87 DAYS TO GO TO THE NATIONAL ACADEMIC DISABILITY AWARDS Page 8

VOICES OF CHANGE

VOC

Transformation for PEOPLE with disabilities

SEPTEMBER 2010
VOLUME 13

VOC is a non-political, non-religious, non-governmental and non-profit-making organisation in partnership with the University of the Free State. We give a voice to people with disabilities by giving different academic disciplines a chance to write about their news and views.

To celebrate deafness in September, VOC is dedicating the content of this supplement to remarkable deaf people. We are also providing our readers with important information on hearing loss and how to deal wth it.

Page 7

Join VOC's group on Facebook!

REAL-LIFE HERO

By honouring Prof. Claassen after his recent retirement, VOC is dedicating this issue to him.

Magteld Smith (deaf)
Dept of Otorhinolaryngology
UFS

THE DEPARTMENT of Otorhinolaryngology within the Faculty of Health Sciences at the University of the Free State (UFS) was founded in 1969. As was the case with all the other departments, the Ear Nose and Throat (ENT) division faced a humble beginning with part-time staff as its only resource. The first head of the department, Dr Helmuth Schimpff, was appointed as a part-time head. The department got off the ground with the first registrar, Dr Nic Zerbst, enrolling in 1970. Back then, the training period was an inconceivable three years, with the first graduate completing his training at the end of 1973.

At that time no physical address existed for the Department. This meant that there wasn't a structure that you could identify the Department with. Times were tough at first with two registrars having to manage all the ENT patients and theatre lists at National and Pelonomi hospitals in Bloemfontein.

The next registrar was Dr AS Coetzee. He was followed by Drs Willem Albertse and Andre Claassen. This was when the metaphorical wheel for producing specialists started turning. Dr Coetzee became acting head of the Department when Dr Schimpff resigned

CONTINUED ON PAGE 5

Prof. Claassen at his 65th birthday party
Photo: Amoré van Schalkwyk

Did you know? Hearing Impairment is the umbrella term for the diferent aspects of deafness. This includes terms like "deaf," "Deaf," "Cochlear Implants", "hearing aids" and the like.

Page 5

Inserted in: Sowetan THE SOUL TRUTH | Sunday Times THE PAPER FOR THE PEOPLE | Sunday World

AMBLYOPIA

NOT AS SCARY AS IT SOUNDS

Prof. TA Rasengane
Dept Optometry
UFS

V I S I O N disorders have been found to be the most common disability in childhood.

Amblyopia is one of the leading causes of childhood visual impairment. It is a condition in which there is poor vision due to incomplete development of the visual system. It is diagnosed by the decrease in visual acuity, or the ability to see. It is usually found in one eye but sometimes in both eyes, with no sign of eye disease or damage to the visual system.

Amblyopia occurs during the critical or sensitive period. This is a period during which neural plasticity is present. Any problem that interferes with good quality visual input during the critical period will lead to amblyopia development.

Studies in monkey infants have shown that the end of the sensitive period for amblyopia is 24-25 months, which translates to about eight to ten years in human children. The three causes of functional amblyopia are pattern deprivation (e.g. child born with cataract; drooping eyelids), optical defocus (e.g. significant errors in the focusing of light by the eye) and strabismus (squint). Of the three causes, strabismus and optical defocus are more prevalent. About four percent of preschool children have strabismus and if left untreated, it affects the personality or social life of an individual in later life.

Untreated amblyopia leads to visual dysfunction in a child which will also manifest as learning difficulties at school. The good news is that amblyopia is preventable and treatable. Treatment options are glasses, patching, or occlusion, of the good eye to stimulate the amblyopic eye, surgery and active vision therapy, or eye exercises.

Studies have shown that the successful treatment and prevention of amblyopia takes place during the critical period. Treatment that takes place early in the sensitive period limits the amount of visual dysfunction caused by abnormal visual experience. Therefore, earlier detection of amblyopia and its causative factors will help reduce visual impairment in children.

Screening by a paediatrician or a nurse is important at birth and during the first six months of life in order to detect any factor that can interfere with vision development. Eye care practitioners, like Optometrists and Ophthalmologists, recommend that a child's first eye examination should be at six months of age. However, if there are obvious eye problems, the infant should be taken for an eye examination immediately. When no eye problems are detected at six months of age, the second eye examination is at three years of age. It is also recommended that the child should have another eye test before going to school for the first time.

DEAFNESS NOT STANDING IN THE WAY OF ACADEMICS

Dr Andrew Nel
UCT

I WAS BORN profoundly deaf and wore hearing aids throughout my mainstream schooling in Selborne College in East London and my early university years. In 2007, I received my first cochlear implant in my right ear. The first three months after the switch-on were emotionally draining as I got used to the new sounds I had never experienced before. I am now able to hear high frequency sounds such as birds tweeting, the indicator of my car, "s," "th," and the like.

Ever since my cochlear implant, several people have told me that my speech, pronunciation, as well as my ability to follow conversations have improved. I still rely on lip reading but I am not missing out on as much as I used to when I was wearing my hearing aids.

Dr Andrew Nel
Photo: Provided

I continued wearing my hearing aid in my left ear, as it was recommended to keep it active while I wore my cochlear implant on the right side.

However, I was finding an imbalance between the two ears. This was quite obvious to me - especially when I was switching between different programmes on my cochlear implant to adjust to different environments. I was hearing much better on my right side, where I wore the cochlear implant.

Eventually, in 2008, I decided to have my second cochlear implant done. The switch-on was unbearable yet again. However, I found it much easier to cope with, since my right cochlear implant masked the sounds.

It has now been nearly two years that I have bilateral cochlear implants. Today, I am able to hear the direction from which the sound is coming and I am seemingly able to pick up much more sound coming from around me. Listening to music and talking on the phone is still a big challenge for me, but I am aware it will take practice and time for me to adapt to these challenges.

These days I am working as a post-doctorate researcher at the University of Cape Town (UCT) after obtaining my PhD from the Institute of Microbial Biotechnology and Metagenomics (IMBM) at the University of the Western Cape.

The importance of listening to the hearing impaired

Mary-Ann Lamb
Principal
Carel du Toit Centre
Bloemfontein

MODERN technology is advancing faster than we could ever have imagined. Today, hearing aids of all colours, shapes and sizes are available. Pictures of various characters and no more external noise safety switches for batteries and child proof settings are now a reality. It reminds us of the song *My favourite things* from *The Sound of Music*.

There are also cochlear implants with electrodes that stimulate the cochlear and hair cells directly. These too are available in fun shapes and sizes, colours and storage cases. FM Listening Systems are reduced in size and have too many benefits to mention. Yet some children do not learn to have functional language. Why is this?

Language acquisition is not just about obtaining the most expensive or best equipment. It is also about using the brain and stimulating the language pathways. We do need the hearing aids or cochlear implants to allow us to "hear" but that is only the means to the end.

Children from the Carel du Toit Centre.
Photo: Amoré van Schalkwyk

Centres like the Carel du Toit Centre at the National Hospital in Bloemfontein can do their utmost to stimulate your child's language learning ability and the speech therapist can encourage, demonstrate and do as much therapy as possible, but if there is no or very little involvement from parents, family and a circle of friends, the child will probably not learn to speak. Members of the child's family and his teachers should reinforce the work done at school. As babies, we have to hear a word 20000 times before it is reinforced in the brain. How can we expect results from the few hours spent at school if the parents do not do their bit at home? Your child's whole future depends on the work you put in at home.

When holidays arrive, it often seems as though teachers, children and parents stop working on the child's future. The hearing aids or cochlear implants are not worn during the holiday and very little, if any language stimulation is done. This means the child regresses by four or six weeks, depending on the length of the holiday. It is impossible to build up any sort of language structure if work is not done every single day. The apparatus has to be in 100% working order, so the batteries need to be checked and the moulds cleaned and fitted properly. It is important to ensure that the apparatus is worn until bed time.

Parents' argument is often that they ran out of time. Ask yourself this: "If I did not have time to spend with your child when he needed it most, what cost will I pay later?" He will probably not be able to communicate in spoken language, not be able to cope in a mainstream school, not have many friends, not be able to speak on a cell phone and not get a job – especially since there are so many unemployed people to choose from. After all, why would an employer employ a hearing impaired person with very poor communication skills?

There is however light at the end of the tunnel. If the hearing impairment is detected early and the child is exposed to the fantastic technology available, the hearing impaired child can become a good communicator. He will be able to attend a mainstream school, answer a cell phone, work in the public sector and even drive his parents crazy with his chatter. One day, when looking back at the effort made, it will be clear that it was indeed worth it.

Kloppers expert

LOCH LOGAN WATERFRONT
Tel: 051 – 400 5500
Fax: 051 – 400 5501

We have the following departments for your convenience:

KITCHENWARE • GIFTS • PAINT • HARDWARE • CURTAINING
HORTICULTURE • SMALL ELECTRICAL • FRIDGES AND STOVES
SPORT EQUIPMENT • TV FITTINGS • CAMERAS • LINEN • BLANKETS
MATTRESSES • RADIOS • SOUND EQUIPMENT • SUITCASES • BRAAI
EQUIPMENT • CAMPING EQUIPMENT • FANS • AIRCONDITIONING

PARKING AT LOCH LOGAN WATERFRONT
Please note that ALL PARKING at Loch Logan waterfront is now to be paid for. Kloppers clients are entitled to 1 hour free parking. Please bring your parking ticket to the shop, where it will be scanned at the main exit.

REMEMBER TO VISIT OUR FURNITURE SHOP ON THE 1ST FLOOR OF THE BUILDING OPPOSITE KLOPPERS!

HELPING THE HEARING IMPAIRED CHILD TO LISTEN

Dr Helena van Pletzen and Marianna van Heerden
Audiologist/Speech therapist

IN ORDER to acquire or develop verbal communication skills, children need to hear and be exposed to speech and language. Because of this, normal hearing and speech and language stimulation is a pre-requisite for the development of verbal communication skills. A hearing impaired child does not meet these pre-requisites because of a hearing loss. However, by addressing the hearing impairment appropriately, the hearing impaired child will have access to speech and language stimulation.

Access to speech and language can be provided to the child by use of a hearing aid or a cochlear implantation. The purpose of a hearing aid or a cochlear implant is sound amplification. The sound amplification will help the child to hear sound, speech and language. To benefit from the use of a hearing aid or a cochlear implant, it is important to ensure that the specific device used is well maintained and always in a good working condition. Assessment as indicated by an audiologist is also important. This will ensure that the specific device is accurately programmed according to the degree and extent of the hearing loss and the needs and satisfaction of the hearing impaired child.

How do I help my hearing impaired child to hear? Learn more here.

However, hearing aids and cochlear implants only give children access to hearing. Whether they learn to use this hearing for the development of speech and language depends on the therapy that they receive. Different speech therapy approaches are available, all focusing on the development of listening skills, comprehension, concepts and spoken language.

No therapy approach can be implemented successfully without the cooperation and participation of the parents. Participation in therapy sessions will help parents practice techniques and targets. Ultimately, the parents will obtain the counseling, guidance and educational support to enable them to become actively involved in their child's communication development program.

It is clear that for a deaf child to learn to talk, adequately programmed technology, regular attendance of speech therapy, execution of home programs and close cooperation of others is needed.

Marianna van Heerden with Corniel van Aswegen
Photo: Amoré van Schalkwyk

TRANSFORMATION FOR DISABILITY WITHIN REACH

The University of the Free State (UFS) is now doing his bit to ensure transformation for people with disabilities is not just a dream.

IT IS TIME for people to start thinking about organisations as being cultures, rather than having cultures. Much is written and spoken about people with disabilities. Unfortunately, this means nothing when push comes to shove. Sympathy and admiration does not enable us to buy food.

The Rector and Vice-Chancellor of the University of the Free State (UFS), Prof. Jonathan Jansen, noticed this disappointing situation. During his inaugural speech in 2009, he explained his vision for people with disabilities. Unlike many other, the Rector and Vice-Chancellor practices what he preaches.

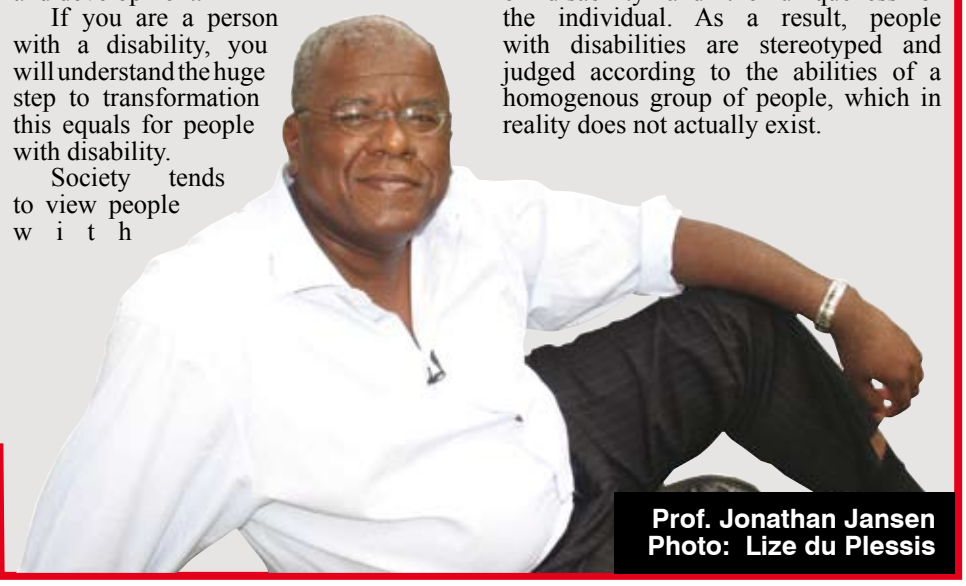
Ever since the very first moment the prospective student starts applying to study at the UFS, the application forms make it clear that inclusion is a right, not a privilege for a select few. The student with a disability feels just as welcome and excited as any other students when he or she marks that he or she has a disability. There is also space to explain whether the student with a disability has any specific needs that should be focussed on.

Inclusion is not a set of strategies or a placement issue. Inclusion is about belonging to a community. Prof. Jansen views three ways of inclusion: through beliefs and values, through experiences and through outcomes. The three outcomes mentioned are membership, relationships and development.

If you are a person with a disability, you will understand the huge step to transformation this equals for people with disability.

Society tends to view people with disabilities as a homogenous group of people – all with the same needs and difficulties, being one and the same. In the same breath, however, people are quick to point out that this so-called group is very distinct from the rest of the population.

In so doing, a country overlooks the wide range of types and degrees of disability and the uniqueness of the individual. As a result, people with disabilities are stereotyped and judged according to the abilities of a homogenous group of people, which in reality does not actually exist.



Prof. Jonathan Jansen
Photo: Lize du Plessis

Carel du Toit Centre helps, teaches, saves lives

Mary-Ann Lamb
Principal
Carel du Toit Centre

THE CAREL du Toit Centre in Bloemfontein is a Satellite of the centre in Tygerberg. We have been in Bloemfontein ever since July 2000.

This centre was founded with the help of the parents of two children who received cochlear implants in Tygerberg. The parents heard via the Tygerberg Satellite that Michele de Kock, a previous teacher at Tygerberg, had moved to Bloemfontein.

The parents approached Michele to open a centre a Bloemfontein. This led to the availability of this unique service in the Free State and the Northern Cape.

Michele agreed to help the parents. She soon opened the centre's doors from her garage in Langenhoven Park. Not long after this, the centre taught four children. Saailand Preprimary School provided the centre with a classroom in the mornings until staff members from the National Hospital in Bloemfontein started helping out.

Ever since the centre opened its doors in 2000, 91 children, of whom 45 boys and 46 girls have received help and education. Fourteen of these children have received cochlear implants.

The pupils who have not received a cochlear implant make use of hearing aids. The children are taught to listen and talk. The centre does not make use of Sign Language.

A large percentage of the Carel du Toit Centre's pupils end up attending mainstream schools.

To Advertise in Voices of Change

Contact: Amoré van Schalkwyk
Cell: 072 0988 023
E-mail: vocproject@ufs.ac.za
Web: www.ufs.ac.za/voc

Dr Johan Grobbelaar inc.

MBChB (UFS), MMeD (ORL) (UFS), FCORL (SA)
Oor, neus en keel / Kop en nek chirurg
Ear, nose and throat / Head and neck surgeon
Pr No 0238015
MP 0485233

~ Prof Claassen ~
Sterkte met die aftrede en geniet die welverdiende rus!

Tel: 051 444 6420
Cell: 082 334 4213
Fax: 051 444 6430
E-mail: entonk@gmail.com

Suite 203
Bloemfontein Medi-Clinic
Kellner street
Bloemfontein 9301

Prof. Louw shares many years of reseach

Prof. Louise Louw
Dept of Otorhinolaryngology
UFS

LOUISE LOUW was an anatomist for 30 years, wrote 3 Anatomical handbooks and received an award as best lecturer at the University of the Free State (UFS) where she currently indulges in research. Her research field comprises the establishment of lipid models for identification of fatty acid role-players during tumorigenesis and carcinogenesis and the proposal of adjuvant fatty acid therapy to combat tumors and cancers. She regularly visits foreign countries for research purposes, and with her keloid research concerning the black population in South Africa, she forged links with international researchers in Canada and Great Brittany. She was invited by Austria to participate in consortium activities on wound healing as part of the European Network of Excellence Research Program, however, declined to pursue a career in the Department Otorhinolaryngology. Her keloid research led to invited lectures at conferences, symposiums, universities and workshops in South Africa, Europe and Asia. She made 120 conference contributions of which 65 were presented at international conferences. She is the author of 82 research publications, regarded as conference publications (abstracts and proceedings), scientific papers (original papers and reviews) and book chapters, in acknowledged national and international journals and books. She also received awards as best conference presenter for research at local conferences. She pursues team work and strives for excellence. She acted as reviewer for publications (Journal of Clinical Anatomy) and protocols (Medical Research Council), organized the 36th Annual Anatomy Conference of Southern Africa (2006), served as chairperson and vice chairperson of the Forum Committee for the faculty of Health Sciences, as well as chairperson for several scientific sessions at national and international conferences and symposiums. Among several MRC grants that produced fruitful research outputs in other disciplines, a current grant allowed a clinical trial with adjuvant CLA to evaluate disease outcome and immune status in HPV-induced recurrent laryngeal papillomatosis, a disease with devastating consequences in children if left untreated. Prospective research on molecular level will concern Cholesteatoma (a benign, gradually expanding, destructive epithelial lesion of the temporal bone which results in erosion of adjacent bony structures with various complications), of particular interest to the Otorhinolaryngology specialist.

DEAF-BLIND MUSIC TEACHER SHARES THE BEAT

Magteld Smith
Dept of Otorhinolaryngology
UFS

ORLA O'SULLIVAN, the world's first deaf-blind music teacher, pianist and performer, uses music as a way of overcoming her profound deafness and visual impairment.

Unlike Beethoven, who became deaf as an adult, Orla was only six weeks old when she became deaf-blind due to medication. She was a premature baby who contracted an infection in hospital. Doctors gave her oxygen and streptomycin, which damaged both her eyes and ears.

Orla's mother taught her nursery rhymes and songs, which stimulated her musical ear from an early age. Her mother helped her play the piano by holding her fingers on the keys so that she could feel the vibration and hear the sounds.

Orla started formal piano lessons at the age of six and through her school years Music was the subject she reached the highest marks in. She also learned to play several instruments, including violin, guitar, piano accordion, electronic keyboard, and organ. She has completed an Associate Diploma in Performance for Piano by Trinity College in London.

Orla's deafness led to many obstacles and barriers that prevented her from participating in all the usual childhood activities. During her teenage years her social activities were limited and it still is a problem when she is with people without disabilities. "I am usually left out in a group situation, unless I have someone by my side to sign or interpret for me," she says.

Orla O'Sullivan, the world's first deaf-blind music teacher.
Photo: Provided

The one and only aspect of her life which has sustained her and helped her to overcome these barriers is her love for music. "Through my music I have found a freedom; freedom to entertain myself, to feel uplifted and worthy. I experience a sense of achievement and getting noticed when I perform."

Many people with hearing impairment have expressed their delight at being able to enjoy her playing. This is because they can feel the tempo, or beat from the piano. They find it relaxing and easy to listen to. This is due mainly to the fact that Orla plays solo piano pieces which are easy to listen to. "This feedback inspired me to make a CD which would benefit people with sight and hearing disabilities," Orla says.

In the brain of deaf people

DEAF PEOPLE sense vibration in the part of the brain that other people use for hearing. This helps to explain how deaf musicians can sense music, and how deaf people can enjoy concerts and other musical events.

"These findings suggest that the experience deaf people have when 'feeling' music is similar to the experience other people have when hearing music. The perception of the musical vibrations by the deaf is likely every bit as real as the equivalent sounds, since they are ultimately processed in the same part of the brain," says Prof. Dean Shibata, assistant professor of radiology at the University of Washington.

"The brain is incredibly adaptable. In someone who is deaf, the young brain takes advantage of valuable real estate in the brain. This is done by processing vibrations in the part of the brain that would otherwise be used to process sound," Prof. Shibata says.

Prof. Shibata performed the research while working in the faculty at the University of Rochester School of Medicine in New York. The deaf students in the study came from the National Technical Institute of the Deaf at the Rochester Institute of Technology. Prof. Shibata used functional magnetic resonance imaging (MRI) to compare brain activity between ten volunteers from the college and eleven volunteers with normal hearing. They agreed to let Prof. Shibata scan their brains while subjected to intermittent vibrations on their hands.

Both groups showed brain activity in the part of the brain that normally processes vibrations. But in addition, the deaf students showed brain activity in a golf ball-sized area, the auditory cortex, otherwise usually only active during auditory stimulation. The people with normal hearing did not show such brain activity.

"These findings illustrate how altered experience can affect brain organization. It was once thought that brains were just hard-wired at birth, and particular areas of the brain always did one function, no matter what else happened. It turns out that, fortunately, our genes do not directly dictate the wiring of our brains. Our genes do provide a developmental strategy – all the parts of the brain will be used to maximal efficiency," Prof. Shibata says.

The findings may explain how deaf people can enjoy music and how some even become performers. Prof. Shibata uses an example from the National Technical Institute of the Deaf in Rochester, a college where musical productions are an important part of the deaf culture. Audience members attending musicals are provided with balloons, which they can hold on their fingertips in order to "feel" the musical vibrations.

"Vibration information has essentially the same features as sound information – so it makes sense that in the deaf, one modality may replace the other modality in the same processing area of the brain. It's the nature of the information, not the modality of the information that seems to be important to the developing brain."

Neurosurgeons should be aware of the findings before performing surgery on a deaf patient. A surgeon should, in particular, be careful while operating around a deaf person's auditory cortex, since it clearly does have a function.

In addition, the research is important because it suggests that it may be helpful to expose deaf children to music early in life so that their brain "music centres" may have the stimulus to develop. Similarly, tactile devices have been made to help convert speech sounds to vibrations in order to assist in communication. It might be helpful to expose young children to these devices early while their brains are still developing, rather than later, Prof. Shibata says.

The findings are compatible with Prof. Shibata's previous research into the flexibility and adaptability of the brain in deaf people. Prof. Shibata recently published a paper in which he and colleagues showed that portions of the temporal lobe usually involved in auditory processing are much more active during certain visual tasks in deaf people.

Prof. Shibata performed his research using the same sort of MRI scanner that he uses clinically to study the brains of his patients at the University of Washington. However, with fMRI scans, the machine measures blood flow in the brain, and "lights up" to show what parts of the brain are active. The fMRI is still largely a research tool, but shows promise in helping to localize vital areas of the brain before surgery and is sometimes performed on patients at UW Medical Center.

Available at: ScienceDaily.
Retrieved 5 August 2010, from
http://www.sciencedaily.com /
releases/2001/11/011128035455.htm

CONTINUED FROM PAGE 1

a year after Dr Claassen completed his training in 1976.

In August 1982, Dr Claassen became the first head and full professor of the Department. At the time, the Department gained its independence from general surgery, of which it had been a division previously.

At that stage the Department was housed at National Hospital, where the Orthopaedic department is at present. The Department's patients, together with private sector patients were housed in Wards 14 and 12A at the National. The other part/ half of the Department ENT was based at Pelonomi hospital. Furthermore, the Department was responsible for dealing with certain cases at Universitas hospital.

Prof. Claassen's biggest interest has always been Neuro-otology, which looks at the interaction between the hearing and balancing organs with the brain. Deafness in children is his other main interest. During the many years he spent as the only consultant in the department, he was forced out of necessity to deal with and to operate everything across the spectrum of Otorhinolaryngology. Today, the Department is privileged to have enough consultants which, according to Prof. Claassen, make their work so much easier to cope with.

It was during the Wullstein congress in Wurzburg in Germany in 2001, where Prof. Claassen was presenting a paper on Middle Fossa surgery that Prof.J Muller from Wurzburg introduced him to the Hochmeyer couple from Innsbruck in Austria. They are the owners of MED-EL – one of the biggest cochlear implants (CI) firms in the world.

Prof. Claassen became more involved with the Germans and presented several papers at congresses and courses in Bochum, Wurzburg and Essen. Prof. Joachim Muller from Wurzburg and Prof. Robert Behr from Cologne later joined the Department in the management of Neurofibromatosis Type 2 which is a condition characterized by bilateral tumors of the nerves to the ears and resulting in total hearing loss after surgery. An implant then had to be done directly onto the brainstem. This culminated in 3 Brainstem implants being done in our Department, a major achievement at the time. This operation is obviously much more advanced than a cohlear implant (CI) but does not have as good results.

At the time, Prof. Muller prompted Prof. Claassen to become involved in cochlear implants. Prof. Claassen was eager to become involved however nobody was sure where the money would come from to perform the CI s.

Because the Department had used MED-EL implants for the Neurofibromatosis, type 2 (NF2) patients the Hochmeyers had a good relationship with Prof. Claassen and his colleagues. They immediately offered to help the Department start a CI program by providing them with two free CIs worth nearly R500,000 at the time.

After the first two successful CIs, Prof. Claassen reported back on the two cases in Austria and presented papers at two workshops in this country. The Hochmeyers attended these workshops as well and promised Prof. Claassen more support. The Department then received three more CIs from the couple. This means MED-EL provided the Department with a remarkable five CIs.

Sadly, after receiving help from the Free State Department of Health to perform five CIs per year, the funds ran out after only two years and severely impeded the program.

Prof. Claassen continued with his interest in Otology, and he focused particularly on the teaching of both undergraduate and postgraduate students. He proved to be a fine educator and led many a young colleague to discover their full potential. His efforts ensured that the teaching of undergraduate ENT in their clinical years came to full fruition.

The Department has, over its 41 year history, trained over 30 ENT surgeons

Prof. Claassen is beloved and admired by all his students and registrars. His dedication to education with a sharp intellect and skills in all three ENT disciplines, including Head and Neck Surgery, is appropriately symbolised in the special seminar room he established for academic meetings in the Department.

Over the years, the department grew in stature, mainly due to congress participation and progress in advanced surgical procedures. With Prof. Claassen's excellent surgical skills and insight into otology, Bloemfontein became home to the first acoustic neuroma and neuro otology centre in South Africa. Under his leadership, the scientific publications of the Department flourished.

The Department has, over its 41 year history, trained over 30 ENT surgeons and has contributed significantly to ENT teaching in the MBChB programme, thereby ensuring that young doctors develop the necessary skills in this important clinical discipline. Today, these doctors are spread all over the country and various parts of the world.

For the past two years, the Department has been presenting a course on Temporal Bone Dissection. Surgeons attending the course can learn the basic instruction in ear surgery and cochlear implants. This training is done on real human skull bones.

The current staffing of the Department consists of the Acting Head, Prof. Riaz Seedat, four full-time consultants namely, Prof. Riaz Seedat, Drs Theresa Erasmus, Johannes Claassen(son of Prof. Claassen) Iain Butler; 5 registrars nl. Drs Lesoli, Daniller, Crosby, Tiedt and Borstlap. Prof. Claassen will be joining the department again as a part-time consultant on 1st of October 2010; two Speech Therapists and Audiologists, Dr Helena van Pletzen (33 years experience working at the Department) and Marianna van Heerden (19 years of service) one medical researcher, Prof. Louise Louw and one medical-social researcher, Magteld Smith. The Department is also privileged to have had the long-time service and dedication of several very special people, inter alia Mrs Louise Nel having served as Prof Claassen's secretary for 21yrs. Another remarkable woman is Mrs Celeste Anderka, who has been the secretary of the Department for 20 years.

**Top: Prof. Claassen celebrated his 65th birthday at Carel du Toit Centre.
Photo: Amoré van Schalkwyk**

**Right: He has helped people with hearing impairment for more than 30 years.
Photo: Magteld Smith**

**Left: Prof. Claassen enjoys taking part in sport. Here he is photographed finishing the Cape Argus Cycle Tour in 1998.
Photo: Provided**

VOC Project Management Team


Prof. André Claassen
Project Manager and
Editor-in-Chief


Prof. Seedat
Assistant Project
Manager


Prof. Hennie
Oosthuizen
Medical and
Consitutional Law


Magteld Smith
Senior Medical-
Social Researcher


Dr Iain Butler
Assistant Editor


Frans Makhele
Sesotho Translator


Lize du Plessis
Editor


Amoré van Schalkwyk
Marketing Consultant
and Photographer

Cochlear implant: the ins and outs

Dr Iain Butler
Dept of Otorhinolaryngology
UFS

Dr Iain Butler

A COCHLEAR implant is a hearing device that enables a person who cannot benefit from a traditional hearing aid to hear. In such cases, the inner ear is unable to hear, no matter how strong the hearing aid. A cochlear implant is needed to directly stimulate the nerve endings in the inner ear. This is why a cochlear implant needs to be surgically implanted in the inner ear, right next to the hearing nerve.

A cochlear implant is a complex process – it isn't an event. The recipient needs your support!

It is a common misconception that once a cochlear implant has been inserted, the recipient can hear immediately and no further therapy is needed. Nothing could be further from the truth.

Our brains are not used to having an electronic device directly stimulate the hearing nerve. The sensation is foreign and the brain needs to be actively taught to interpret this new sensation as sounds. The sound of your own voice or someone else's voice is an extremely complex stimulation which takes many months of speech therapy by a trained speech therapist to master.

In order to master this new way of hearing, all recipients of cochlear implants receive hours of homework each day. As with any learning process, the more diligent one is with one's studies, the more one will benefit from it. Those families who neglect this therapy will unfortunately never benefit fully from a cochlear implant.

There are many other factors which will also determine the success or failure of a cochlear implant. These factors are all explored by a team of audiologists, speech therapists, ear, nose and throat (ENT) doctors, social workers and other health professionals who are involved in a cochlear implant programme. These professionals will be able to offer advice on probable outcomes, based on many different investigations. At the end of the day, however, the harder the family works, the greater the reward.

INSPIRATION GALORE!

Magteld Smith
Dept of Otorhinolaryngology
UFS

WHEN LOOKING at Estelle Marx, one would never guess that she is deaf. In fact, you will probably only find that out because she chooses to share this with you. This remarkable lady does not consider the discussion of her deafness relevant to a relationship or her productivity. Trust, integrity, warmth and authenticity are the codes she lives by. She refuses to be treated as disadvantaged, abnormal or disabled.

Estelle was born with severe hearing loss. As she grew up, her hearing loss deteriorated to profound. Today, Estelle is 100% dependent on lip reading of which she has been an expert from a very young age.

Estelle's parents wanted her to grow up in a normal environment. They decided to send her to a mainstream school. Despite resistance from traditional school heads whose protests were simply ignore by her parents, she never attended a school for the deaf.

Growing up, Estelle's parents taught her that she could achieve anything she set her mind to. Her parents became her frame of positive reference.

She took up German, French and English until her fourth year at university. She also has eight years of classical piano behind her name. Today she teaches piano "feeling the music and tones with my knees against the key board". She also did modern dancing when she was younger.

What is truly remarkable is that Estelle not only speaks English, German, French and Afrikaans fluently and that she lip reads these languages, but that she also teaches these languages.

Armed with courage, a positive attitude and her family's support, this woman recently handed in her PhD thesis, which focuses on "The ability of adolescents with hearing loss in special schools to access and use academic information".

Today, Estelle is employed by Bosasa as a librarian. She is also the "Queen of the Jacaranda Red Cherries - the Red Hat Society," she says. This club is made up of approximately 55 women over the age of 50 years. The ladies meet up once a month to do something fun. However, there is one rule: every lady is expected to wear purple clothes with a red hat.

To the outside world, Estelle is an inspiration. To her husband, she is a wife. To her two daughters, she is a mom. Her eldest daughter is currently living in Afghanistan. The younger is making a living in Human Resource Management in Hazyview.

Estelle's positive mindset is remarkable. Instead of being upset over her disability, she embraces it. She embraces her world and makes the most of every opportunity. With such an inspiring mind, who couldn't go far in life?

Dr Estelle Marx **Photo: Provided**

Optometry

An eye-catching career!

The Department of Optometry at the University of the Free State (UFS) invites you to "Come share in their Vision"

UFS training and education can provide you with a 4 year internationally-recognized degree. At the Department of Optometry you will learn the skills to investigate, diagnose and manage visual and eye health problems. You will be exposed to a variety of new and advanced instruments and techniques to examine a patient's eyes to improve and preserve their sight. Furthermore, this innovative degree allows you to embark on research projects and community-based initiatives in eye care in and around South Africa during your training years.

Special interest fields in Optometry that you will be trained in are:
• Contact Lenses • Binocular Vision • Paediatric Optometry
• Ophthalmic Dispensing • Low Vision • Ocular Disease and Diagnostics

There are opportunities to further your education in Optometry that will open doors to employment opportunities in the private and public health sectors, as well as opportunities in research and training in South Africa and abroad.

We keep your Vision in Focus!

UNIVERSITEIT VAN DIE VRYSTAAT
UNIVERSITY OF THE FREE STATE
YUNIVESITHI YA FREISTATA

Bloemfontein Haemophilia Treatment Centre

75% OF PEOPLE WITH BLEEDING DISORDERS GET NO TREATMENT

Aim: Treat all people with bleeding disorders.

Easy bleeding? Severe bleeding, severe bruising, family members who bleed, bleeds into joints, life-long heavy periods.

Services offered by:
- Haematologists at Universitas Hospital and the NHLS and the UFS.
- Haemophilia nurses, physiotherapists, laboratories and pharmacies Universitas Hospital Pharmacy

When: Every Thursday morning

Where: Haematology Clinic of Universitas Hospital

Contact: Ms Margaret Adoons 051 405 3069 or Prof. Marius Coetzee 051 405 3043

UNIVERSITEIT VAN DIE VRYSTAAT
UNIVERSITY OF THE FREE STATE
YUNIVESITHI YA FREISTATA

Voices of Change Editorial Policy

The articles and features published in Voices of Change undergo a rigorous editorial process. This includes extensive reviews by medical professionals and academics. This supplement, however, is not intended to provide medical care, jobs, financial aid to the public or to sponsor disability assistive devices. The information in this supplement is for educational purposes only. For specific medical advice, diagnoses and treatment, please consult your doctor.

The articles, photos, animations, and features found in VOC are created and revised by members, physicians, writers, editors, and graphic designers of the VOC team. Our goal is to make sure that all information is accurate, balanced, current and family friendly.

The VOC editorial members review all our readers' comments on articles in this supplement and suggestions for possible improvements and corrections.

The VOC team makes every effort to be neutral and objective when focusing on different disabilities, sex, race, religion and age. Within the articles, VOC takes turns referring to human beings as "he" or "she". Remember that, even when the author of an article refers to "he" or "she", the information provided is applicable to both male and female readers, unless otherwise specified.

Although every effort is made to verify that the information provided by resources – which includes websites, organizations, books and contact particulars –is up-to-date and accurate, the information tends to change and not all of it was necessarily reviewed by Voices of Change. These resources are provided solely as a convenience to our readers and are not an endorsement by the Department of Otorhinolaryngology within the Faculty of Health Sciences at the University of the Free State (UFS).

DANCING TO THE SOUND OF SILENCE

The remarkable story of how a deaf girl ended up being one of the best ballerinas in South Africa

Magteld Smith
Dept of Otorhinolaryngology
UFS

AT THE AGE of fourteen months, Marisa Smit was diagnosed as one of the deafest persons in South Africa in a decade. Her hearing-loss was more than130 decibel, which is the equivalent of a Boeing 747 aeroplane taking off.

Soon after she was diagnosed, Marisa's mother, Annemarie, resigned from her job as a music teacher and enrolled for a course in Audiology. She wanted to be able to teach Marisa how to use language to express herself. Deaf people tend to be immensely frustrated, because they do not have names for their emotions. Annemarie used a mirror to show Marisa her anger, happiness, fear, love and other feelings. After this, she could teach Marisa the words for these emotions. During the first four years of her life, every experience was a language lesson for Marisa. At this stage, she was wearing Swiss hearing aids that enabled her to hear only consonants. These amplified all sound to 130 -135 decibel.

Marisa started dancing at the tender age of four years. From the start it was clear that this was her niche to express herself and even though she could not hear the music, she danced in a very lyrical and musical way. She danced by counting. Marisa and her mother divided all Eisteddfod and concert dances in counts of one to eight.

Now, more than eighteen years later, she has passed her Grade 12 examination at Jan van Riebeeck High School in December 2008, with a distinction in Ballet.

Until her final year of school at Jan Van Riebeeck, Marisa's teachers sent her homework to Annemarie, who had to shorten, rewrite and translate it for Marisa. This had to be done, because many words have a few synonyms and Marisa's vocabulary still had to grow immensely.

In early 2007, Marisa went through the last phase of a Bi-Lateral Cochlear Implant that enabled her to finally hear her own voice at the age of 17, as well as the voices of her family and friends. The most important thing to her, however, was the ability to now experience music.

Sound travels from the ear shell via the cochlea to the brain, and with years of language drill all the avenues to the hearing centre in her brain were opened. Every sound, from the flushing toilet to the ticking of the alarm-clock, was amazing. Annemarie modulated her voice on vowels, using ascending and descending scales.

Marisa has, since she can remember, dreamt of becoming a world-class ballerina. "Dancing was my only language, my emotional outlet, my own secret code of communicating my innermost feelings to other people," she says.

She wrote a letter to the world-famous ballerina, Mikhail Baryshnikov, who then invited her to audition for a spot in the prestigious Joffrey Ballet School in New York in the United States of America (USA). She submitted her audition by means of a DVD recording, which clearly showed her talent and performance of the prescribed exercise regime of barre and floor work, as well as solo ballet variations en pointe.

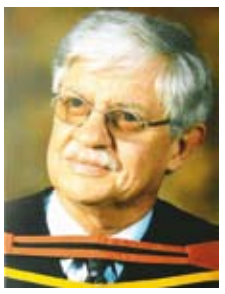
Together with 1 500 other dancers from all over the world, Marisa auditioned for a place in the Ballet Shool. Only 50 dancers were chosen to enroll and Marisa was one of them.

At the prestige Ballet school, Marisa received training from, amongst others, George de la Pena. George is a world famous and extremely talented ballerina.

On her return to South Africa, she became involved with Dance for All, Artscape, training injured dancers via the Pilates-method and teaching at the University of Cape Town (UCT). She has worked with all these companies before and wants to make a difference in the lives of deaf and black dancers in South Africa. Today she is teaching ballet to the younger children at St. Cyprian's School, which is a private school for girls in Oranjezicht in Cape Town.

Deaf workers aren't dumb!

Ernest Wilson Kleinschmidt (Deaf)



Ernest Kleinschmidt

IN GENERAL, deaf people do find employment, but mostly as manual workers on the factory floor or other work of a very repetitive nature. This stems from the notion that the spoken word is communication and further, the idea that deaf people cannot speak properly. They can for this reason only be placed in a position needing a minimumofspoken communication, irrespective of how well trained, schooled and knowledgeable they are.

It will be profitable for any employer of deaf people, at present and in future, to keep in mind that a deaf person's lack of hearing does not impede his ability to be an outstanding worker.

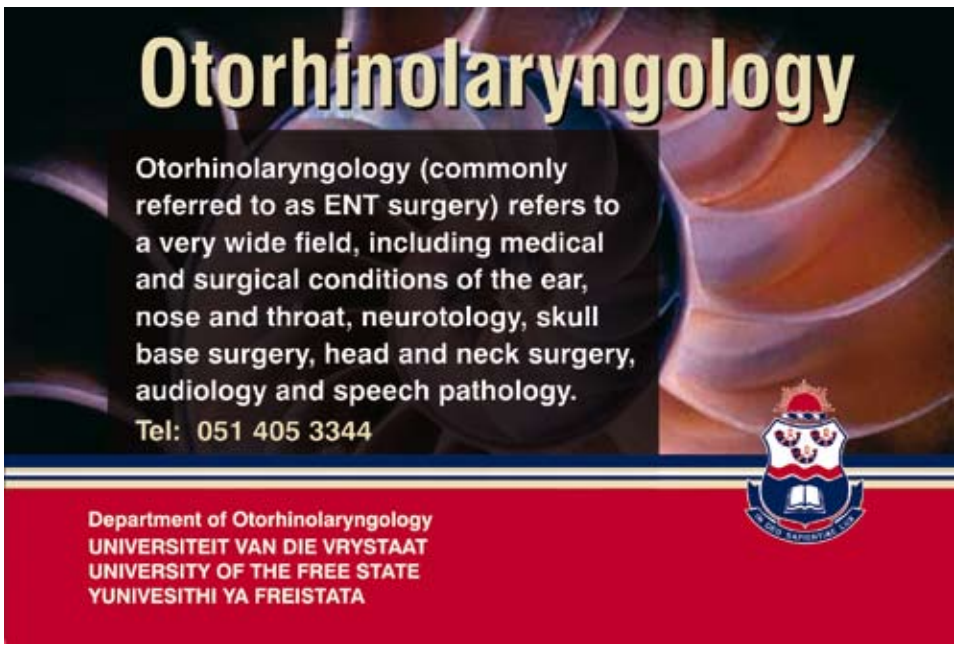
Although most deaf workers are highly skilled employees, with a proven high level of productivity, it is an irrefutable fact that such deaf workers very seldom, if ever, come up for promotion or other increased benefits. Sadly, misuse and exploit are mostly the norms for these employees.

For the sake of convenience and other selfish reasons, this mostly centres on the fact that the lack of spoken communication ability hampers the deaf person's interpersonal relations. The fact that the spoken word is only one way of communicating is conveniently ignored. The pretended notion of additional costs and manpower to accommodate a deaf person in a better or more senior position is just another excuse to keep the deaf worker from realizing his or her full potential. This also serves to keep the deaf person in highly profitable production work for the business.

Job mobilisation amongst deaf workers is very low, and most remain with one employer for their entire working life. This however, very seldom counts for special treatment or benefits. Some even leave upon retirement with scamp benefits and no management acknowledgement for the years of faithful service.

Treat him or her the same way as other workers and do not misuse his or her lack of hearing. This will ensure that you have a faithful employee who will remain loyal to you.

A good example of this loyalty was found at a firm in the printing industry. The owner of the firm employed a deaf woman as a very junior clerk. She worked there for a number of years, rising to a senior position. She eventually left the firm to get married and move away with her husband. At a farewell function given for her, the Managing Director of the firm called her the best woman clerk ever to work for the firm. This proves to us that true loyalty does not go unnoticed.



George de la Pena, world known ballet dancer and former dancer at American Ballet Theater with Marisa Smit, an inspirational deaf ballerina.

Photos: Provided

2010 National Academic Disability Awards

The very first South African National Academic Disability Awards function to be celebrated in conjunction with International Day of People with Disability (IDPwD) on 3 December 2010.

Nomination Form

The nomination form should be read in conjunction with the 2010 National Academic Disability Award Nomination Guidelines. A copy of the nomination forms and guidelines can be downloaded from the Voices of Change website at www.ufs.ac.za/voc. Alternatively, you can send a sms with your name and postal address to 072 09 88 023. We will then send you hard copy of the nomination form and guidelines.

Nominating another person

You may nominate yourself or another person who you know is eligible for an Award.

Only complete nomination forms will be considered for an Award.

VOC intends to produce publications and conduct public awareness campaigns to promote the 2010 National Academic Disability Award.

Please email your nominations to voicesofchange@ufs.ac.za. Alternatively, you may send a hard copy of the nomination to:

P.O Box 38425
Langenhoven Park
Bloemfontein
9330

Nominations for the Awards should reach VOC **no later** than Friday 29 October 2010.

Successful applicants will be notified via sms or email.

Join VOC's group on Facebook for regular updates.

facebook

2010
International Day of
People with Disability

"The only necessity for evil to triumph is for good men to do nothing."

I am Celesté van Drünick, the Rag Queen of the University of the Free State (UFS) 2010. I believe in the above mentioned statement and therefore I became involved with RAG/JOOL in 2009. I was fortunate enough to be chosen as Rag Queen, and can now use this title as a platform to create awareness and upliftment where needed.

I want to encourage you to start becoming actively involved in something of a higher cause. The feeling of giving is truly the best feeling in the world!

Get out of your comfort zone and become part of this great opportunity: the VOC International Day of People with Disabilities.

Come and join us – let us unite to create awareness about disabilities and improve our relationships with one another. People of all ages are invited to come and enjoy the day with us on 3 December 2010. You can participate in a golf day and lots of other fun activities.

For more information on this opportunity, please join the Voices of Change (VOC) Facebook group.

I look forward to seeing you there!