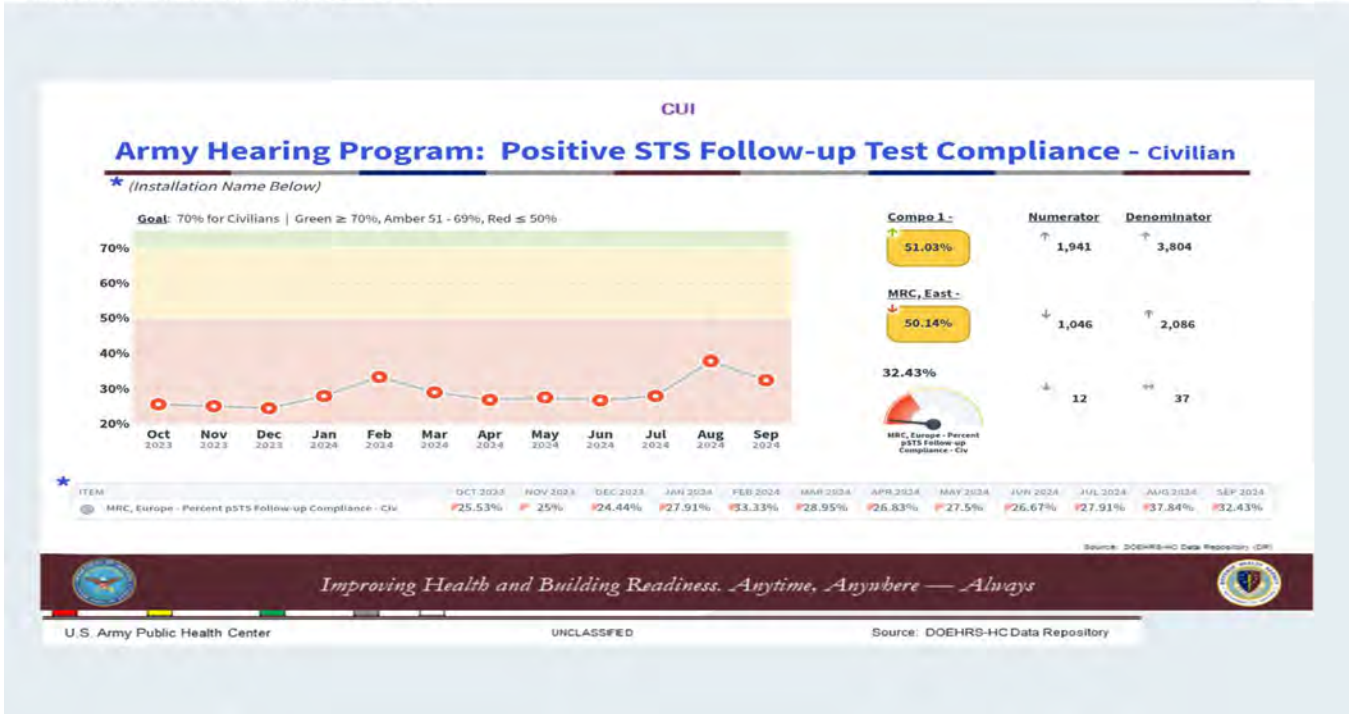
STS Follow-up

DA PAM 40-501 9-6a(2)(a) requires the reporting of STS follow-up testing compliance. Follow-up is required per DODI 6055.12 and DA PAM 40-501 when a Civilian exhibits a STS on a periodic test, and must be completed within 30 days. The AHP goal for follow-up compliance is greater than 70%. AHP-E follow-up compliance for Civilian STS is **32.43%** for September 2024 and has decreased from August 2024.

Source: DOEHRs-HC Data Repository

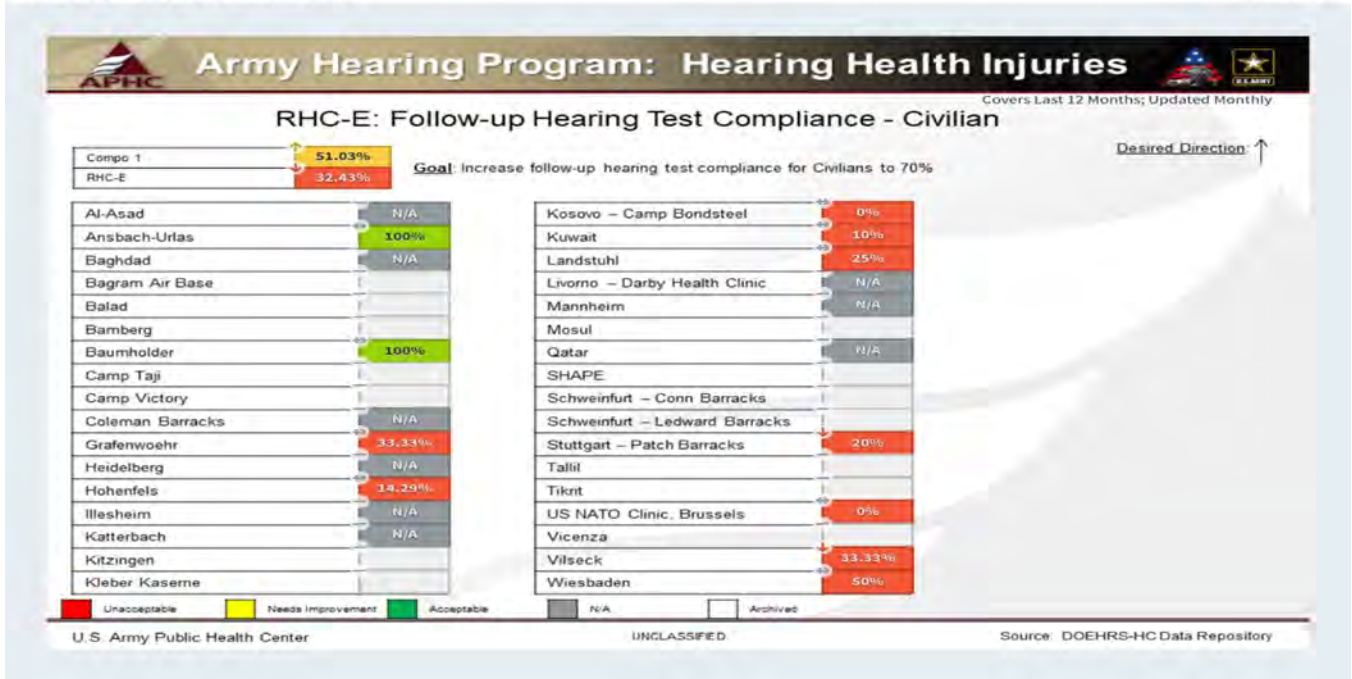
MRC, Europe - Follow-Up - MRC, East Inst - CIV

September 2024



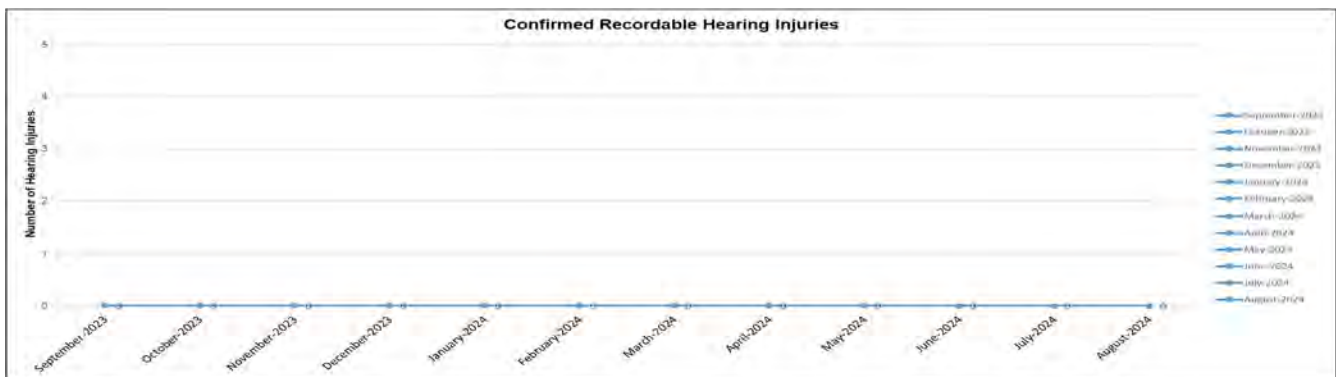
Follow-up - RHC-E Overall Chart - CIV

September 2024



Recordable Hearing Injuries (CIV)

DA PAM 40-501 9-6 charges the HPM with evaluation of the hearing conservation component by using the DOEHS-HC DR reporting tools to monitor and report program compliance and effectiveness. Internal hearing conservation evaluations provide commanders and key leaders with relevant information regarding employees hearing health. 29 CFR 1904.5 and DODI 6055.12 require recording of occupational hearing loss.



Hearing Protection Compliance

DA PAM 40-501 9-6b(3) requires reporting of the compliance of hearing protector use in noise hazardous environments. Hearing protection use is monitored by safety and Industrial Hygiene, and no deficiencies have been reported to AHP-E.