

November 2, 1998

Mr. Doug Hughes, Area Manager
Ministry for Children and Families
Ste.400 - 1726 Dolphin Avenue
Kelowna, B.C. V1Y 9R9

Dear Mr. Hughes:

Thank you for your letter dated October 14, 1998, in response to my correspondence to you dated July 6, 1998. Please note for the record that your letter was postmarked October 23, 1998, several days after I publicized my dispute with your office, and three and one-half (3 ½) months after my first letter to you.

I am writing this necessary response to clarify inaccuracies and flawed assumptions in your letter.

Specifically, you state that,

As you are aware from the meetings with Lynn Middleton, [Area Manager, Southern Interior Region, Ministry for Children and Families, "MCF"] . . .

I strongly urge you review the facts with your staff to confirm for the record that, as of this date, I have never met with Ms. Lynn Middleton, MCF Team Leader, nor has she ever invited me to meet with her to discuss the serious case of my autistic son, and his physician-prescribed need for Lovaas treatment. Given the critical nature of my child's medical condition, any third party would agree it is a serious failing that a MCF Area Manager and the "Community Accountability Manager" labours under this misconception.

More troublesome than inaccurate record keeping and the negligence of your staff, is your statement that,

"Staff have been directed to use a collaborative case management approach to support families [to] explore alternative community and regional supports to meet their needs."

As you are aware, 63 B.C. Psychiatrists, and Jeremy's Pediatrician and Family Physician (attached updated letters from Dr. M.I. deLevie and Dr. R. McIntosh) do not recognize "alternate community and regional supports" where the treatment of children with autism is concerned.

What these highly regarded BC medical professionals say about children with autism is,

“I agree that Lovaas style autism treatment (a form of applied behavior analysis) is a highly effective treatment for autism and is the most effective treatment currently available for this neurological condition of autistic children. I am under the opinion that it is medically necessary treatment that should be funded under the Provincial Medical Services Plan or by the Ministry of Health, or both.” (Signatures on file with FEAT of BC)

What BC psychiatrists refer to in the above petition is not “a range of options for families and youth/children” or “a collaborative case management approach to support families.” What physicians say children with autism require, is not “options” or “support” but effective Lovaas Treatment. They do not endorse an ‘OPTIONS’ approach for “management” of autism because there are no scientifically validated treatment options other than Lovaas--Lovaas Therapy is the most well documented treatment method and is the ONLY scientifically proven treatment in existence for children with autism. If you, or any of the other MCF staff in your region knows of sound treatment options other than Lovaas therapy that BC doctors are not aware of, I invite you to submit the peer-reviewed studies supporting the “treatment option” to me and Jeremy’s Pediatrician and we will pursue it vigorously.

I must reiterate this since it is a vitally important point. WHAT CHILDREN WITH AUTISM NEED are NOT MCF ‘SUPPORT’ SERVICES or misguided “options” that amount to nothing more than baby-sitting services. MY CHILD NEEDS EFFECTIVE, MEDICALLY PRESCRIBED AND SCIENTIFICALLY ENDORSED TREATMENT! Surely bureaucrats in MCF could understand the data if they took the time to read it, if they cared enough about our children. Surely social workers can understand what doctors are saying about autism treatment. We certainly hope they are not trying to protect the existing autism industry that has a large financial interest in maintaining the woefully inadequate status quo.

You go on to state in your letter that,

“The ministry does provide a range of supports for families and children/youth with special needs including children with autism . . . ”

As I stated above, the range of supports offered by MCF are entirely devoid of effective autism treatment. This is an irrefutable reality that you and other MCF staff will come to understand and will have to remedy.

I want to take the opportunity of this letter, Mr. Hughes, to pose a hypothetical question for you to ponder; what would you do if your son were diagnosed with autism? My guess is you would leave no stone unturned to find the best treatment available -- some way to save your child's future; some way to help him reach his fullest potential and possibly recover from autism.

You would not settle for the ineffective "range of supports" available in BC, and you would likely not take the prescriptions of medically unqualified social workers over that of licenced BC physicians.

When you finish talking to the experts, reading everything in the library and on the Internet, you then find there is only one method that has any merit in the fight against this once untreatable, hopeless condition -- you find Lovaas.

But then you face the crushing financial burden -- the unimaginable treatment cost you must shoulder privately. After exhausting your savings, you borrow from family and then plead with the Government for help for your son. The social worker tells you they do not have any funding available to help pay for medically prescribed treatment for your child -- only support services. Ironically, the "government range of services" which essentially amount to nothing more than babysitting, cost your region more than what I need to continue my son's treatment. Therefore, the government's economic argument is fundamentally flawed. The cost/benefit analysis is in favour of individualized funding for Lovaas therapy regardless of which program from which you choose to take the dollars.

The reality in the Southern Interior Region is that dollars ARE available to my son, but are not being released because of lawsuits against this government -- an individual action publicized in July and a class action publicized in August, both of which I have no part. These actions gave rise to the well-known individualized funding moratorium memo. Other regions have assured their program recipients that the memo will not jeopardize their continued eligibility for individualized funding. They are not using the memo as justification for a campaign against parents providing Lovaas treatment. In other words, other MCF officers are using their discretion toward the betterment of children with autism.

In sharp contrast, the Southern Interior region has chosen to abrogate its responsibility toward my disabled son. Other MCF officers have decided not to pursue a morally bankrupt policy simply because their superiors have issued an edict -- "just following orders" is an insufficient defense for unethical conduct. History has taught this lesson well.

Thank you for your information regarding the complaint process. As you know, I have taken my dispute with your office to the public with an information picket and web-site.

Sincerely,

Barbara Rodrigues

Joe Rodrigues

cc: Mr. Rick Childerhose, Regional Operating Officer
Mr. Rick Thorpe, Member of the Legislative Assembly of B.C.
Janet Donald, Children's Commission
Mark McDonald, Ombudsman's Office
Joan Wall, Office of the Child, Youth and Family Advocate
Dr. M.I. deLevie, Pediatrician
Dr. R. McIntosh, Family Physician