

ble 1 of our article) influence a child's ability to understand and develop oral speech–language after implantation, including the mode of communication used.² The studies we highlighted indicate that cochlear implants have provided children with hearing and oral language skills previously unknown in their peers who use hearing aids. This is particularly true when implants are provided at a young age (i.e., with a limited interval between the onset of deafness and implantation), thereby restricting the effects of deafness on the auditory system³ and allowing the best potential for acquisition of oral speech and language skills.^{4,5} Certainly, unilateral cochlear implants do not provide normal hearing. With ongoing research and improvements in technology, we aim to better understand the effects of deafness on developing auditory systems and to more effectively promote auditory development for the purpose of oral speech–language learning.

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1. Taitelbaum-Swead R, Brownstein Z, Muchnik C, et al. Connexin-associated deafness and speech perception outcome of cochlear implantation. *Arch Otolaryngol Head Neck Surg* 2006; 132:495-500.
2. Geers A, Brenner C, Davidson L. Factors associated with development of speech perception skills in children implanted by age five. *Ear Hear* 2003;24:Suppl:24S-35S.
3. Lee DS, Lee JS, Oh SH, et al. Cross-modal plasticity and cochlear implants. *Nature* 2001;409:149-50.
4. Harrison RV, Gordon KA, Mount RJ. Is there a critical period for cochlear implantation in congenitally deaf children? Analyses of hearing and speech perception performance after implantation. *Dev Psychobiol* 2005;46:252-61.
5. Svirsky MA, Teoh SW, Neuburger H. Development of language and speech perception in congenitally, profoundly deaf children as a function of age at cochlear implantation. *Audiol Neurootol* 2004;9:224-33.

Hurricane Katrina and Disaster Preparedness

TO THE EDITOR: Okie's Perspective article on Hurricane Katrina and disaster preparedness (Jan. 3 issue)¹ raises awareness regarding the challenges faced by physicians in responding to mass emergencies such as Hurricane Katrina. However, the article also gives credence to several allegations in the Louisiana attorney general's biased affidavit that are inaccurate and inflammatory and have never been proved in a court of law. This case was thoughtfully considered and soundly rejected by an Orleans Parish grand jury. Despite these facts, journalists continue to sensationalize the events that occurred at Memorial Medical Hospital instead of looking at the bigger picture, and frustratingly, I am unable to aggressively defend myself publicly because of pending civil lawsuits that resulted from my arrest.

Although Okie's article addresses some important issues, more focus could have been placed on these issues and others that were brought to light by inadequate preparation and a systems failure at every level. Issues that need to be addressed include the training of civilian physicians and others in disaster or battlefield triage; education of the public and medical personnel regarding military evacuation protocols; the need for hospital owners (corporations) and administrators to have a feasible and tested plan that is

actually followed at the time of crisis, including the possibility of total hospital evacuation; the need for federal, state, and local governments to plan, test, and coordinate their response efforts; the protection of doctors and nurses from criminal charges and civil suits when they are providing services during a federally declared emergency (amendment of the Good Samaritan statute); and finally, the need for medical and ethical guidelines for disaster care.

This is not about me. The important thing is to address these issues, which will affect the future of patient care and the delivery of care in times of crisis. The time for action is now. Much has been learned from the Katrina experience, and unless the government and the medical and legal communities take heed and effect change, we will miss one of the greatest opportunities for improving the management of national disasters. That would be one of the greatest tragedies of all.

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1. Okie S. Dr. Pou and the hurricane — implications for patient care during disasters. *N Engl J Med* 2008;358:1-5.