

girls in Pune. The total estimated cost for immunizing this group is about \$25,000; to take the program nationwide would require an estimated \$30 million investment.

Vaccinating girls today will reduce congenital deafness in the next generation, hopefully significantly, but there are critical needs among Indians of all ages who are currently living with deafness. To address a pressing one, PDI has adopted the goal of implementing an early hearing loss detection program. The first step is the recent purchase of a van, customized to serve as a sound-proof examination space. This mobile testing unit now visits villages to provide hearing screening for children.

Although a major achievement, one van is no replacement for a nationwide system. Since none exists, many children are not diagnosed until long after they should have acquired language.

Most deaf children in India grow up unable to communicate effectively and despite their range of intellectual abilities, they are often relegated to a life of dependency. With early intervention and vocational training, these individuals could reach their full potential as do many deaf children in countries where newborn screening and intervention services are widely available.

Yet one more goal PDI is embracing is to establish a training program for deaf students. India is home to more than 1,000 technical schools that send graduates all over the world to meet the growing demand for high-tech labor. These schools are already equipped with most of the technology that deaf students would need to be successful. If each of these schools would provide scholarship support for 20 deaf students, pairing them with a student mentor, a generation of what is now lost potential could be making a significant contribution to India and the world within a few years.

The Indian government must be urged to adopt as national policy early detection and intervention for hearing loss and immunizing against rubella. But the problem is not India's alone. What affects one-sixth of the world's population will inevitably influence the rest of the world. Developed countries must invest resources in the simple solutions that will defuse the critical problem of deafness in India. ■

Dr. Rajendra Desai, a retired oncologist, is the founder of Project Deaf India. His interest in hearing healthcare began in 1964 when his youngest daughter Anjali was born deaf due to rubella. Desai joined other parents to start a school using the Total Communication System. Anjali Desai Margolin earned a master's degree from Gallaudet University in Washington, D.C., where she now works as a career counselor.

When the doctor learned of India's Silent Villages, he dedicated himself to helping India's children reach their full potential just as Anjali has. They recently teamed up to make presentations at the National Conference for Early Hearing Detection and Intervention in D.C. and the International Conference on Newborn Hearing Screening in Italy. Readers may contact the author at RGDesai@aol.com.