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Colin Hansen
Minister of Health
1515 Blanshard Street
Victoria, B.C., V8W 3C8

I am writing to protest the inadequate funding of pediatric cochlear implants in this province. I urge you to provide immediately for the children now waiting and for the children ahead who will benefit from this treatment and technology. It is crucial to their development and to their future lives that you do so.

It is not only unacceptable that children in British Columbia are being refused a treatment that is unsparingly granted to children in every other province, it is unconscionable that their mental development and future potential is being held captive to “budgetary restraint”. As a parent who has followed closely the glacial rate of expansion of the B.C. Pediatric Cochlear Implant Program over the past ten years I can assure you there is no fat to “cut”. If the most conservative (albeit excellent) program in the country projects that it will require funding for a rate of 30 implants annually you can accept it as a rigorously “lean” estimate.

What you need to understand is the real urgency of the matter, the real emergency when it comes to providing for a deaf, especially prelingually deaf, infant or child.

What parents face...

“Preventable retardation”, was the warning to parents that commonly appeared on pamphlets and tracts on deaf education of both (signing and oral) camps in the days before political correctness. Brutal. But a bracing cautionary to parents and educators about the serious job ahead. In his seminal work “Seeing Voices”, preeminent neurologist Oliver Sachs states it with no less urgency:

“ ...to be born deaf is infinitely more serious than to be born blind - at least potentially so. For the prelingually deaf, unable to hear their parents, risk being severely retarded, if not permanently defective, in their grasp of language unless early and effective measures are taken. And to be defective in language, for a human being, is one of the most desperate of calamities, for it is only through language that we enter fully into our human estate and culture, communicate freely with our fellows, acquire and share information. If we cannot do this, we will be bizarrely disabled and cut off – whatever our desires, or endeavors, or native capacities. And indeed, we may be so little able to realize our intellectual capacities as to appear mentally defective.”

This is why the term “dumb” evolved to describe the historically speechless, disempowered estate of the deaf.

When parents are faced with the real challenge of raising a deaf child it's a difficult, uncalculable race with the clock. Whichever language approach is chosen (and fluent sign language, despite its obvious blessings, can be presented with as many barriers to its acquisition as spoken) it must be full language, complex, ongoing and with a community of contributing voices. These days, more and more families are "choosing" to provide their deaf child with spoken language, because with a cochlear implant it is now more viable, more do-able, for more children, than ever before. Except in this province.

What does the cochlear implant do?

The cochlear implant provides an array of sound electronically to activate the auditory and language processing centres of the brain: **hearing**. You can think of the implant as a surrogate, or prosthetic ear, providing the information and direct stimulation the brain requires. Unlike glasses or hearing aids though, this is not just "enhancement", focusing or amplifying the residues of existing abilities to ameliorate the disability. Nor is it "cosmetic".

Imagine, for example, that you have a brand new car in your driveway, it doesn't matter the make or model if you can't run it. It's just a pile of tin and upholstery that will eventually be permanently frozen by the rust of disuse. Despite a full tank of gas, the costly features or accessories you may add- snow tires, paint jobs and CD players- aren't going to get you anywhere if you don't have the key to turn on the engine.

The cochlear implant is a "prosthesis" of that order: a key to ignite the nascent, awaiting mind. Coupled to the plasticity and resilience of an infant's brain it can drive the development of language, of thinking and learning and of a lifetime of independence and vital interaction with the rest of the world. If the child is young enough (redundant neurons and synapses are pruned in the first 18 months...) much of the process will occur naturally as it does with a hearing child.

If you had a deaf infant could you sit passively, as the developmental milestones passed, as your child struggled, under-stimulated, disconnected, synapses atrophying, in silence? This, knowing anywhere else in the country there was a treatment, a cure, a chance that would restore your child to you? Would you not be tempted to "jump the queue" and leave the province, to save the life of at least one child? Today, that's the best advice we can give parents. But what of the majority of families, who can't possibly afford that option? Wouldn't you, on their behalf, ask your government to reconsider and to provide a life-saving procedure, equitably and with the urgency required?

To raise our children to their fullest capability, to become independent, contributing members of society; as parents that is our responsibility. And, it is yours. Please, provide this treatment now, before the real social, financial and moral costs become insurmountable.

Sincerely,

Donna Chisholm