Greetings! It is with great pleasure that I would like to introduce myself as the new Chair of CAOHC. I am an otolaryngologist (ENT) who specializes in otology and neurotology (surgery and diseases of the ear, vestibular system and brain).

I joined the CAOHC Council in the Fall of 1996 and have served on various committees and participated as a speaker at the Professional Supervisor’s course presented by CAOHC at the American Occupational Health Conference in New Orleans last year. I have a special interest in noise-induced hearing loss and look forward to serving you, the Certified Occupational Hearing Conservationist (COHC).

This quarter’s newsletter focuses on three significant topics: noise pollution, airbags, and recordability. Amazingly, another featured article describes how the color of your eyes may or may not affect more or less protection from noise. It seems the color of your eyes may correlate with the amount of melanin in the cochlea. (see page 2)

I believe that you will find the article on airbags to be most interesting. Airbags were introduced in order to help save lives and cut down on injuries in traffic accidents, and although they have saved many people, it has not been as many as originally hoped. Indeed, there are other complications with airbag deployment, especially in the otolaryngologic arena. The most common and most sensational complications are those deaths of children or small adults sitting too close to the passenger airbag. The deployment of the airbag also create a rather loud noise. This noise has been reported to cause tinnitus, either temporary or permanent, as well as sensorineural hearing loss. In fact, I have treated two such patients with these complaints, as well as one other patient who developed a temporal bone fracture with total hearing loss, total loss of balance on one side and facial paralysis. This occurred as her head was turned and the airbag hit her flush in the ear. Thus, although airbags can increase our chances of survival in a major collision, it should be noted that there are other complications associated with them. I think you will find it interesting to learn about these in the accompanying article. (see page 4)

As you know, we also stress the need to avoid any type of noise pollution. When we are going to be exposed to loud noises, we need to be sure that we are wearing noise protection in the form of earmuffs or foam earplugs. As many of you know, we support Noise Awareness Day. (see page 9) We use this day to specifically try to educate our patients and the public on the dangers of noise exposure. It is felt that the constant exposure to noise will lead to an earlier progression of age-related hearing loss as well. The article on noise pollution will highlight some of the areas that we should be especially attuned to.

Finally, we will be discussing the essentials of recordability and documentation of our records. (see page 6) I hope that you find this issue of the UPDATE to be interesting and useful. Again, I want you to thank you for the opportunity to serve as the Chair of CAOHC. Please know that I am always available to you, should you have any questions.

Noise Is All Around

by Les Blomberg
Executive Director, Noise Pollution Clearinghouse (NPC)

Editor’s Note: As professionals involved in occupational hearing conservation programs our focus is often on noise that is hazardous to hearing, especially noise in the workplace. But noise is everywhere and as such it can have an even broader impact on our lives. Your awareness of these issues will enrich your understanding of the noise problem and perhaps provide you additional ideas and insight to assist in your efforts to educate and motivate your noise-exposed workforce.

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UPDATE
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Articles should be submitted, with a black and white photograph of the author. The UPDATE is available to individuals not certified by CAOHC at an annual subscription rate of $15. Payment must accompany request.

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Opinions expressed in the UPDATE are those of the authors, and do not necessarily reflect official CAOHC policy.

CAOHC Certification

CAOHC Certification is valid for 3 years from the date of the original 20-hour course. Recertification through an 8-hour course must be made by the expiration date of your CAOHC issued certificate. Your recertification must be filed with the CAOHC office to be valid. Contact CAOHC staff to verify certification or to locate an approved CAOHC course by calling 414-276-3338 or locate courses at CAOHC’s website: www.caohc.org.

If you wish to have your name removed from mail solicitations from vendors who have purchased the CAOHC database, please visit www.caohc.org and click on “Opt-out,” or e-mail to info@caohc.org.

Two New Representatives Appointed to CAOHC Council

Effective at the close of the Council meeting in Atlanta, Georgia on November 9, 1999, two new representatives joined the CAOHC Council. Robert A. Goldberg, MD will represent the American Academy of Otolaryngology—Head & Neck Surgery and replaces Robert A. Dobie, MD (see page 5 for CAOHC’s salute to Dobie for his 10 years of service on the CAOHC Council). Goldberg is currently affiliated with Ear, Nose & Throat Associates of Dayton and Professor & Chairman—Department of Otolaryngology, Wright State University School of Medicine, Dayton, OH.

Beth A. Cooper, YE, INCE Bd. Cert. will represent the Institute for Noise Control Engineering (INCE). She replaces Stephen I. Roth who was one of the first representatives on the Council for INCE and goes on to be President of that organization in 2000. Cooper is Manager of Acoustical Testing and Design Support Services in the Engineering Design and Analysis Division of the NASA John H. Glenn Research Center at Lewis Field, Ohio. She is also a CAOHC OHIE and instructor in CAOHC courses.

Eye Contact: linking eye color and hearing loss

by Julia Dowell Royster, PhD and Larry H. Royster, PhD

Unlike skin and hair, eye color may be related to noise-induced hearing loss. This idea, first postulated in the 50s, is based on the hypothesis that melanin in the inner ear helps protect it from toxic noise damage. The amount of melanin in one’s cochlea is thought to correlate with that in the eye’s iris. However, only a few older studies linked the relationship between eye color and hearing loss. Recent developments in the understanding of melanin have led researchers to revisit the possibility of this connection.

Melanin is produced by cells called melanocytes. The levels of melanin they create in the tissues of the eyes and skin affect color. Eumelanin, one type of melanin, protects skin by neutralizing free oxygen radicals which form after exposure to ultraviolet rays. It also correlates with skin color and is abundant in black skin, while levels vary in the many shades of Caucasian skin. Another type, phaeomelanin, may actually create (rather than protect against) free oxygen radicals after exposure to ultraviolet rays, black skin has little, if any, of this potentially harmful melanin. Although redheads are thought to produce more of it, phaeomelanin has not been correlated with skin color among Caucasians, whose content varies widely.

The cochlea also contains melanocytes, and it appears that they play an important role in cochlear

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Prevention vs. Conservation

By Linda S. Frye, MPH RN COHN-S
CAOHIC Representative of the American Association of Occupational Health Nurses

Illustration provided courtesy of EsAIR Hearing Protection Products

Hearing loss continues to plague our nation’s workforce. According to OSHA estimates, “at least 1 million workers in the manufacturing industries alone have sustained job-related hearing loss.” So says the other side when you consider all types of employment, more than 9 million workers are exposed to potentially hazardous noise levels. (CAOHIC Hearing Conservation Manual, 3rd Edition, 1994) All too often as OHCs we spend more time on meeting the technical requirements of the OSHA standard than on actual hearing loss prevention measures.

For approximately 8 years I have been in administrative jobs in hearing conservation as well as a hands-on provider of audiometric testing. I’ve worked in a free-standing clinic where my only interactions with the employee was at the annual test, and I’ve worked at several industrial sites on the conducting provider with frequent opportunity to interact with employees. While maintaining a comprehensive hearing conservation program that meets all the requirements of the OSHA standard is essential, believe my biggest challenge as a health care provider is how to convince employees that they need to protect their hearing in the work environment as well as in their personal endeavors. Because hearing loss is so subtle, and there is no associated physical pain, getting employees to take prevention seriously is difficult. On a personal note, I have a sincere commitment to provide in because my husband experienced significant hearing loss associated with work in the construction industry years before I had the benefit of the training made available to me as a Certified Occupational Hearing Conservationist (COHC). Hearing loss does impact one’s quality of life and unfortunately it is irreversible.

Prevention of hearing loss is so important that it was named as one of the risk reduction objectives of HEALTHY PEOPLE 2000/US. Department of Health & Human Services. It is also one of 21 priority research areas for the National Occupational Research Agenda (NORA - a division of Research & Science of the Center for Disease Control) which was launched in 1996. As part of the Disease and Injury category of NORA, hearing loss is one of eight areas being studied in an effort to improve the well-being of significant numbers of workers and their families. Hearing loss is the most common occupational disease in the United States, and unfortunately it is often considered a normal consequence of employment.”

The following are among the problems identified by NORA as being associated with occupational hearing loss:

1) Reduced quality of life due to social isolation.
2) Impaired communication with nonverbal communication, the public, and coworkers.
3) Diminished ability to monitor the work environment.
4) Lost productivity and increase in accidents on the job.

NORA is also interested in research related to factors which may impact hearing loss in the work environment such as solvents, metals, asbestos and heat.

Research is a key component in the future of hearing conservation. Yet, without people like you and me and the employees in the workforce, the researchers will have no laboratory. Encourage you to participate at some level with the research that is going on in the area of hearing conservation. For further information on HEALTHY PEOPLE 2000 (the follow-up to HEALTHY PEOPLE 2000), or NORA, try the following web sites:

Healthy People 2010:
http://www.health.gov/

NORA http://www.cdc.gov/noish/healthpeople.html


*Note from the author: In future issues of the OHC Corner we will be looking at ways to address the training needs of our employees and how we can make the front line more critical in addressing health promotion objectives as they relate to hearing conservation. Our job as Occupational Hearing Conservationists is to educate employees during their annual training, and at any other opportunity, in such a way that really connects hearing conservation education in a meaningful way to that person. If you have an effective training method that you would like to share with other OHCs in this publication, please send in your “story” to the CAOHIC office at Fax: 414/276-3349 or e-mail tocnois@caohic.org. Thank you for your “story” to be anonymous, we will be happy to accommodate.)
Bang goes your hearing! Otologic injuries from the
noise of airbag deployment

by Janet Garman, RN

On a fateful day in 1992, I was a passenger in a car in which the driver's airbag deployed with a noise blast so loud it changed my life forever. Airbags can deploy with sound levels as high as 170 decibels. Bang went my hearing, career, and active, joyful lifestyle my family and I enjoyed. Had I the foresight to wear a restraint belt, I might not have sustained the noise-induced hearing loss. The noise lasted the rest of the day.

When I cleared my head, I started to develop a painful sensitivity to everyday sounds, a condition called hyperacusis. Hyperacusis is usually caused by a sudden, loud sound. I must wear ear plugs plus a hearing protection device tailored just to my walk and within the sound of the public address system. I still cannot attend movies, sporting events, or parties with music. Last year I could not even attend our son's wedding.

The severe tinnitus remains and is greatly exacerbated by sound. I am a tenant at the town house complex, a registered nurse, and a resident's licensee, neither of which I can now do. During these past seven years, I have devoted my time to investigating the airbag-hearing damage connection. The revelations were shocking. The situation is egregious.

My injury was not an isolated incident. Many other cases of hearing damage from airbag deployment are surfacing. These injuries include hearing loss, tinnitus, vertigo, eardrum perforation, petrymph fistula, and hyperacusis. I found over 70 cases that have been studied. The following doctors have written about these cases: Dr. W. McCooly, Jr. of the University of Oklahoma Health Sciences Center, Dr. G. Buckley of London, Dr. Hohmann of Minnesota, and Dr. J. Ween of Portland, OR.

The airbag deployment device is not currently available to the public. The airbag deployer's hearing damage model indicates that airbags could cause such visible injuries as eyeball rupture, facial burns, and disfigurement, broken necks, bones, and even death. Many physicians do not recognize the dangers and do not make the hearing connection. And people can have high-frequency loss without realizing they have it, simply thinking others are mumbling. Hearing damage being cumulative, the type of noise can place the patient in a more advanced stage of the damage continuum even speeding the aging factor in hearing loss. When otologic patient histories are taken, it is helpful if the patient is asked if they have ever had exposure to an airbag deployment. Although it is clear that airbag deployments cause hearing problems, doctors have written about these cases: Dr. W. McCooly, Jr. of the University of Oklahoma Health Sciences Center, Dr. G. Buckley of London, Dr. Hohmann of Minnesota, and Dr. J. Ween of Portland, OR.

In fact, NHTSA has no list of names of lives saved and it is not up to the airbag manufacturers to report these claims. Internationally recognized safety expert, Dr. Leonard Evans, wrote in The Washington Times on June 8, 1997: "The mandate requiring airbags was supported by government claims that they would save OVER 90,000 lives per decade. The current (far too optimistic) claim is that they have saved 1,760 lives from 1986 to 1996, less than 2 percent of the original claims."}

Unfortunately, even the second generation depowered airbags have not eliminated the problem. There has already been a death of a bailed, 5'6" tall, 146-pound man from a second-generation airbag.

Another regrettable aspect of the situation is that it is not easy to have an airbag deactivated. Most dealers and mechanics will not do it. And unless you do the mechanical work yourself, you must request authorization from NHTSA fill out their form, and then search for a place that will do it. Because of the difficulty in doing this, and because of the inaccuracy of the information that NHTSA's website provides, only about 9,000 switches have been installed even though approximately 67,000 authorizations have been issued.

The airbag situation presents interesting issues and citizens deserve a simpler choice. Those desiring airbags as an optional rather than mandatory equipment, should contact their congressional representatives.

For further information, e-mail Janet Garman: jgar@gateway.net, or contact:

Airbag Options, Inc.
1-877-1-A-SWITCH
www.airbag.net

Airbag Systems, Inc.
1-800-205-0628
www.airbagsystems.com/
New Executive Committee Named to CAOHC Council

The Council for Accreditation in Occupational Hearing Conservation elected a new Executive Committee effective November 10, 1999 at the Fall meeting in Atlanta, GA. These new officers will have a two year term to fall 2001. The Executive Committee is headed by the Chair, Peter Weber, MD, FACS. Weber represents the American Academy of Otolaryngology-Head & Neck Surgery. He has been a member of the CAOHC Council since 1996 and is Associate Professor & Director for the Center for Hearing and Balance Disorders, Medical University of South Carolina, Charleston, SC. Weber succeeds Susan Megerser, MA CCC-A.

Other Executive Committee members include Vice-Chair, Thomas Sehula, PhD MA CCC-A. Schultz represents the Military Audiology Association and has been a member of the CAOHC Council since 1997. She is currently Department of Defense Executive Manager for Joint Service Hearing Conservation at Aberdeen Proving Ground, Maryland. Schultz is also a CAOHC Council Director. Secretary-Treasurer, Merle Healy, RN MPH is a representative of the National Safety Council and has been on the Council since 1996. She is Vice-President/Senior Consultant of Employment Risk Services Marsh, Inc. of Minneapolis, MN.

Susan Megerser, MA CCC-A will continue her service on the Executive Committee as Immediate Past Chair. Megerser is currently Senior Vice-President of US Health Works' Protective Services Division and has been a member of the CAOHC Council since 1991.

Dodie Completes 10 Year Service on Council

Robert A. Dobie, MD, representative of the American Academy of Otolaryngology-Head & Neck Surgery, has completed ten years of service on the CAOHC Council. Dr. Dobie has brought his knowledge to several CAOHC committees, provided instruction at Course Director workshops, and was a principal in the research & development of a course curriculum for the training of professional supervisors of the audiometric portion of a hearing conservation program.

He most recently has served as Secretary-Treasurer on the Executive Committee of CAOHC. On behalf of all of the OHCs, CDAs, Council members and executive staff, our heartfelt thanks to Dr. Dobie for his professional expertise and commitment to furthering the education of health care providers working to prevent hearing loss in industry!

Best Wishes in your future endeavors.

Robert Dobie
Receiving 10-year service thank you

CourseDirector Workshop Scheduled for Spring 2000

The Spring Course Director Workshop will be held in Philadelphia, PA on Friday, April 14, 2000, at the Airport Hilton Hotel. If you are interested in becoming a Course Director and meet the qualifications described in the "Course Director Certification and Recertification Requirements" brochure and have your application approved by the Screening Committee, you must then complete a one-day Course Director workshop.

You may contact Barbara Lechner at the CAOHC office at 414/276-5578 for more information or access the CAOHC website at http://www.caohc.org. Course Directors presently certified who wish to re-certify via the workshop method may also attend.

Address Updating New on the CAOHC Website!

For your convenience, you may now update your mailing name, address, company name, phone number, fax number, etc. via CAOHC's website address at www.caohc.org. Click on the button entitled "ADDRESS UPDATE". Your mailing changes will be forwarded directly to our office e-mail system.

For those of you without internet access, please use page 2 for CAOHC's address, phone, or fax number when

http://www.caohc.org
OSHA RECORDKEEPING "AN UPDATE"
by Sandra C. MacLean, MA GCCA FAAC

Many of us have been keeping a close eye on Washington, DC for any news of the long-anticipated Recordkeeping Rule.

Since a memorandum was released from OSHA in June 1991, there has been much debate and confusion regarding the applicability of the hearing loss on the OSHA 200 Log. The 1991 memo, directed at regional administrators, indicated that OSHA would issue citations to employers for failing to record work-related absences of hearing of an average of 25 days or more at 2000, 3000, and 4000 in either ear on the OSHA 200 Log. The memo also referred its reader to the upcoming revision of the recordkeeping regulations. It has been over eight years and the latest word out of Washington, D.C. is that the proposed changes to the OSHA recordkeeping system have been once again delayed.

The following is an excerpt from the Assistant Secretary of Labor of Occupational Safety and Health, Jeffress's speech before the Voluntary Protection Programs Participation Association (VPPPA) Conference. In this speech, presented on September 14, 1999, he announced the intent to delay the effective date of the revised recordkeeping rule until January 2001. The rule will still be published by the end of 1999 according to Regional OSHA sources.

"...Also this year, we will issue our final recordkeeping rule. We had hoped to publish it sooner so that we could have the new forms in place in January 2000. We're not going to meet that deadline.

It's critical to the success of the new system for people to have the training and support they need to help them learn the differences. OSHA has promised to provide that. And we will do it. But to do it right, we need—and employers and state OSHA programs need—more than a couple of months to gear up."

Secretary Jeffress goes on to say, "So, I expect that the new rule will not go into effect this coming January, but January 2001. That will give you time to make the necessary changes to your systems. I think you will be pleased with the changes we've made. The new rule will offer clearer definitions of work-relatedness, a better explanation of what constitutes light duty and a much improved and simpler recordkeeping form. I encourage VPPPA to consider offering recordkeeping training as other trade and professional organizations will be doing—as part of its services to members and prospective members."

The full text of this speech is available on OSHA's website http://www.osha-slc.gov/OshDoc/Speech_data/SP19990914.html

CAOHC COUNCIL HOLDS SEMI-ANNUAL MEETING

Your CAOHC Council is comprised of two representatives from each of eight professional organizations that share a common desire to prevent hearing loss in the workplace. (For your information, these representatives are listed on the outside back cover of this newsletter.) These representatives bring their special expertise to our semi-annual Council meetings and they each serve on multiple committees to discuss & decide policy, review Course Director applications, monitor quality of OHC courses, conduct CD workshops, write and edit this newsletter, and many other tasks throughout the year.

The Council held their second meeting of 1999 in Atlanta, Georgia on November 9, 1999. The various committee reports activities that have been planned and/or completed since the last meeting, receive an update from the CAOHC office staff about the certification process and other business matters, and Council discusses any issues that might need resolution or review. (See related articles on page 2 and 5 about Council members.)

The Council conducted a shortened meeting because a Long Range Planning Session was held immediately following. Some interesting ideas and plans for the future were brought forward from the OHC Survey results (compiled in 1998) and the Course Director Survey results (compiled in 1999) and from Council members. These ideas will now be referred to committees for discussion and further development.

Watch for upcoming UPDATE newsletters for more information on CAOHC's Long Range Plan for the new millennium!
Noise Is All Around

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The tally sheet on environmental noise in our lives does not look promising. Those noises that we are all too familiar with have increased dramatically since 1900. Car traffic is up 162 percent, aircraft traffic up 438 percent, truck traffic up 183 percent, and air cargo traffic up 2,356 percent.

Added to this are the new noises that only a technological society can boast: streetcars (grit), leaf blowers, weed whackers, boom boxes, and car alarms not to mention the increasing decibel level of movie trailers that announce coming attractions in theaters.

And the good news? Most hotel doormen don’t use whistles anymore.

Noise comes from the Latin word nausea, originally meaning seasickness. Which is not surprising, because noise makes us sick. Noise can raise blood pressure, change blood chemistry, and make us anxious, tired, and distracted.

In addition, noise also affects whole communities. Noise devalues our sense of civility, nabs compassion, and breeds aggression and hostility.

Noise distorts our sense of place. Noise ranks higher than crime, traffic, and public services as a cause of popular dissatisfaction in neighborhoods, according to the U.S. Census. It is one of the reasons people continue to flock to suburbs in search of peace and quiet. There we buddle among the seagulls, cub-de-sacs, sound walls, and hammers erected to deaden sound.

These designs are not always successful. What they are successful at, however, is further isolating neighbor from neighbor.

Noise is rapidly becoming our most pervasive pollutant. Approximately 135 million Americans live in areas noisier than the EPA recommends. Moreover, the number of places where we can find peace is diminishing. Today, because of airplane and helicopter overflights, natural quiet is preserved in only seven percent of the Grand Canyon National Park - and nowhere in Hawaii’s Volcanoes National Park. In Yellowstone National Park the most distinctive wintertime sound is not the exploding of geysers or the bugling of elk, but the drone of 2,000 snowmobiles.

To some, noise is simply the price we pay for living in a modern, industrialized economy. But it doesn’t have to be. Noise standards in Europe are significantly lower than in the United States, which no longer updates, writes, or enforces most federal noise regulations. The EPA office of Noise Abatement and Control was shut down by Ronald Reagan nearly two decades ago.

Illustration provided courtesy of L-A-R Hearing Protection Products

Laws, technology, politeness, and concern for one’s neighbors could solve most noise problems. Instead of replacing motorcycle mufflers with “straight pipes” to make them louder we should be replacing them with better mufflers to make them quieter. Mufflers do not even come as standard equipment on many small aircraft and most small watercraft. Lawn equipment need not be so loud as to cause hearing threat to the operator and annoyance to neighbors.

Ultimately, environmental noise stems from a lack of manners and a breach of civility. Good neighbors keep their noise to themselves; bad neighbors do not.

As noise becomes increasingly pervasive, communities are starting to fight back. They are recognizing that the outdoors is a public commons and that although everyone is entitled to its use, we should strive to design rules to allow for as many possible uses simultaneously and limit those that degrade others’ use of the outdoors. Making as much noise as one wants is neither a human right nor a property right. We can exercise our property rights only to the extent that we do not diminish the rights of others. Your right to swing your fist ends at my nose. Your right to make noise ends at my ear. Friends of quiet liken their battle to the 25-year-old one against secondhand smoke. Over almost three decades it has become routine for states and cities to decide that your right to smoke ends at the air I breathe.

Communities are strengthening their ordinances and increasing enforcement. Cations are now common in many major cities for “boom cars” (described by Time Magazine as rock concerts on wheels) that are audible more than 50 feet from a vehicle. And outside of urban areas, trucks are being banned from parks, lakes, and waterways across the country. “Business,” according to Eric Zwerling, Director of the Fentges Noise Technical Assistance Center, “is booming.” Zwerling is busy traveling the country helping cities write better noise ordinances. In yet another sign of the success of quiet preservationists, BPI/BC, the leaf blower manufacturer, has had to hire someone to fight municipal leaf blower bans.

There are limits to quiet neighborhoods, however, is only beginning. While communities have the right to regulate late-night parties or muffler-less...
Eye Contact

through from page 2
can become
normally.
However, individuals who have no melanocytes (due to genetic mutations) are hearing impaired. After exposure to noise, cochlear melanocytes produce more melanin.
Recent research clearly indicates that the ear's defense against free oxygen radicals is related to susceptibility to noise-induced hearing loss (NIHL). Therefore, it is plausible that ears which produce more melanin, with its ability to protect against free radicals, may be better able to resist noise damage. Conversely, greater amounts of phaeomelanin might increase susceptibility.
Factors related to NIHL susceptibility were explored during a meeting of the Acoustical Society of America last fall. Presenter Julia Rovner reported data Larry Rovner had collected 20 years earlier from textile plants in North Carolina. The data were gleaned from the work of factory nurse Carolyn Carroll, who coded eye color when she gave employees annual hearing evaluations.
In analyzing this information, employees were placed in subgroups by gender and race. Since it was well established that black Americans have better hearing thresholds of the same age, and females have better hearing than males.
Among white employees, eye color was unrelated to age-corrected hearing levels; age-color effect was evident for black employees. Among 348 black workers, 11 males and 16 females had light eyes, the groups of special interest in the figures.
Light-eye blacks showed significantly poorer high-frequency hearing than dark-eyed counterparts. Results indicate that the role of melanin, particularly phaeomelanin and melanin in the cochlea, deserves further study as we strive to understand how noise damages the ear.
In practical terms, however, people with dark skin and/or eyes should not consider themselves less vulnerable in the presence of hazardous noise. Earplugs, not eye color, are the best defense against noise damage.

Noise Is All Around

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motorcycles, they still do not have the right to register low-flying or late-night airshows or early-morning trains, even if these generate noise many times louder than a neighbor's stereo. When it comes to transportation, noise still takes precedence over community.
That is beginning to change. People are realizing that we are creating acoustical shams out of our inner cities. And after 50 years of flowing tin cans for the peace of the suburbs, many are realizing that they have brought the noise with them. With fewer places to flee, there is renewed interest in improving the quality of life where we live now. But this means quieting motorcycles, cars, trucks, planes, trains, and the host of modern conveniences that were meant to make our lives "better" but have had the unintended consequence of diminishing our overall quality of life.
The Noise Pollution Clearinghouse (NPC) is leading the effort to quiet our neighborhoods. The mission of NPC is to create more livable cities and more natural rural and wilderness areas by reducing noise at the source. The primary resource of NPC is a 90 megabyte Online Library (www.noise.org) used by 400 people each day. Within the library are articles about noise effects, a law library containing local, state, and federal regulations, and resources for quieting specific noise sources. For more information, you can contact NPC toll free at (858) 200-8332.

CHARGE IT

Students who have successfully completed a CAOHC certification or recertification course may now use their Mastercard or Visa credit card for CAOHC certification or recertification fees, or to order the CAOHC manual. Simply include your charge card number and expiration date on the application form, or the enclosed order form if you are purchasing the Hearing Conservation Manual. You may also phone in your credit card number by contacting Chris Whiting at the CAOHC Office: 414-276-5338.
We are working on adding this feature to the CAOHC website along with on-line forms. (We also accept checks or money orders for these fees)
Exposure to noise is one of the leading causes of hearing loss in 28 million people in the United States and the figures are rising. Hearing loss affects more of the population than does cancer, heart disease and AIDS combined. It is also the third most common health ailment, after arthritis and high blood pressure.

"Noise poses a serious threat to hearing, balance, learning and behavior," says Nancy Nadler, Director of the Noise Center of the League for the Hard of Hearing. This year the League for the Hard of Hearing will sponsor the fifth annual International Noise Awareness Day, spearheading a special effort to inform the public of the necessity of creating a quiet home, school, work and recreational environment.

Noise is far more than just a threat to our ears. Continuous exposure to noise, documented research has found, is correlated with physiological changes in blood pressure, sleep, digestion and other stress-related disorders. Volume of literature exist documenting the harmful effects of noise. "It is essential," Nadler said, "that we take seriously this relationship between noise and hearing and health. We need to take necessary steps to reduce noise in our lives both at home and out of the workplace before we risk creating a generation which suffers from the stress-related disorders and health impacts associated with noise."

Among the many activities planned during International Noise Awareness Day, Wednesday, April 12, sponsored by the League for the Hard of Hearing, the public will be asked to observe the Quiet Diet - one minute of quiet, regardless of their location, from 2:15 P.M. to 2:16 P.M.

Other activities planned include:

Free Hearing Screenings - Private audiologists and speech and hearing clinics will help to celebrate International Noise Awareness Day by providing free hearing screenings to the public. (Check www.hhi.org/noise for locations)

Dissemination of Hearing Protection - Hearing protection will be distributed on International Noise Awareness Day at hearing screenings, town meetings, various places of business and college campuses. Hearing protection was generously donated by B-ARlilac Company.

Town meetings to "sound off on noise" - Town meetings will be scheduled in various communities on International Noise Awareness Day to provide a forum for community residents to voice their concerns about noise. Local police departments, representatives from the Department of Environmental Protection and local politicians will be invited to attend these meetings.

Publicity - Participants in International Noise Awareness Day will hold press conferences in their local areas. Press releases and public service announcements on television and radio stations will involve the media and help to promote the important message that noise hurts.

City/State Proclamations - Mayoral and Gubernatorial Proclamations in celebration of International Noise Awareness Day will be obtained.

Develop Your Own Anti-Noise Group and speak out about the harmful effects of noise in your community. Analyze (or develop) your local noise code and follow the Noise Center's steps in handling a noise complaint.

Letter Writing Campaign - Participate in the Noise Center's Letter Writing Campaign to re-establish the Environmental Protection Agency's Office of Noise Abatement & Control. For a packet of information, posters and suggestions on how you can participate in International Noise Awareness Day, contact Nancy Nadler, Director of the Noise Center at the League for the Hard of Hearing via email: noisectr@nol.com or the address below.

Noise Center, League for the Hard of Hearing, 71 West 23rd Street, New York, NY 10010. You may also phone the League at 1888-NOISE-88, or you may access their website at www.hhi.org/noise

MINE SAFETY

HEALTH ADMINISTRATION ANNOUNCES NEW HEALTH STANDARDS

New regulations for the mining industry have been approved effective September 13, 2000 and will be enforced beginning October 2000. CAOH will have an article in an upcoming issue of the UPDATB. In the meantime, if you would like to obtain more information, contact your local MSHA district office or the Health Division for Coal Mine Safety and Health at 703/235-1355 or Health Division for Metal and Non-metal Mine Safety and Health at 703/235-8307. Information is available on the MSHA website at www.msha.gov under "Statutory and Regulatory Information", choose the section titled "Final Rules."

CORRECTION

In the Fall 1999 UPDATE newsletter, page 10 the Military Audiology Association website was incorrect. The correct website address is:

http://www.militaryaudiology.org
Council for Accreditation in Occupational Hearing Conservation

Hearing Conservation Manual, 3rd Edition

About the Manual...
The manual has been completely rewritten, revised and updated with additional information on the OSHA’s mission, training, and role, and includes a separate chapter on federal and state regulations. This revised version also has more detailed chapters on audiometric equipment and procedures for audiometric testing, plus the sections on sound and noise measurement are more “reader friendly.” The appendices contain new checklists and samples of forms used by experienced hearing conservationists.

About the Author...
Alice Suter, PhD has been extremely influential in noise criteria development, regulation, and public policy, first at the Environmental Protection Agency’s Office of Noise Abatement, and later at OSHA. As Senior Scientist and Manager of the Noise Standards at OSHA, she was principal author of the Hearing Conservation Amendment. She is now a consultant in industrial audiology and community noise. Among her clients have been the World Health Organization, the Administrative Conference of the U.S., and various private companies, individuals, citizens groups, and government agencies on the federal, state, and local level.

USE THE ORDER FORM BELOW TO ORDER YOUR COPY. ORDERS ARE ACCEPTED ON A PREPAYMENT BASIS ONLY. ALLOW 2 WEEKS FOR DELIVERY.

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611 E. Wells Street Milwaukee, WI 53202-3816 Phone 414/276-5338 Fax 414/276-3349
e-mail info@caohc.org or website http://www.caohc.org
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