You said:

With The vOICe sensory substitution for the blind, money may be made on training and support rather than on selling poorly scalable proprietary brain implant hardware with a limited lifetime, such as a Neuralink Blindsight visual cortical prosthesis.

ChatGPT said:

Exactly — you've hit on a core difference in the underlying business models:

- Implantable prosthesis model (e.g., Neuralink Blindsight):
 - o **Revenue driver:** high-margin, proprietary hardware (implant + surgery).
 - Scalability problem: expensive neurosurgical procedures, strict regulatory oversight, device lifetime limited by electrode failure, glial scarring, infection risk, and eventual need for replacement.
 - Ongoing costs: revision surgeries, device explants/reimplants, recalibration due to representational drift.
 - Market risk: small addressable population (since most blind people are congenitally blind or not candidates for invasive surgery).
- Sensory substitution model (e.g., The vOICe):
 - Revenue driver: training, orientation & mobility support, integration with mainstream devices (smart glasses, smartphones).
 - Scalability advantage: software-driven, can run on commodity hardware, upgrades possible without surgery.
 - Ongoing value: training programs, rehab services, coaching subscriptions, community support.
 - Market upside: much larger potential user base, including low-vision users, those unwilling or unable to undergo surgery, and people in low-resource settings.

This flips the classic "razor-and-blades" model: instead of making money on proprietary hardware, the sustainable revenue comes from **human expertise**, **adaptive training**, **and accessible upgrades**.

It also shifts the **value proposition**:

- Implants = "buy vision in a box, but risk it breaking."
- Sensory substitution = "learn vision as a skill, and grow with it."

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