Interview with "Universally" Acclaimed Marion Downs

By David Fabry and Joscelyn Martin

Recently, Audiology Today content editor David Fabry (DF) and AAA Foundation board member Joscelyn Martin (JM) had the opportunity to sit down with audiology legend, Marion Downs (MD). Dr. Downs, now on the cusp of her 100th birthday, has dedicated nearly one-half of her life to the goal of ensuring that every newborn has their hearing evaluated for hearing loss. Marion and her partner, Dick Grey, have recently relocated from their home in Colorado back to her “Lake Woebegone” roots in Minnesota.
DF: First of all, Marion, it’s so great to see you, and I’m glad that we could be with you for an early birthday celebration. You still have more energy than most people half your age! What’s your secret?
Well, I think that regular exercise has kept me going. I was always athletic; as a child in New Ulm, Minnesota, I was a turnverein.

DF: I’m afraid that I don’t know what that is.
Well, it’s German. Growing up, I spoke German before I did English. It was fun. “Turner” means gymnastic, and “verein” is a club, or an association.

DF: You never cease to amaze me. So you did gymnastics at a young age?
Oh, from the time I was able to walk, I think.

DF: That certainly helped you in skiing, which you took up as an adult, but I know that is only one of your many accomplishments.

JM: Did I also hear that you are a triathlete? There’s a picture of you with a blue swimming cap on, on the cover of your book, Shut Up and Live.
Oh yes, I did try that, that’s right, swimming, cycling, and running. I’ve always loved swimming, but what’s interesting is that I’ve tried to swim within the last year, and I found that I have lost my buoyancy. With age, you learn what you have to give up.

JM: Indeed, but fortunately for the profession, you haven’t given up much! Let’s go back to the beginning; how did you originally become interested in audiology?
I took the shortest line at class registration.

JM: I’ve heard this story. Is it really true?
It’s really true. It was right after the war. Hundreds of GIs were in line to register for college classes. And I thought, well I’m not going to take a long line, I’m going to take the short line, and at the end of it was John Gath. One of the greatest guys! Unfortunately, he didn’t live as long as he should have; he was such a wonderful teacher, and he was my professor.

JM: There are a lot of audiologists and children and their families who are grateful for that short line.
I had raised my children and I wanted to go back into school and take up something, but I didn’t know what I wanted to do. I really didn’t. I had started out in law, but I couldn’t do that. It was a little bit too strenuous to do intellectually at that point. So I just thought I would do whatever comes up, and that’s what came up.

JM: Can you describe your early work with infants and children?
Well, you know, the important thing was I realized early on that, as far as hearing assessment went, children were where the action was. You really had to start at birth. And then, later on, of course, we realized that the first year of life is terribly, terribly important in communication, intervention, language acquisition, and all those things. My thinking was that we really needed to do something that would let mothers know how important it was to have their children tested during that first year of life.
DF: Yes, and historically, mothers were often told by pediatricians “not to worry so much” when they raised the issue of hearing, despite the fact that parents were usually the ones who were most acutely aware of whether their child had a problem. As a result, many children may have inadvertently missed out on critical language learning periods because they didn’t have a hearing test.

Because if you don’t use your speech and hearing neurons, you won’t have ‘em anymore.

DF: Yes, that’s a really great point. In the November/December issue of AT, we published an interview with Richard Seewald, who presented the ninth Marion Downs Lecture in Pediatric Audiology at AudiologyNOW! in Anaheim, California. Richard, like many others, was inspired by you to seek a meaningful career in pediatric audiology. To me, the cool thing is that he saw the foundation that you built for early diagnosis, and dedicated his career to building around what happens next, in the form of amplification. To me, that is really the definition of building knowledge, and standing on the shoulders of (petite) giants. Without the first step that you paved, no one could have followed.

JM: And I’ve certainly benefitted from those “foundations” in my work. I’m the newborn hearing screening coordinator at Mayo Clinic in Rochester, Minnesota. To this day, when I’m training a new audiology assistant who comes in to conduct hearing screenings, I show a video that includes you and other colleagues from Colorado talking about the importance of newborn hearing screening. It’s really a “tearjerker” that drives home the message and importance of what these assistants are doing.

Yes, it’s hard to believe that I started testing newborns 50 years ago. Now we didn’t have universal testing then, but I did test a lot of newborns.

JM: So at what point did the lightbulb go on for you that this was really important? Was there a specific patient or case that was memorable to you?

I don’t think that there was one specific example. I did work with children from birth on, and I found that the ones that had been identified earlier built their language and speech more easily and better than the ones that had been identified later. You know, five years is definitely too late. Four years is too late. Three years is too late.
JM: Now we think three to six months is too late. It’s pretty wild. Certainly by six months, infants have to be stimulated and responding. Those neurons have to develop or they die if they aren’t stimulated. That first year is just so vital.

JM: How about obstacles? What were some of the obstacles you had to overcome as you advocated on a more national level for newborn hearing screening? It took a long time. People had to see. In fact, I think it came as a revelation to physicians when they saw how much better the children did when they were identified early. Then they really supported it and became believers.

DF: It’s interesting to think about the multigenerational aspect of hearing screening that has occurred during your career. Your three children were not evaluated, but I imagine that your grandchildren and great-grandchildren were. Yes—every one of them.

JM: Even in our own hospital when we started the universal newborn hearing screening program, there were some physicians who had been around a long time who called and challenged the need for the test. Those tides have definitely turned.

DF: In addition to your clinical work, you were also a teacher, lecturer, author and advocate during your career. Which of those was your favorite role? I think teaching. I love teaching. You know, to find in a class one mind that you change is the most wonderful feeling in the world. I think that’s the experience that I cherish the most: finding those minds that really relate to you, the work and understand. The rest of the students learn by rote but some of them really discover what is important in the field.

DF: Have you had the opportunity to encounter some of the kids who benefitted from the early identification? I’ve seen a lot of them in Denver, of course. A lot of children who have, as you say, come up and there they are talking and hearing well. It is such a satisfaction. I’ve been lucky that Colorado is a very accepting state; they accepted newborn screening right away. The doctors were permissive, and I had some great doctors that supported me. They really worked with me in establishing the programs.

DF: You’ve also travelled extensively as you advocated for children’s hearing health. Yes, I travelled extensively in my early days of newborn screening, I’ve been to every continent in the world to talk. It never cost me a cent. I’ve been very fortunate.

JM: You’ve also travelled extensively as you advocated for children’s hearing health. Yes, I travelled extensively in my early days of newborn screening, I’ve been to every continent in the world to talk. It never cost me a cent. I’ve been very fortunate.

DF: I say the same thing. I have traveled the world on my ears. Have you been to all seven continents or to six? Have you been to Antarctica? No.

JM: You’ve mentored audiologists and taught audiologists over the years. You must be proud of your legacy to the profession.

DF: Yes, but if you were to start over right now, knowing all that you know now, what direction would you take in audiology?

I’d study the early brain and the early detection and development. I still think that’s where the excitement is.
DF: That’s my last one, too. I want to get there while I can. The first Antarctic Audiology Conference! Ready to go? I think I’ll wait and see!

DF: So I know that your travel plans have been restricted more recently, and that your relocation back to your home state was due, in part, to health issues. Do you miss Colorado?
Yes, I do. I love Colorado. But I am going back for my birthday in January. They’re having a birthday celebration at the Marion Downs Center, and although I may need an oxygen tank, I will be there!

JM: It’s hard to believe that it has been a decade since the American Academy of Audiology Foundation celebrated your 90th birthday by announcing that it had received funding from The Oticon Foundation for the Marion Downs Lecture in Pediatric Audiology. What was it like receiving that honor? It was marvelous. It was great of them to do that, and it meant a lot to me.

DF: The series has really been incredible, and has featured a lot of outstanding individuals. In addition to your many other accomplishments, I’ve always said that you could “carbon date” an audiologist by which version of Northern and Downs they used in school. Personally, the yellow was my favorite, because that was the one I had at the University of Minnesota.

JM: I had the red one when I was at Northwestern.

DF: Youngster!

JM: Speaking of students reading your book, what advice would you give to audiology students entering the field now?
It’s obvious that the field has evolved to where many different specialties exist. I, of course, would endorse the pediatric specialty, the younger the better. That’s my preference. What’s yours?

DF: Amplification always has been my first professional love. If I were starting over now, though, I’d choose cochlear implants. It’s a natural extension, and now that the FDA has approved the hybrid electroacoustic device, it feels like a brave new frontier. I also share your love of the brain.

JM: So what’s the best thing about living in your 100th year?
Well, I’m lucky to feel good. I count my blessings that I’m able to get around. I think I’m blessed by all the experiences I’ve had in the field and what’s gone on in my lifetime since I was a child. There was nothing available at all like there is today.

DF: So, knowing what you know now, with your 100th birthday approaching, would you have gotten into the same registration line again? Whatever line I might have chosen, I would have worked at it hard.

DF: I have no doubt that is true. Because of your drive and dedication. That’s right. I had a drive, and I was really driven to do the best I possibly could in whatever I chose—and audiology chose me.

DF: I don’t think we often get to reflect back on our lives and be objective about it. That’s true. I don’t know if I would have done better with anything else, but I’ve loved every minute of my career.

DF: We have too! It’s so great to see you, Marion. It’s been wonderful. Almost 100!

JM: Thank you so much for all you have done for the profession! And best wishes for a very Happy 100th Birthday! ☺

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Photographs by Jesse Valley.