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Hearing Aids in Sensitive Compartmented Information Facility (SCIF) Environments, in partnership with AVAA

Presenter: Kimberly Jenkins, AuD

It's my pleasure to welcome our guest speaker today, Dr. Kimberly Jenkins. Today, Dr. Jenkins will be presenting for us hearing aids in a sensitive compartmental information facility, better known as a SCIF environment. And this course is proudly presented in partnership with the AVAA.

Every year we host several courses with AVAA, and if you haven't had a chance to hear them all, they're all located in our course library. So at this time, I'll hand the mic over to you, Dr. Jenkins. Thank you so much, Christy. I'm very excited to be here with all of you today.

I'll be talking about it throughout the course, but this has been a five-plus year journey. There have definitely been some bumps in the road, but we're at a really good place now to help these patients. And part of my greatest joy in this journey is sharing this information with other audiologists who are working with this patient population to give them better care than we were able to in the past. So thank you for tuning in today. So I'm going to provide you information about how to manage patients who work in our sensitive and secret environments up to and including the SCIF environment.

So these are my disclaimers. I am an employee of the US government, but my views that I'm discussing today do not reflect official policy of the Department of Defense, the US government or the military.

These are my disclosures. I am an employee of Walter Reed. but I have no financial disclosures.

And these are the limitations and the risks of this presentation today.

And then this is what we're going to be talking about today. Hopefully by the end of this slideshow, you will have an understanding of the problem.

as well as some strategies that are being utilized within the national capital region and our DC area and other areas and better able to manage these patients. All right. So this caveat slide was a little bit more

important when I was first discussing this about five years ago, but I still do like to bring up Some of the caveats, this is an ever evolving process. It's an ever changing issue depending on intelligence community policy, government policy, technology. So there's things that are changing every day.

Some of the information I may give you today might not necessarily be viable tomorrow, although we are seeing less and less of that as we continue to work through some of the issues.

I do, this information is based off of work that I've done over the past, you know, five to six years. But I do want to point out that this isn't just a discussion of here's what I have done and this is possibly what can help you. I do work very extensively with the intelligence community, with the hearing aid manufacturers, with audiologists, DOD, VA, and military audiologists. So the solutions that I'm providing to you today, for the most part, are going to be solutions that you can use in your everyday practice, whether you're a VA audiologist, DOD audiologist, or a civilian audiologist. These are solutions for you that have been made with this coordination of all three of those entities.

So 90% of the time, at least likely, the information that I provide you is something that will work for these patients. It is not, however, an endorsement of any one solution, any hearing aid manufacturer. So I do want to make note of that. I don't endorse one specific mode of technology for these patients.

All right, so I'm gonna use a little bit of military speak. So our bluff or bottom line up front, over the years working with this, I have found a couple things that continually come up, things that are continually misunderstood, questions that people continually have, and things that I find are really important. So if you don't take anything else from this presentation, these six points that I'm gonna give you right now are really critical. and if you keep these in mind, you should have good success with working with this patient population. So first and foremost, these restricted work environments do exist within our government, both military as well as VA facilities and things like that.

They also exist within the private sector. Okay. Now, I say SCIF kind of as a general term for all secure locations. However, technically, SCIF is the most secure of all of these locations. So there are secure locations, there are secret top secret, and then there are SCIFs, which are your top tier secure environments.

But these environments exist all over the world in a number of different work environments, and we need to be aware of that.

The hearing aids that we fit every day, not just the ones that we get specifically on our government contract, but within the civilian sector, they can be worn within these restricted environments.

But most of the time there is a process that needs to be done in order for these technology to be allowed within these settings. So it's not just that you have the hearing aids that are on a list that I'm going to talk about in a little bit. These are the hearing aids, but then you also must do a couple things with the hearing aids in order for your patients to be able to use them appropriately in their workplaces.

Two of the main features that are typically under scrutiny when we're talking about this patient population is Bluetooth and our hands-free technology. I'm sure everybody is aware of both of these features at this point. Bluetooth actually is the lesser of the two evils. More and more that hands-free technology that allows the patient to use the hearing aids as a headset, that is something that is very concerning to the intelligence community, Bluetooth less so, but they both have their issues that I'm going to talk about extensively today.

The hands-free can be disabled in the software without impacting other functionality of connectivity. So just because hands-free is being disabled, that doesn't mean that the patient cannot stream, cannot take phone calls, those kinds of things. We're really just disabling that hot microphone aspect of the hearing aids, which I'm going to talk about in a little bit more detail. But removing the hands-free does

not disable other functionality of connectivity of the hearing aids. And so I'm going to talk about that more extensively later.

But this is something that really is not well understood with a lot of audiologists. And so as I talk to other audiologists that I'm trying to help or other members of the audiology community, this isn't necessarily understood very clearly. So I really want to just hit that home that the patient isn't really losing all that much when they get a hearing aid made for these secure locations.

This is something that I've heard a lot actually in the past couple months that I don't know why this has been cropping up a little bit more, but the Bluetooth antenna within the hearing aids cannot in any way be disabled by us, the audiologists within the software. So the patient has the ability to temporarily disable the Bluetooth antenna using Airplane if that is available within the hearing aids, because not all hearing aid manufacturers have that capability. But if there is a way to disable it, it is only temporary and there's nothing that we as audiologists can do to permanently disable that. So I've definitely spoken to a number of individuals who've told me, oh, you just turn off the Bluetooth in the software. That is not something that can be done.

And we'll talk about a little bit more of those features in the software in just a little bit. but that's not something that we can do. And I have verified this with all of our manufacturers. It's just not a feature that we have available to us.

All right. So I'm sure as audiologists, we are all aware of why we are fitting hearing aids with patients and some of the things that we are hoping to expect with the use of hearing aids with our patient population. So our goal First and foremost is to help our patients communicate in all of the different listening environments that they may come across. Now, most of the time we're focusing more on those complex environments, environments with background noise, multiple people talking, reverberation, things like that. So as the patients have, or as the manufacturers have developed the technology, tried

to advance the technology, They're trying to ease the patient's ability to communicate in those complex listening environments, but also improve patients' acceptance to that technology.

And there are a number of ways that the manufacturers are trying to do this. Over even just my time as an audiologist, the speech and noise performance of the technology has vastly improved. Our directional microphone technology with the use of beamforming and all of the different ways in which those microphones are manipulated to help the patients communicate, the use of AI, deep neural networks, all of these things we're learning about every day as the technology advances is to help these patients communicate in a number of different environments up to and including motion sensor technology. So to really allow the patients just to use the hearing aids easily without thinking about them in their everyday life when they're just having a conversation with people, whether they're on the go or in meetings, those kinds of things. That is the goal of the hearing aid manufacturers as they advance the technology.

And one of the things that we've really noticed is the way in which hearing aids have become very tech savvy. We don't just communicate with patients or with people one-on-one anymore. Really, the world has become global in terms of communication. So just like I'm talking to you today, this is a webinar. We typically have a lot of Zoom meetings now, especially after COVID.

Communication has become tech. So grandparents talking to their grandchildren, meetings, you can have a communication with somebody across the world. So we want to make sure our patients who do have hearing loss and are using hearing aids have the same access to effectively communicate in these ways that we're in which the direction of the just global community is communicating. Okay. So we have Bluetooth technology that allows our hearing aids to connect to our phones, which connects to all of these different apps that allow us to communicate with a number of different people.

Bi-directional microphone technology allows for that hands-free listening. The patient no longer needs to take the phone out of their pocket and talk into the phone while they're getting the signal from the hearing aids. They just answer their phone, sometimes even answer the phone on the hearing aids, and they're able to communicate both ears, which of course is going to be tremendously beneficial for our patients who have hearing loss. So these things are very helpful for a number of patients. However, when we think about patients who work in more secure environments, this tech savvy aspect of the hearing aids start to come under scrutiny when we're putting these patients into more secure environments.

So both our Bluetooth technology as well as our bidirectional microphone technology are being looked at very closely by the intelligence community to make sure that they are not dangerous to matters of national security. So these are mostly what I'm going to focus on today.

So this is becoming less and less niche, but still is more of kind of a niche category. So I do want to walk you through how I even got involved in this problem. or encountered this problem really and kind of pushed my colleagues and hearing aid manufacturers discussed with the intelligence community. What was that process that brought me here today talking to you about this in the first place? So I do work at Walter Reed.

So it is the National Capital Region, Washington, DC. There, of course, is a number of military facilities there. A lot of veteran populations I see mainly active duty, also some veterans. We all know that our military population has a high prevalence of hearing loss and tinnitus that impact them on their day-to-day basis. And we treat those patients with hearing aids.

Okay, so that is our main mode of treatment. Military, both active duty and our veteran population, they work extensively within the intelligence community. So places like the NSA, the CIA, the FBI, the White House, the Pentagon, the military, as well as our retirees work in these secure environments. Okay.

So as I was seeing patients and doing what I do as an audiologist, determining that they need hearing aids, providing them hearing aids, what I started to notice very early on in my time at Walter Reed, my patients were coming back to me for their follow up saying, I really like my hearing aids. They're helping me very well. However, I can't wear them at work. My security officer told me that, you know, I can't utilize them. Okay.

So I started to get this information, and my patients were very frustrated. And then I was very frustrated because I didn't really know how to help them. As I started to look at this problem a little bit more, I was noticing more and more that it was for my patients who worked within the nsa. and so I started to do some digging to try and figure out what was going on. Okay.

And I was realizing more and more that the hearing aids that I felt were most appropriate for my patients, for whatever reason, posed a risk to national security. But I wanted to know why. I did not have a clear understanding of that. Okay, so. It was really just fortuitous.

One of my patients was very adamant that they needed their hearing aids and they were willing to do whatever it took to be able to wear them at work. So she reached out to me. She had the contact information for the NSA security office and she asked me to advocate on her behalf so she could wear her hearing aids within the secure facility that she worked at. So after a couple phone calls, talking to a few people, asking if I could speak to the boss, I was able to get in touch with the head of the NSA security office, the person who makes all of the decisions for what can and what cannot go into the agency. And what I was told was that the hands-free functionality within the hearing aids poses a risk.

to national security. And at first, I didn't necessarily understand. And as an audiologist, I knew, well, you know, we work with ADA and we wanna make sure that our patients who need something to function at their job are able to have it. And so it was really great to meet this individual and have this discussion

so I could have a better understanding of what was going on. Because if we think about what hands-free functionality is.

It's what they call in the intelligence community a hot microphone. So there is a microphone on the hearing aids that allows sounds in the environment to be picked up and then that signal is then transmitted to another device, which for us is great for our patients. It's very helpful. I talked about this, you know, just a little bit ago, why we want this technology in the hearing aids. However, if we think about it from a national security risk perspective, having a signal in a secure, having a device in a secure environment that can pick up what's going on around you and then transmit it to a different device is actually fairly dangerous when we start to think about these kinds of situations.

So yes, I had a much deeper understanding of why this was necessary for my patients, but important to work.

So if we think about the SCIF environment, at this point, all of us, even the civilian community, has a general understanding of these environments. You see it on TV all the time. More and more it's been in the news. matters of national security, more and more they're becoming more relevant to our day-to-day lives. But if we think about what the SCIP environment is, it really does contain our country's most important top secret information.

And the technology within these environments is very, very controlled. There are no recording devices allowed, any kind of electronic storage devices or any kind of transmitting devices. are really not allowed whatsoever, or if they are allowed, there are a number of safety features that are put in place in order to make sure that what is in these facilities stays in these facilities and doesn't get out to people that really shouldn't have this information.

So when we think about this as an audiologist, these have implications when we start to think about our Bluetooth and our hands-free technology. Bluetooth really less so, and I'll talk about that more in a little bit, but the hands-free technology does really pose a risk to national security. And so we need to make sure that we are dealing with this appropriately so our patients are getting the care that they need and deserve while being able to perform their duties. One of the things that, and so as I was digging and figuring out what was going on and One of the questions that I wanted to ask was, okay, well, who makes the rules? How do I talk to this person to see how we can get a solution so our patients can get the care that they need and deserve?

It's a little bit challenging because within any given SCIF, the owner of the SCIF is the one that makes the rules. And depending on who owns that, there is wide variation in what is allowed and what is not allowed. Okay. There's not one single person, there's not one organization. So more and more, luckily, the intelligence community is coming together to try and make this.

So it's easier. It's an easier problem to work. But at current, one SCIF does not equal another SCIF does not equal another SCIF. So it can be a little bit challenging. It was definitely much more challenging five years ago than it is today.

But still we're finding there's a little bit of difficulty when we're trying to get these devices into these secure locations. What I did find was that the NSA has a fairly rigorous process for vetting the devices that they're allowing within their agency. And they create very streamlined guidance and mitigation strategies. that are very easy to work with. And many other owners of SCIFs, so typically, not typically, it is always going to be some intelligence community entity that takes ownership or accredits a SCIF.

So it's either the NSA, the CIA, the FBI, NIA, one of these, intelligence community entities is going to be in charge of that SCIF. And the NSA has kind of taken the reins and most other SCIFs at this point do look to them for guidance. So that has been very helpful over the past five years looking to them and

working with them. So I do work very, very closely with the NSA security office and getting information about what's going on within the security the security community and what's happening within the intelligence community to help move these guidelines along and then provide audiological strategies to help these patients. That has been very helpful.

There was a time in 2022, so more so for us as DOD audiologists and VA audiologists, this is a problem because we have only so many options, right? So we have a government contract that whatever's on the government contract, we can fit and if it's not on the government contract, we don't have access to it for the most part. So this was a fairly significant issue for us in 2022. I started around 2020, a little bit before 2020, talking to, as I started to learn about this problem, talking to hearing aid manufacturers, talking to colleagues, talking to my other DOD audiologists, there really wasn't a solution for the issue and there wasn't a great awareness of a ever-growing problem. So me, I feel a little bit bad for my colleagues at Wall to Read, but this was something that I was always bringing up in all the hearing aid trainings, whenever I was able to talk to somebody about it, this is a problem, this is going to be a big problem.

As technology advances, this is going to be something that is not good for us in the DOD and VA community.

And there really weren't any solutions. And in 2022, all hearing aid manufacturers provided RIC devices that had hands-free technology within them. And that was not allowed within the NSA and there were no if, ands or buts about it. So that was really a breaking point. We were at a point where the technology that we had available to us that was in the best interest to have the patient fit with, it couldn't be provided to these patients.

And a significant number of my patient population works in the NSA and I couldn't give them products. I was resorting to CICs and IICs. And as audiologists, we know for the majority of the population, that's

probably not the best solution for our patients. And it wasn't really anything that was acceptable for me. I did not want to fit my patients with IICs when they were clearly a RIC candidate.

So coming up with a different solution, was critical in my mind. So there were a number of meetings with the NSA mostly, but, you know, and then through the NSA, other intelligence community entities with, you know, what would be acceptable? What could we do with our current hearing aids that would allow the intelligence community to have them brought into their secure locations. And I met with every single hearing aid manufacturer on our government contract to come up with a solution for these patients that would help not only our military and VA employees, but also civilian patients. Because if we think about the intelligence community and what that involves, the majority of those patients are civilians.

they don't get their care at Walter Reed or other military treatment facilities. They do not get their care through the VA. So as we worked through this problem and collaborated with all of these entities, we wanted to make sure we were coming up with a solution that was helpful for all patients.

So as we talked about, you know, what would be acceptable, we came up, the NSA came up with some guidelines that they would accept. So having a hot microphone within a secure environment just is always going to be a no-go. It's never going to be allowed. They can be very easily hacked. And if that information were to get into the wrong hands, it really is a matter of national security.

So it's not a risk that the intelligence community is willing to take. So we have to come up with a solution to overcome that possible hurdle for these patients. So in the end, what the NSA was willing to accept was any hearing aid technology had to either have no hardware that had hands-free technology abilities, or that feature is permanently disabled by the audiologist in the software, and the patient does not have the ability to re-enable it. Okay, so these were the two options that were provided for the NSA. They still, the nice thing about working with the security office that I'm working with, they are also very

patient centric.

They understand the importance of the technology and communication, and they do not want the patients to have dumbed down hearing aids. So, Some of the other qualifications that they did want with this technology. One, it can't be undone by any firmware updates, whether it's in the software or an app or the patient in any way. But they didn't want it to negatively impact any of those other features. So the streaming ability, the ability to take phone calls, those kinds of things, they still wanted the hearing aids to be able to have all of those other bells and whistles that don't impact measures of national security.

Okay. So that was really nice to see that there was a patient set. They were looking at the patient as people who needed to communicate still. So that was it was really very nice. The there needed to be documentation that the disabled features were disabled that would be filled out by the audiologist.

And I'm going to go more into those specifics in just a little bit, what that documentation is, where you can find it, those kinds of things. And then ultimately, they wanted this solution to not just be something available for government patients only. They wanted this to be available to all patients. Okay.

I brought all of this information to every single hearing aid manufacturer and I'm going to talk in a little bit. There are solutions available. There are solutions currently being worked. I'll give you those updates in just a little bit. I've been talking about Bluetooth and how tricky it is and I'm going to talk about it a little bit more in just a minute.

But Bluetooth is a little bit more enigmatic when we think about this problem. Within the NSA, within all of their environments, there are physical barriers in place to manage Bluetooth very well. So within NSA environments, they're not concerned about Bluetooth. Like you can wear your Apple Watch into an NSA facility as long as you are cleared to use it. But every facility within the intelligence community is a

little bit different.

about how they deal with Bluetooth. And then I'm going to talk about there's different forms of technology that have different considerations. We'll talk about that too. So Bluetooth is a little bit more tricky. Basically everyone within the intelligence community is on the same page about hands-free technology.

With Bluetooth, it does tend to be a little bit more murky waters. Okay. And then the other thing that NSA wanted to make sure of is that the audiologists that were providing this mitigation strategy or fitting these hearing aids for this particular patient population were well trained and had an understanding of the problem and the solution and all of the steps that were made available. And that's in part why I'm here today to try and train and to try and make everybody aware of the solutions that are available so you can manage these patients appropriately.

So with the, once the guidelines were given, all of the hearing aid manufacturers came together and the mitigation strategy specifics were honed in and everything was set up. So for the most the main strategy now is just disabling that bi-directional capability so that hot microphone is disabled within the software by the audiologist. And there is no way in which anybody else can re-enable it. Okay. So within the hearing aid software, there are currently three manufacturers that are able to do this.

So Starkey, the Edge technology and later, Signia, the AX technology and later, and Resound, the Omnia 60s and later. All of those RIC technologies have a specific area within the software where you can go in, you click a button and that microphone, the transmission component is disabled and it isn't re-enabled. Okay. So each hearing aid manufacturer has their own compliance letter and this letter is drafted by the hearing aid manufacturer and provided to you. So it is a form that you fill out and these forms are actually all of these strategies are sent to the NSA prior to going onto contract or prior to being allowed as part of the mitigation strategy.

The technology is sent to the NSA, the compliance letters are sent to the NSA, and the NSA signs off on them. They do their own testing. They make sure that the technology does function the way it's supposed to. They try and break into the hearing aids and see that they can't. So all of these things are vetted by the NSA, they're given the stamp of approval and then we are allowed to use them.

Okay. Within the compliance letter, it is manufacturer specific. There is a spot where you provide the MEC, the model, the serial numbers, and the information for the fitting audiologist. So like with my patients, I have each of these compliance letters. I fill them out for each of my patients.

I sign them. That compliance letter needs to be then provided to the patient who gives it to their security officer at their place of employment, the security officer signs off saying, okay, you're good to go. And then the hearing aids are allowed within their work environments. Okay, so this is the strategy that so far the hearing aid manufacturers have adopted. And audiologists within, you know, the DMV, but across the country, the DOD, the VA, and even in the civilian sector are currently utilizing.

Okay, so I did talk about the amplification options. So already we know our IIC and our CIC devices, they don't have this technology available. There are some CICs who have Bluetooth technology, but no smaller custom device has hands-free. So usually these are allowed within the SCIF with little issues. Our RIC manufacturer or our RIC devices, they have to be looked at a little bit more closely.

And like I said, there are those three hearing aid manufacturers. Now, this is available regardless of whether it's being provided to a government audiologist or a civilian audiologist. The software is the same. It has the same information. I will say, so the three that I mentioned are on the government contract.

The within GN Resound, there are Jabra devices available. I know that is little less relevant to us in the DoD and the VA, but just, you know, I always find that it's important for us to be knowledgeable to provide this information to our patients should they decide to get their care within the civilian sector. So Jabra, I believe that's Costco version of Resound, they have this mitigation strategy available and it has been vetted by the NSA as well. Raxon is in the process of being vetted, so that is also something that we're working on. So within the civilian sector, within the government sector, all of these options are available.

The other hearing aid manufacturer, so there is no hearing aid manufacturer that is not currently working on a solution. And I'm hoping by the end of this year, all of the hearing aid manufacturers will have an option available. So the patients that do work in these facilities really won't be limited at all by this problem. There'll be a couple more steps that need to be taken, but the patient will be able to wear the amplification that they like, that they deem well, that they find helpful for them as long as, you know, some steps are taken. I will make a note.

I also I was just having a discussion with somebody this morning. The current as you know, as DOD and BA audiologists, we are aware of the government contract it is what we must follow and hereby when we are fitting hearing aids, the new government contract that is coming out has a specific requirement that hearing aid manufacturers have SCIF options. Okay, so it does mention the hands-free technology. It does mention that something either they need to have a hands-free technology option or an option where that's currently not available. So technically all of the hearing aid manufacturers on the government contract already meet that because they have IIC and CIC devices on the contract.

But everybody is working towards RIC products where the hands-free can be disabled. And that is now after some work and some discussion and Again, collaboration, as long as you are willing to push and

find the right people, solutions are coming together for this patient population. Ones that whether it's actually regulations where it's required that we have good solutions for this patient population.

All right, so I've talked a lot about the solution available, but what do you do when the patient actually comes into your office? So when I am talking to the patient, when I'm discussing hearing aid options for the patient, these are questions that I've just put into my everyday considerations for what I should do with these patients. I ask them, Where do you work? Or I ask them, Do you work in a secure environment? And they typically say that the patients know.

If you ask a patient, Do you work in a SCIF? And they say, A what? They don't. So the patients that work in these environments, they have a very good understanding of that. Some of them are a little bit surprised that you're even asking about that, and it's not something they even considered anyway.

So it's always great to be knowledgeable in this. So I ask my patients ahead of time, do you work in a secure location? What kind of cell phone do you have? So that allows me an understanding of how I need to manage that patient. When they come in for their fitting, you do want to go into the software and disable that.

Every hearing aid manufacturer who has this solution currently available, they have training, they each have guides that show you exactly where you need to go. Your audiologist rep should be able to point you in the right direction. They should have the compliance letters on hand. So you're going to disable that hands-free in the software. I always counsel my patients exactly what I am doing with the hearing aids and what technology they will still have access to and what they will not anymore.

Again, the loss of the hands-free is not something that's significant. It's a nice feature to have, but patients and even audiologists until they're appropriately trained think that they're losing all of their connectivity devices. That isn't the case. So I do like to appropriately communicate to my patient what's

going on in their hearing aids that one makes them dangerous in a secure location and two, this is what I've done, so don't worry. Okay, I provide the Make Model serial number with the patients.

Sometimes there is a security letter that the security office asks but usually just that hands-free compliance letter is all that the patient needs. I do also let the patients know, here is this letter, you need to give it to your security officer, and they must clear you before you can bring the hearing aids in. Okay, that is one thing sometimes if you don't clearly say this to the patient, and even when you do say it, sometimes they miss it, they think, oh, these are SCIF approved hearing aids, I can just bring them in. They are and you can, but there are steps that you must go through. Okay.

I do also like to educate my patients because they're not always aware of what's allowed and what's not. Especially in the beginning, a lot of my patients said, oh, no, I can't wear hearing aids. Like, I can't use those in my place of work. And they think, I cannot have Bluetooth, so I cannot have the hearing aids. Well, that isn't the case.

so educating the patient about the process that they have to go to through, but the technology they are allowed to use is really critical and helpful to the patient because they just, they don't have a good awareness of it. So providing it is going to be just very helpful for them.

So, this information is much easier when you're a government audiologist, whether you're the DOD or the VA. Those reps typically are trained very, very well. Each manufacturer does have their own PDF handouts. They have compliance letters. They have guides.

So that is all available through the manufacturer.

More and more, I am trying, I'm currently in the process of working with ASHA. I'm reaching out to AAA to get this information like a page or something that can be provided and you can just go to their

website and download it. So these things are in the works. Getting this information to all of the audiologists needed. It's a little bit easier with government in the civilian sector.

It's been a little bit more problematic. But again, reaching out to the entities where that information could be helpful, where we typically go with all of our other questions, ASHA, AAA, ADA, those kinds of places, we're getting that. The manufacturer reps within the DoD are also very, very helpful. They are all aware of this information. The ones in the civilian sector, I have realized and been learning over the past couple months with the feedback I've been provided, there's less knowledge about this, but it's getting better.

So hopefully as I give more of these discussions, I reach out to more and more people, it becomes more available to you all and just, you know, kind of sharing this information can be very helpful. Within the DOD, definitely we also have a landing page that I'm actually actually working on this week that is CAC enabled and you can go to and all of this information for each manufacturer is available too. If you have any questions, you can definitely reach out to me to get that information. I do know if I don't have it readily available, which I do, and I get emails from people all the time asking about it and I just shoot it over.

But I'm also working to make it a little bit easier. so for everybody to have access to this information.

So we have come a long way over the past five to six years.

The issues we were experiencing before not having the technology available to us, you know, we've worked through a lot, but there's still really a lot of problems we continue to experience. and when I say we, I mean myself personally, other DOD and VA audiologists, but also the intelligence community, the hearing aid manufacturers. So the biggest issue is getting this information out there. The solutions are there. They're available.

The NSA has been critically important with this. They've helped from the intelligence community side of things. There have been a number of meetings, intelligence community meetings, in which they've all got together, talked about this problem in particular, looked at the guidelines and kind of adopted them. And I'm going to talk about some of those regulations that have been passed in the past year or so in just a minute. And then that Bluetooth ambiguity, which I kind of discussed and I'll just continue to push.

So getting the appropriate information out is great if you work in an NSA intelligence, like within a physical NSA location. But if the intelligence community entity is following the NSA guidelines specifically, but they don't have access to the most up-to-date changes that causes some issues. Okay. So the NSA does have a list of acceptable hearing aid devices that is updated every two weeks. So I always have the most up-to-date list.

Some of these security officers that are making these decisions about what is allowed within the environment and what is not, they don't always have the most updated regulations, the most updated list. And so that can be problematic.

So, in general, all intelligence community entities have to follow the ICD 124. So, that's the intelligence community directive 124. This is the guidelines that regulate any electronic medical device and electronic devices that are broken down into electronic medical devices. and portable wearable devices. So personal electronic devices like your Apple Watch, your Bluetooth headphones, those kinds of things, those are PEDs.

And then medical devices like hearing aids, diabetes pumps, those kinds of things, they all fall into that same regulation. This regulation must be followed by all SCIF environments, whether it's in the commercial sector, or in the government sector. Now, even if there's a SCIF environment within the commercial sector, it is still always run by an intelligence community entity. So it doesn't matter if it's at

Boeing, Boeing still has to follow NSA's guidelines or the CIA or whoever. So that is nice.

And this regulation is being talked about more and more. being dissected and everybody's kind of been following these regulations. Okay. The things that are most pertinent, you know, for us in our everyday, the Air Force and the Space Force, they have put out a memorandum that within their memorandum, it says they are going to allow any technology that is on the NSA list. I do believe section 4.2.2.4 specifically says if it is on the list, it is allowed in.

The Navy and the Marine Corps and the Coast Guard, they also typically tend to follow NSA regulations. Within the Army, there's a little bit more ambiguity, but for the most part, they try and follow the NSA regulations. The issue with that is although the NSA sends out their information to all other NSA entities, these other entities that are utilizing NSA guidelines, if they don't have the most up-to-date information, there are denials, even though like with my patients, I am always up-to-date on what is available and what can be provided into these secure environments. So if I fit somebody and they come back and say, nope, they said they couldn't, and I'm aware of where the patient works, I'm aware of the regulations, something has gone wrong. Either that security officer does not have the appropriate information or the patient didn't go through their proper registration steps.

So that happens all the time and I field these emails on a nearly daily basis. So I'm trying to figure out, okay, this is the solution. I know that this should work. Why isn't it working? So I will reach out to, with the patient's permission, of course, reach out to the security officer or reach out to the patient to see what was happening.

So this is been learned, it's becoming more of an issue. And then of course our Bluetooth. So there is another, the SCIF regulation, the ICD 705 is the regulation that allows this SCIF to be built and make their regulations for the Peds and the meds that are allowed to come in. Okay, so chapter 10 talks about medical devices and section A4 talks about any medical device must be reviewed for approval

within the SCIF. Okay.

To comply with ADA regulations, most Meds, even if they have Bluetooth, they're given exceptions, so they're allowed. So for the most part, Bluetooth has become less and less of an issue, but it still is a little bit more of an issue. So discussing it with the security officer, making sure all of the appropriate regulations are being followed and everything like that is important. One thing I will note, ultimately, it is up to whatever the security officer within that location so if you cannot get that patient or that security officer to budge, then you have to come up with a different solution in terms of the hearing aid that you provide. Now, for the most part, if I talk to a security officer and it's just like a lack of communication or a lack of information or not the most updated list, it's easily solved.

But there have been cases where even I had to resort to fitting a CIC or an IIC. if there's a, one time I asked, it was a government contractor, and they provided me the, the information for the security officer. They said I could call. I called. I wasn't allowed to speak to anybody within that security because they were a classified entity.

So sometimes, you know, there are no great RIC solutions and you just have to go with your IIC. Luckily for that patient, an IIC was a great product for the patient. But every once in a while, you just have to fall back on your custom products. But for the most part, usually it's just a matter of not having the appropriate information, finding out what the problem is, and being able to do all of the steps to get that patient the appropriate care that they need. so.

All right. So hopefully you've gotten some good insights into, you know, how it is that we're managing these patients, what it is we need to do in order to help these patients. And I always like to end my talks with a little bit of a soapbox moment. Soapbox. moment.

But there were, as I've been working on this for the past five or so years, there have been a number of people that have said, you know, Kim, this is it. You don't have to do this. Like, there, there are options. There are CIC, there are IIC technology. You don't have to work so hard.

You don't have to push so hard because it really is a big part of what I have done. in my DOD career as an audiologist. And I decided, you know, this was my hill that I was going to die on, which it turns out to have been a mountain. But our technology does change a lot. If we all work as audiologists, our field advances very rapidly.

We are required to keep up on a number of different things, and we wear all kinds of hats, myself included. And the advancements in these Technologies can be very beneficial for our patients, and it allows them to communicate in ways that they were never able to 10 years ago. Okay. I very much believe that communication is what makes us human and what allows us to be the best versions of ourselves and maintain those connections with people that are important to us, whether it's for our career, for our job, our loved ones, our social lives. Okay.

I really do not think that our patients should be limited just because of where they work. I think that's a disservice to our patients, and I think it kind of goes against how we are as audiologists. The foundation of audiology is evidence-based practice, but it's also patient-centered care. And so being able to allow our patients to have these options that can help them much more than what was available to them just a couple years ago is really important. It's important to me as an audiologist.

I think it's very important that we remain informed. We have a good understanding of this problem. I have done a lot of digging. I have done a lot of work to provide this information for you, not just, here's what I've tried, it's helped. These are the regulations.

This is what the intelligence community is looking for. This is what their thought process is. And so you can help the patients better.

I do feel like pushing and being the advocates for your patients in this way is the cornerstone of the standard of care and it's something we should all strive to do. So I am very grateful that I have had the opportunity to help all of you with this problem and continue to work with this patient population and with all of my corroborating entities. So we've been able to come up with a good solution for these patients and continue to do so.

so that's just my last two cents on that. I hope you have gotten some good information for that. I am always very happy to help anyone who is having some difficulty with their patients. Sometimes it can be a little bit daunting to call a security officer or call an intelligence Community entity, those kinds of things. if you have any questions about it, if you're uncomfortable with it, I'm happy to reach out on your behalf.

I'm happy to help you. I'm happy to advocate for you, give you any materials that you need, point you in the right direction. My contact information is below. And so I would just open the floor for any questions that you may have.

All right. So I have a number of Interesting questions, all great questions. So this one I can't really speak to. Do we really need SCIFFS anymore if everything is top secret is now communicated via signal? I understand and sometimes it's a little bit frustrating with the things that are going on in the world.

But yes, I think that they're still important and we should work to figure that out. Jabara does, yes. So the question is, so Jabara does have the SCIF mitigation? Yes, this is something that is currently available. I have been discussing this with the NSA and they have been vetted.

There are, I'm not sure how many, I don't have, well, I do have access. I just don't have that list currently available, but yes, Jabara does have the SCIF mitigation available to it. I don't have very many specifics about it, but I can get those specifics. I know that Jabra definitely does. Raxon, I think it's available in the software, but they don't have all of the pieces together yet for it.

So this is a great question from Philip. Do you know what the future web address will be that will be placed on the DoD's website? site so we can keep a lookout for it. Yes, I do. Well, I don't have it currently, but it is, it's in the process of being built.

So if you are a DOD provider, I'm sure you are aware of what used to be Mill Suite. They have something new coming out called SoundPoint, SharePoint. something like that. If you work, if you are a DOD and you work with the Hearing Center of Excellence, they are the one who runs the website, so they'll have a better idea. It is, it's currently being built, but as soon as it comes live, I'm hoping that an email is going to be sent out to all DOD audiologists at least, so they can have that in terms of if you work for the VI, excuse me, the VI.

the VA, I'm unsure if that will be available to you or not.

Another question. I work for a major CI manufacturer. Do these security measures apply to CIs as well? Excellent question. And it is something that is always discussed and that we are looking at.

So the CI's do have some CIs do have hands-free technology available. There isn't any current mitigation strategies available for them. However, there are still laws that apply to this patient population. Because an individual, at least this is the NSA's thought and this is how the NSA deals with this, if a CI does have hands-free functionality in it, and there is no mitigation strategy, that patient is given an exemption because they cannot perform their job without their CI. And by law, the NSA cannot

tell the patient that they cannot use their CI.

So with CIs, it's a little bit different and they are given those exemptions. Definitely, I am aware that this is occurring in the NSA. Likely it is within most intelligence community entities as well. But this is being looked at for the hearing aid manufacturers are looking at it. The CI manufacturers are looking at it, and it is something that hopefully down the road will be a better mitigation strategy.

But that doesn't mean these patients cannot utilize their CIs. They need it in order to communicate, so it's not something where they're not allowed to use it. There are exemptions made where the NSA is willing to take that risk.

Okay.

Okay, so that looks like, okay, I just need to scroll down.

So Jeff asked an excellent question. Based off of the information you provided, it sounds like remote microphones, tabletop microphones are not allowed. Correct. This is correct. Our Although our hearing aids are required for our patients, they don't necessarily need those other accessory devices.

And like they're they aren't allowed currently and I don't ever see that changing in the future. So yes, their accessibility accessories likely will not be.

I see. So Phil made a great comment. I wish there was a quick one page cheat sheet for all of this information we could laminate and keep on our desk. I actually have created something for, you know, DOD and VA audiologists. It is a SCIF bulletin and it is a one sheet that has all of this information.

If you would like it, it will be on that HCE splash page. If you would like it ahead of time, please feel free to email me and I am happy to send it to you. It is just a nice little guide. I'm updating it all the time. Right now it has the old Mill Suite address on it, so that will be updated as soon as I have that information.

But you can definitely reach out to me and I can give you something for that. Jennifer asked, Can you talk about where in the software you can disable the hands-free, just an example of one manufacturer? Absolutely. So with, I can tell you all three. With Starkey, it's fairly easy.

Up at the top there is a toolbar and under tools, if you go to tools and scroll down a little bit, there is something called skiff mode. You click on that, it will pop up a nice prompt that says you are putting the hearing aids in skiff mode. This will turn off the hands-free capability. you hit yes and it clicks it over. And in the Starkey software up at the top, you'll see it says, skip.

So it lets you know very clearly that the hearing aids are in that skip mode and that hands-free has been disabled. Within Signia, if you go to configurations, that page where you set your push button controls, those kinds of things, up near the top it says, enable hands-free. And if you unclick that, that will turn off that hands-free microphone. Similarly, in ReSound, if you do go to the device controls section, that will also pop up something that says hands-free and then you click it to enable it and you unclick it or you click it to disable it says disable hands-free and you would click it to disable it. Okay.

So that's for all of the three manufacturers that we work with in the government.

Do you know if SAMs offers SCIF mitigation technology? I am not aware of that. So I don't have a good awareness of the hearing aid manufacturers within SAM's Club. This is something I'm trying to gather more information about, but currently I don't have that information right now.

So a good question. All manufacturers have mitigation strategies. Technically, yes, they do. However, only three manufacturers have it within the RIC products. so Starkey, Resound, Insignia have it within the RIC product where you can disable the hands-free at current.

The only thing that, well, you can, you can fit old technology for Oticon, for Oticon, really.

And I, I see devices for Oticon. And then for Phonak, really, the only thing available is the IIC devices. So that those work. for Oticon and Phonak coming up hopefully by the end of the year. They will have mitigation strategies for their RIC products as well.

So all manufacturers have a strategy. Unfortunately with Phonak and Oticon right now it is just their CIC and IIC devices.

All right, so that is all of the questions that I have. Thank you, Dr. Jenkins. Would you mind advancing to the very last slide just to remind our participants should they wish to earn CE credit for today's presentation, just wait for that exam to populate and complete the multiple choice exam. We like to take this time to thank the AVAA for bringing on and inviting Dr.

Jenkins to audiology online and presenting this really resourceful, timely and important information for us. The handout for this course is located again under the resources tab and we hope you have a wonderful day. Thank you so much for attending everyone.