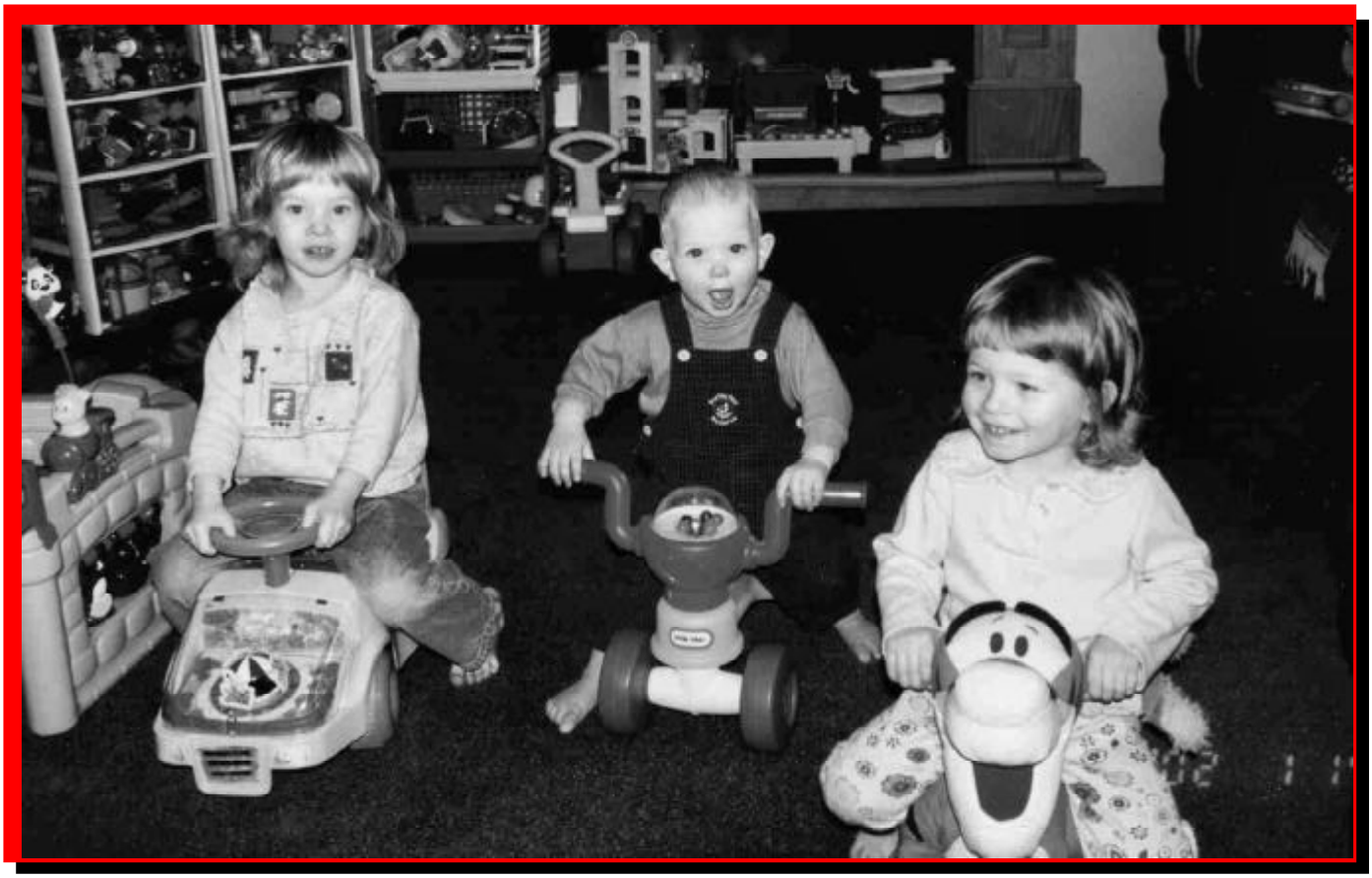
Canadian Paraplegic Association (Manitoba) Inc.
Association canadienne des parapiégiques

MPF MANITOBA PARAPLEGIA FOUNDATION INC.

June 2002 **Summer Edition**

PARATRACKS

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.



The Cowley Kids

In this issue....

ParaTracks is a publication of:

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Meet Lori Thomson

Hi, I'm Lori Thomson, the new face (Community Rehabilitation Counsellor) at CPA. I started working part-time February 4th, 2002 and gradually increased to full-time.

My initial contact with CPA was in March 2000, while I stayed at "Club Rehab" for about 3 weeks after back problems, surgery, and the resulting L4/L5 incomplete paraplegia. The role of my CPA counsellor was vital to my adjustment (physically, mentally, and vocationally) to life after my spinal cord injury.

Prior to March 2000, I worked in health care for about 14 years but a career change became necessary while I was on long-term disability. My educational background includes a Bachelor of Arts Degree from the University of Manitoba, as well as a Health Care Aide Training course, an Intro-Computers course, and a number of parenting and mediation classes.

My home life is busy to say the least, as I am a single mother of 3 active boys,

aged 15, 13, and 11, and a 1 year-old daughter. This summer, in my spare time (ha! ha!), I hope to get back to playing slo-pitch baseball. I may only make it to first base but I won't quit without trying.

In closing, I am very happy to be part of the CPA staff and look forward to using my experience and knowledge to assist others on their road to discovery after SCI.
I am available at 786-4753 or e-mail me at lthomson@canparaplegic.org .

CPA'S 2002 ANNUAL GENERAL MEETING

Wednesday, June 19, 2002, 5:00 p.m.
Merv Thomson Room, 1010 Sinclair Street

The meeting will receive reports from the President, the Treasurer and the Executive Director.
Elections will be held for positions on the 2002/2003 Board of Directors.

Guest Speaker: Mr. Real Cloutier, Vice-President and Chief Allied Health Officer, Winnipeg Regional Health Authority
Presenting on "Rehabilitation Services in Winnipeg"

Presentation of 2002 CPA Merit Award

Wine & Cheese Reception

Members requiring transportation, and who are unable to book with Handi-Transit, please call the CPA office at 786-4753 before June 14, 2002.

Playing God?

by Ken Davis

Okay, here's the story as I understand it: Two women in the U.S. wanted to have a baby of their own. This is nothing new in today's world, and as far as I'm concerned, as long as they are loving caring parents let them raise ten kids. The difference in this case is that both women are deaf, and wanted to have a deaf child. They actually went to several different sperm banks seeking out a deaf man's deposit. They finally found a deaf man willing to participate in their little genetics project and POOF they had a deaf baby.

The women, who are both well educated, don't see themselves as disabled in any manner. They are actively involved in the Deaf community and in turn have the full support of the Deaf community in their choice for a deaf child. They reason that by having a deaf child, that child will better be able to appreciate and understand the Deaf community.....excuse me while I bang my head on a sharp corner and try to understand this reasoning.

Sharon, one of the women, said that, "I want to be the same as my child."

No Sharon, you want the child to be the same as you, and not only is that the most arrogant attitude imaginable, but also the most selfish.

Doesn't every parent want the best for their child? Doesn't every parent strive to give their child every advantage they never had? To purposely disadvantage a child, to make you feel better, is the highest form of cruelty. I could imagine the reaction people would give me if I told people that my wife and I were expecting a child, and that I couldn't wait to snap his spine, so he could be like daddy. Ludicrous? Of course.

Sharon, in her infinite wisdom, also said just before the baby was born, "A hearing baby would be a blessing...a deaf baby would be a special blessing." Her reasoning was that she and her partner, Candy, could be better parents to a deaf child. They felt that they were better equipped to guide "his development, emotions and friendships." This reasoning holds water as well as cheese-cloth.

Ask any parent if they are prepared to raise a physically or mentally disabled child, and most would say "No." But if that same person becomes the parent of a disabled child, they will in all likelihood try their hardest to do the best they can. That's all anyone can ask. But to deliberately try and have a deaf baby because it's easier for you is not only selfish, but incredibly lazy. Having a hearing-baby would have forced the women to face new challenges, and probably would have forced them to meet new people and have new experiences. Can that be a bad thing?

I realize that in every argument there are two sides, but in this case, the other side seems so warped and wrong to me that I cannot come close to understanding it. If anyone thinks they can explain it to me, without making the two women seem like selfish, self-centred, narcissistic, ego-maniacs, please let me know.

Letters to the editor can be mailed to:
Ken Davis
755 Buckingham Road
Winnipeg MB R3R 1C3
or emailed to Ken Davis at spinaldamage@shaw.ca.

Rick Hansen in Winnipeg

Rick Hansen will be in Winnipeg as part of his 15th anniversary celebrations on June 23 & 24, 2002. Rick's goal is to raise funds to support his new mission "to accelerate the discovery of a cure for spinal cord injury". Events will be held at the Forks on June 23rd and the Rehab. Hospital on June 24th. Members are welcome to attend. As the events draw near, please check out our website at *www.canparaplegic.org/mb/* for details.

CPA extends its sympathies to the families of the following loved ones who recently passed away:

Jake Bergmann
Bob Pelletier
Clifford Mitchell
Bernadette McDougal
Ann Swenarchuk
Terence Tod
James Wilson
Harold Kirby
Michael Smyrski
William Kuchmy

Let's Talk About Sex, Baby: Part II
Men and Sexuality after SCI

by Dan Joanisse

It occurred to me recently that very few things in adult life are simple and uncomplicated. I think back and remember those earlier years, as a bright-eyed student learning about basic concepts like the earth's orbit around the sun, and how to calculate the area of a circle, or even "i" before "e" except after "c", things like that. There was always - it seemed - a simple answer or explanation.

Unfortunately, our lives become infinitely more complicated with each passing year. Things change. We adjust. Repeat. Even relatively small changes can be unsettling and tremendously stressful.

Dan and partner Liz

As we know, spinal cord injury results in profound changes in how the body functions, and perhaps most difficult of all to address are those related to our sexuality. Despite our culture's apparent obsession with sex, many of us were taught from an early age, that sex is a highly personal matter - not to be discussed with anyone. Admittedly, every individual will experience their injury based on a unique combination of personal values, beliefs and circumstances, but there are also a number of important issues regarding sexuality that all men with a spinal cord injury should feel comfortable enough discussing.

For you, men, I have agreed to sacrifice my privacy by sharing some of my own experiences. Therefore, the following personal anecdotes are solely educational in nature, and should not be considered proper medical advice.

Like most people who sustain a spinal cord injury, I had all kinds of questions swirling around my head in the days following my accident. The first question had something to do with walking, and the second question - though I never mustered enough courage to ask it – was "Will I ever be able to have sex again?" Given my circumstances, surely my inquiry was justified – I was 18 years old, completely devastated by my injury, and unable to move or feel anything below my chest. In time, the questions became more specific: Can I get an erection? Will I be able to ejaculate? What about orgasm? And children? Will my relationship or marriage come to an end? Will I ever be able to satisfy my partner again?

For a variety of reasons, men may not inquire about sex in the early stages of their rehabilitation, but the initial concerns typically focus on erections, ejaculation, and orgasm. As such, this article will primarily address these three topics, which ironically, are the most common sources of sexual frustration reported by men following spinal cord injury (Ducharme, 2001).

The ability to achieve and maintain an erection depends on the individual's level and completeness of injury, and while most men are able to get an erection, maintaining it long enough to perform intercourse is quite a different matter. Fortunately, there are a number of treatment options available, so don't despair if you have trouble getting or keeping an erection – a urologist can help.

My first post-SCI sexual experience occurred roughly two years after my accident. Some friends and I were out at a party one night and we decided to head back to my place to wind things down. After having a few more drinks out on the deck, one of the women made it clear to me that she wanted to spend the night. Needless to say, I was quite stunned, and more than a little embarrassed that I had not picked up on any of the signals (it had been awhile). Turns out I was too inebriated to make the transfer into bed, and as luck would have it my friends were just as drunk. After a few tense moments and a couple of WWF-like maneuvers, I was catapulted onto the bed. Amber (not her real name) was a friend of a friend, and not much of a talker, so there was no discussion about my disability or what was about to happen – just as well, really, since at this point I still had no idea if the plumbing was operational.

Like many others, those initial experiences proved awkward and frustrating – like trying to shoot pool with a rope – and although things improved somewhat, the relationship ended after three weeks. More importantly, however, I discovered – in convincing fashion – that my sexuality and desire for sexual intimacy had survived my injury.

After consulting with a urologist and reviewing all the available options, I decided to try penile injections. The process involves injecting a small dose (25-50 mg) of a special

concoction directly into the penis using a very fine needle. The erection occurs within a couple of minutes and can last for several hours. The initial treatment is done in the clinic to help determine the proper dosage, since an overdose would result in a prolonged erection and could cause permanent damage to the erectile tissues of the penis. I have been using the injections for several years now, and although having to stop and take those extra steps at such an inopportune moment was – at least in the beginning – somewhat of a mood-killer, it has since become part of the ritual.

I have also tried other methods over the years, including Viagra and urethral suppositories, but for me none were as reliable as the injections.

Typically, men think of ejaculation and orgasm as the culmination of the sex act because of the pleasurable feelings and profound relaxation they produce. What is less clear, however, is whether ejaculation and orgasm are one in the same. Opinions vary, it seems, and while ejaculation is defined as the sudden emission of sperm from the penis, I was not able to find a concise definition for male orgasm.

Nevertheless, only a small percentage of men with a spinal cord injury are able to ejaculate without assistance, and this largely depends on the level and extent of the injury. In general, ejaculation has been reported to occur in 70% of men with incomplete lower level injuries, 17% of men with complete lower level injuries, 29% of men with incomplete upper level injuries, and rarely, if ever, in men with complete upper level injuries (Spinal Injuries Association, 2001). Even still, ejaculation is not likely to be as powerful as it was prior to injury, and can even be retrograde, where the sperm goes directly into the bladder.

For men who are unable to ejaculate on their own and would like to do so for reproductive purposes, there are a variety of methods being used to induce ejaculation, and the success rate is rather impressive – as high as 80% using a vibrator.

Note that individuals at risk of experiencing autonomic dysreflexia (AD) should be aware that ejaculation and orgasm have been described by some as producing sensations that are nearly identical to the symptoms of AD.

In the end, it's important to remember that sex and sexuality mean different things to different people, and what matters most is what you and/or your partner find pleasurable and satisfying. Many people report that one of the most enjoyable and rewarding experiences involves exploring your bodies to identify erogenous zones, and communicating what each of you finds most erotic and stimulating. Open, honest communication is absolutely crucial.

Finally, the more things change, the more they stay the same. Though less likely to occur than prior to injury because of reduced fertility in men with a spinal cord injury, it is possible for your partner to become pregnant, so be sure to use an appropriate contraceptive (if desired), and to guard against sexually transmitted diseases (STD) by using a condom.

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Ducharme, S. Paraplegia News. Sexuality & SCI, February 2001.

Spinal Injuries Association. Forward. Sexuality in Spinal Cord Injured Men, October 2001.

A Different Kind of Store

The birth of Discreet Boutique was in June of 1991, in a tiny 700 square foot store located at 317 Ellice Avenue. The premise was a simple one; offer people a store where they could purchase their intimate fun items, such as lingerie, oils, lotions, toys, leather-wear and much more in a private setting. Since opening eleven years ago, the store has expanded to an amazing 6000 square feet, making it Winnipeg's largest store of its kind. The larger space is filled with as many things as the owners could think of to enhance any relationship, including a shoe department and a video outlet that also handles DVD's, magazines and books.

Along with a second entrance being added at 340 Donald Street, Discreet Boutique expanded to the internet in 1995, www.discreet.mb.ca, where it serves customers from every part of the globe in the comfort of their own homes.

Discreet Boutique is a truly unique shopping experience.

Eight Reasons to Not Have Sex

by Orpha Schryvers
Clinical Research Coordinator

To those of you men with spinal cord injury (SCI) who did not read Audrey McIlraith's article on sexuality in the last issue of Paratracks because it was about females after SCI, I suggest you do so. Many of the issues that she raised apply to males and females, "After SCI…you have to learn and understand what your body can do and how your body can respond, and you need an open mind to learn what works for you and your partner"[1].

In a recent survey of the sexual health needs of 41 individuals with SCI (80% were males) less than 60% had resumed sexual activity 12 months post injury[2]. They gave many reasons for not having attempted sex since the SCI, including the following:

1. Feelings of being "less" male or female, undesirable or unworthy as a sexual partner.
2. Fear of not satisfying their partner.
3. Fear of being unable to perform as before.
4. Loss of interest in sex because they were still coping with the emotional upheaval of the SCI and problems related to the disability.
5. Fear of harming their partner or the partner was afraid of hurting them.
6. Difficulty communicating with their partner about their sexual concerns.
7. Negative reactions from their partners to the urinary collecting equipment or to the help they required for undressing, transferring and positioning.
8. Not enough sexual satisfaction.

I would like to address each of the above issues.

1. Feelings of being "less" male or female, undesirable or unworthy as a sexual partner.

Shortly after a SCI, men sometimes say things like 'my partner would be better off without me' or 'nobody is going to want me now'. Some initially feel that their sex life is over and even months after injury express hopelessness about any future sex life. There are many adjustments that need to be made after a SCI and the effect on sexual function; how the body now reacts to sexual stimulation is an important one. Yes, sex will be different, but your sex life does not need to be finished.

Feeling "less" male or "less" female can decrease your sexual desire and this can transfer to your partner making him/her feel less sexual desire. It is important to work on developing a positive and open attitude and to try various things. A willing partner helps. It also helps to have a variety of past sexual experiences to draw upon, but is obviously not a necessity. Both you and your partner need to take responsibility in your sexual relationship.

If your partner assumes some of the care-giving activities, you may find that this can interfere with his/her role as a lover, especially if the care-giving load is overwhelming. On the other hand, if you are able to accept your lover's care-giving role and your partner is comfortable with this role, increased intimacy can result.

2. Fear of not satisfying their partner.

A study investigating relationships before and after SCI found that almost half of partners of men with SCI whose relationships started after the SCI reported that their sex life was as good as or more satisfying than any previous sex life[3]. However, the partners of men with SCI in that study whose relationships started before the SCI, did not find their sex life after the SCI as satisfying as it was before. One explanation for this may be that a couple starting a new relationship after a SCI do not need to undergo a change in their sexual relationship and are more likely to explore a wider range of alternate sexual activities.

Alternate methods of sexual stimulation can be tried by using your tongue, mouth, or hands. Manual stimulation or a vibrator can increase pleasure for both partners. Experimenting with various options is essential to discover what is satisfying for you and your partner. One man states that he enjoys his thumb inside his partner's vagina and imagines how his penis would feel. Using your imagination and fantasizing can enhance your sexual pleasure.

Many people, even before their injury, lack accurate knowledge on sexuality and the body's sexual response. It may be even more important now for you to read books on sexuality such as Masters and Johnson's *Human Sexual Response* to get a better understanding of how the SCI has affected your response to sexual stimulation.

3. Fear of being unable to perform as before.

As the result of your SCI, there may be technical problems in resuming some sexual activities. Paralysis or weakness of your arms and legs may make hugging, caressing, positioning or moving in rhythm with your partner difficult or impossible. You will need to discover what activities are still possible and focus on those.

Many men believe that the strength and duration of their erections are the most important indicators of their sexual well-being. A SCI often does affect the ability to have and/or maintain a strong erection. It can also result in decreased sensation or inability to feel an orgasm and inability to ejaculate. Good scientific data has not been collected on this subject but we do know that the vast majority of men with SCI are able to have erections. Often these erections are not strong enough or do not last long enough for penile-vaginal intercourse.

Erections may be psychogenic and/or reflexogenic. A psychogenic erection results from mental stimulation, erotic thoughts, sights or sounds. Most men who have an incomplete SCI or have an injury at a very low level, are often able to have psychogenic erections. However, if the SCI is complete, erections are more likely to be reflexogenic only. A reflexogenic erection is one that is the result of a reflex reacting to some stimulation directly to the penis or surrounding area, such as washing the penis and groin area or during a catheterization or even just the light rubbing of clothes against the penis during a transfer. The brain does not get this message so the erection occurs often without the man being aware of it. However, he can trigger this reflex for sexual activity by stimulating himself or by his partner. Most men are able to have reflex erections that are fairly strong but last only as long as the stimulation lasts. Masturbation is a good way for both men and women to discover how they now respond to this stimulation and what kind of stimulation works best for them.

There are various treatments that have been successful in improving the quality and durability of erections, including penile implants and devices, injections and a pill. The vacuum device is a cylinder that is placed over the penis and an erection occurs as the blood is sucked into the penis. Then a ring is placed at the base of the penis to keep the blood in the penis as long as the erection is needed. Care must be taken to prevent a pressure ulcer developing under the ring if it is left on for too long. Semi-rigid rods can be surgically implanted into the penis resulting in a permanent erection that is strong enough for intercourse. Another surgically implanted prosthesis has a built-in pump that can inflate the rods to produce a very strong erection and then can be deflated after sex. There is a fairly high incidence of problems with this implant, including infections, pressure ulcers, as well as mechanical problems. Several drugs are available that can be injected directly into the penis to produce erections, such as papaverine, prostaglandin and phentolamine. Sometimes these drugs are mixed into one injection. Injections produce strong erections for some men but care must be taken to prevent bruising. Also, the erection can last too long if too high a dose is used. The drug Viagra is the first pill available to improve erections. It does not work without stimulation or for someone who is unable to have an erection. With stimulation, Viagra makes erections stronger and last longer. Talk to your doctor if you are interested in any of these treatments.

The majority of men with incomplete SCI are able to achieve orgasm with ejaculation. Usually, this requires more stimulation than prior to SCI. For many people, the sensation of orgasm is decreased and for some 'not much more than a sneeze'. It has been reported that 38% of men with complete quadriplegia are able to achieve orgasm with ejaculation[5]. Most men with quadriplegia do achieve the intense excitement that occurs just prior to an orgasm and some feel that they are 'so close' but do not climax.

4. Loss of interest in sex because they were still coping with the emotional upheaval of the SCI and problems related to the disability.

The brain is the most important sex organ. Both the physical drive and the desire to be close to another contribute to one's sexual drive and interest. It has been reported that the majority of people report unchanged sexual desire and that sexuality is as important to them as it was prior to the SCI[4].

A SCI does not lessen sexual arousal but can affect it indirectly through anxiety and fear. Sexual dysfunctions cause psychological distress. Many people experience a depression as a reaction to the SCI and grieving one's loss is an essential step toward healing. Don't forget that your able-bodied partner is also grieving a loss, causing anxiety or depression. This can inhibit libido, leaving little energy for intimacy and sexuality. Thankfully, depression as a reaction to a SCI is usually temporary.

Other deterrents on sexual desire after a SCI are fatigue,

spasticity or pain. Seek medical advice if these are problematic and if effective treatment is not available, seek psychological help in coping with the problem. Most important, discuss these problems with your partner. He or she needs to understand and be reassured as to the cause of your decreased sexual desire.

5. Fear of harming their partner or the partner was afraid of hurting them.

Fear of hurting each other physically is usually unfounded. Reassure your partner that once a spinal fracture has healed and the doctor states that the fracture site is stable, physical activity is not restricted. For intercourse, you on top may be uncomfortable or not possible. Lying on your back or side or sitting with your partner straddling you may work better for both of you. You may need to direct your partner verbally rather than just physically as you might have done prior to your injury. Spasticity can be a problem for positioning and can hurt your partner if it is not under good control. Avoid prolonged pressure over any area to prevent pressure ulcers. You or your partner can be hurt emotionally if one thinks that the other does not desire them sexually. Talk to each other to know for sure how the other feels. If you don't feel like making love when your partner does, discuss it so as to avoid feelings of rejection.

To avoid getting or giving infections, you need to practice safe sex even if you are unable to ejaculate. If you know that your urine is infected and are afraid of spreading an infection, wear a condom so if there is any urine leakage it will remain in the condom. If you have an indwelling catheter, a condom can be worn over both the penis and the catheter if it is folded back along the shaft of the penis.

If you have a SCI above T6, an orgasm or ejaculation can cause symptoms of autonomic dysreflexia, such as headache, sweating and facial flushing. These are symptoms of increased blood pressure and if your blood pressure goes too high, a stroke is possible. To prevent that, if you are at risk for these symptoms, talk to your doctor who can prescribe a medication such as nifedipine that can be taken just before sexual activity to lower your blood pressure.

6. Difficulty communicating with their partner about their sexual concerns.

Many couples have a great deal of difficulty talking openly about their sexual desires. Communication and intimacy are essential ingredients in a couple's relationship. It is important to share your feelings with your partner and to communicate what is pleasurable and satisfying. Taking the time for intimacy, enjoying each other, touching and caressing brings pleasure and happiness to the relationship.

If a relationship was already in trouble beforehand, a breakup can result after a SCI, especially if there is not the desire or ability to communicate openly with each other. On the other hand, some relationships become stronger or are rekindled. Perhaps this occurs because the couple is forced to spend more time together, time they weren't finding in their busy lives prior to the SCI.

7. Negative reactions from their partners to the urinary collecting equipment or to the help they required for undressing, transferring and positioning.

Before attempting intimacy, especially for the first time, discuss with your partner the changes the SCI has caused to your body and together discover how your body now reacts to sexual stimulation. It is also important to prepare your partner for your care needs prior to intimate activity to avoid negative reactions from your partner. Having your partner help with undressing and positioning may be a part of your foreplay. Hygiene and taking care of your bladder and bowel routines beforehand are important and can avoid accidents during sexual activity, so preparing for sexual activity may be more involved than prior to injury. Timing your sexual activity so that you are relaxed and rested may make it more enjoyable.

When do you start discussing the effects of a SCI with a prospective sexual partner? This depends on you and your partner but most people are satisfied with a brief explanation of your sexual abilities and limitations to avoid the frustration caused by a lack of understanding. It will also help both of you in decreasing some of the anxiety that exists prior to any first sexual encounter. Talk to your CPA counselor if you and/or your partner would like more information or someone to talk with about this.

8. Not enough sexual satisfaction.

Some people think that sex cannot be enjoyed if there is loss of sensation in the lower body and that sex following a SCI is for the enjoyment of the non-SCI partner only. Some even believe that having sex with a person who is paralyzed must be 'like having sex with a dead person'. Fortunately, most people do not think this way and many do enjoy sex after a SCI. For some, satisfying their partner is enough sexual gratification while others do not want to participate without physical pleasure. When asked whether he felt any

pleasurable sensations during sexual activity, a young man with complete paraplegia answered 'In my head, I make it pleasurable'. As has already been stated, many people with SCI are able to achieve orgasm and many more feel the intense pleasure of sexual arousal. Orgasm has also been reported as the result of stimulation of other erogenous areas above the level of injury, such as the nipples, neck or ears. Some men find that they are unable to reach climax during intercourse but may with increased stimulation such as with masturbation. The use of a vibrator may produce orgasm and ejaculation. It is possible to have orgasm without ejaculation.

Sexual satisfaction is dependent on two major factors, sexual frequency and the partner's desire for sex as perceived by the person with SCI[5]. One third of a study population rated their ability to feel personal sexual satisfaction unchanged after injury and more than half claimed that their sex life was satisfactory. Those who reported an improved ability to communicate with their partners about sexuality and who experimented with new sexual options expressed more satisfaction with their sex lives[4]. An active and fulfilling sex life has a positive effect on one's productivity and quality of life.

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Have you ever thought...
"If only there was a gizmo to help me do this. Maybe I should invent one."

Here's your chance!

The First Annual Innovative Technology Contest

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Pic'n'Del and Al Castell's Computers

You think of an idea, draw us a picture or describe it in detail.
We will be giving prizes to the 2 best ideas.
It can be simple or sophisticated, as long as it's designed to make your life easier, or the life of someone you know.

The contest is open to everyone, disabled and able-bodied, as long as you don't work for CPA.

Entry deadline: September 1, 2002

E-mail entries to *spinaldamage@shaw.ca* or snail mail them to:
Canadian Paraplegic Association (MB) Inc.
825 Sherbrook Street
Winnipeg MB R3A 1M5

My Thoughts About My Tots

by Kristine Cowley

From left to right: Meghan, Ryan and Laurel

It's late and I'm tired. I travel through the house, shutting off lights as I go, before taking my final look at Ryan and the girls before turning in to bed. Meghan's feet are, as always, out of the covers, and hot to the touch. Laurel is curled up on top of her bear, with her knees up by her chest. I cover them up and leave the door open. In Ryan's room, the nightlight glows softly over him and his kangaroo. He has his arms wrapped around the kangaroo, his nose pressed into its soft fur. When I look at them in their sleep, I think of how peaceful they are and how I wish I could hold on to this moment forever - keep them just as they are. But I know that nothing lasts forever, and they will grow older, and I will too. All I can do is hope that I will be with them for a long time, to enjoy them, and see them as they grow and learn and become adults.

I'm supposed to write about kids, and the challenge of raising them, and I'm not sure where to start. We (my husband Todd and I) have three of them. The girls are twins and will be three in June, while Ryan, the youngest, is just over one (14 months to be exact). I always tell everyone that, "No, we didn't plan the third...you'd have to be crazy to have three kids, all under the age of two." Anyway, we're quite busy taking care of them. I work half-time and we're lucky to have my mother-in-law come over to babysit when I'm at work. I couldn't imagine having to get the three of them ready and then take them to daycare - it just wouldn't happen.

Since I'm a C8 quadriplegic, I have enough hand and arm function to be able to physically take care of them, so I don't have help when I'm with them on my own. Having said that, I should also say that my husband generally gets home by about 5 p.m. and then we do things together. We also have a cleaning lady who comes in once a week to help lighten the load. So basically, I just have to make sure no one gets hurt and there's some food to eat. Oh yeah, there's that diaper thing too. And the game playing, and the refereeing, and the toileting, and....

Anyway, since I've been interested in having kids, I have tried to learn from other spinal cord injured people who have kids. Below, I list five pieces of advice I've either heard or learned, with the hope that they may be of use.

Five tidbits relating to kidbits

1. They love you for yourself - just the way you are. Don't spend your time with them wishing you didn't have to raise them from a chair.

2. Try not to spend your time thinking about how much more quickly you could take care of them if you weren't spinal cord injured - it doesn't help.

3. If you do need help physically to take care of them, remember two things:

They will only be this dependent for a short time. As they get more physically independent you can focus on the most important job, which is to give them your knowledge, your sense of humour and your love.

Second, even if it's easier for someone else to diaper and/or feed them don't sit back and let yourself be left out. Having them hear your voice and see your face is very important, even if you aren't doing. If possible, get your helpers to set things up so you can do the things you want to do. I know of C5 quadriplegics who quite successfully breast-fed their babies and guys in chairs who got their wife to hand them the baby and the bottle after they were comfortably seated so they could spend the time they needed bonding with their kids.

4. Overalls - they're the greatest thing since sliced bread. Being a C8 quadriplegic, my stomach muscles don't work and I can only pick things up with one hand since I need the other to get me and my cargo up. I hoist them up by the overalls with one hand and it's worked well so far (even if I do get a few strange looks).

5. Rehab-Engineering - they're great. Thanks to them, I've had two strollers modified to attach to my wheelchair. The first one was a duo stroller for the twins and then I got a lightweight one that I could use just for Ryan. They also modified my cribs for me so I could open them from the side using plexiglass doors, which allowed me to independently put them in and out of their cribs since the day they were born.

Since they've arrived, these three urchins have kept Todd and I very busy, but I also consider the last three years to be among the most important and rewarding of my life so far. Well I better run, somebody's taking everything out of the hall closet...

The Late Doug Grant

Canadian HEALTHCARE™
PRODUCTS

- 2nd Annual
- Bring Friends and Family
- Free Barbecue and Prizes
- Transportation can be arranged
- A chance to try a wide variety of sports and sports equipment
- Basketball, Tennis, Hand-bikes, Water Ski, Kayaks, Tubing, Boat Rides, and more!

Fun For Everyone!!!

Join us for our
2nd Annual Day at the Beach

This one is A Tribute to Doug Grant

Place: Grand Beach boat launch area

Date: July 12, 2002 (Rain Date July 19)

Time: 10:00 am—4:00 pm

Call Karla or Jake at 832-9963 to RSVP.

Canadian Wheelchair Basketball League (CWBL) Finals 2002 ~ Winnipeg, MB

On Sunday, April 14th The Winnipeg Thunder successfully defended their CWBL title in a hard fought contest against the Alberta Northern Lights, 76-61. The Thunder became the first team to win back-to-back titles since Douglas College accomplished the feat in 1996-97. They also became the first team to win the championship at home since Ottawa in 1995. Joey Johnson led the Thunder with 52 points, many of them due to the dedicated picking and stealing of Travis Gaertner and Steven Hayward. Danny Wills led Alberta with 19 points.

Travis Gaertner

The game was close from the opening tip with Johnson and Darren Bittner owning the offensive boards and scoring inside, while Alberta countered with a mid-range shooting game. The fast pace of the game and intense play started to take its toll on some of the players, with fouls piling up on both sides. John May for Alberta had to leave the game after he picked up his fourth first half foul, causing Alberta to insert Danny Wills into the line-up. Wills impact was evident almost immediately as he scored several quick hoops to keep the game close. With 5 seconds remaining in the first half and the Thunder up by 3 Johnson grabbed a rebound and followed pickers Gaertner and Hayward up the right side of the court. Surrounded by three Lights' players, Johnson tilted on his left wheel and banked home a three-point shot as time expired to increase the lead to 6. The second half was much the same with the lead cut to as little as 1 with 5 minutes remaining. Bittner and May fouled out for their respective sides and Johnson also picked up his fourth foul. In the final 4 minutes, the Thunder built their lead to 9 with tenacious defense, blocked shots and transition baskets. The Lights couldn't overcome the deficit and the game ended 76-61.

Joey Johnson

The Thunder roster is as follows:

4 Steven Hayward	10 Travis Gaertner
5 Terry Pratt	11 Klint McNarland
6 Bill Johnson	12 Mandy Johnson
7 Darren Bittner	13 Ryan Wong
8 Joey Johnson	14 Alex McLean
9 Brett Turcotte	

Head Coach: Bill Johnson — Asst. Coach: John Dyck
Asst. Coach: Joey Johnson — Manager: Klint McNarland

The bronze medal game went to Les Kamikaze 63-56 over Les Gladiateurs. William Arriaga led Les Kamikaze with 29 points while David Eng replied with 25. The All-star team for the tournament was as follows:

1.0 Terry Pratt	***Winnipeg Thunder***
2.5 Jordon McEachern	*Alberta Northern Lights*
3.0 Travis Gaertner	***Winnipeg Thunder***
4.0 William Arriaga	*Les Kamikaze*
4.5 Adam Lancia	*Variety Village Rollin' Rebels*

The MVP for the tournament for the second straight year was Winnipeg's *Joey Johnson.*

MWSA also presented a special award dedicated in honour of former Executive Director Doug Grant who was tragically killed last August. The Doug Grant Big Wheel Award is given to an athlete who is active in all aspects of a team's success. The inaugural award went to Klint McNarland of the Winnipeg Thunder.

Sunrise Medical donated a Quickie All-Court to be given away in a shooting contest, which was won by Winnipeg's Steve Hayward, who shot 4 for 5 in the contest.

The final rankings were:

1. **Winnipeg Thunder**
2. Alberta Northern Lights (Edmonton)
3. Les Kamikaze (St. Hyacinthe, PQ)
4. Les Gladiateurs de Laval (Laval, PQ)
5. Variety Village Rollin' Rebels (Toronto)
6. Douglas College Royals (Vancouver)
7. Twin City Spinners (Kitchener/Waterloo)
8. Saskatchewan Young Guns (Saskatoon)

Manitoba Wheelchair Sport Association
Upcoming Events

Date	***Event***	***Location***
June – August	Wheelchair Basketball Recreation League	University of Winnipeg
June 16th	Manitoba Marathon	University of Manitoba
June 28th	Metro Toronto Track Meet	Toronto, ON
July 4th	MWSA AGM	Sport Manitoba 200 Main Street
July 12th	Canadian Healthcare Product Beach Day	Grand Beach, MB
July 20th – 27th	National Pistol Championships	Prince Albert, SK

From Left (back row): Terry Pratt (in front of), Klint McNarland, Darren Bittner, Joe Johnson, Mandy Johnson, Bill Johnson, Brett Turcotte, John Dyck

From Left (front row): Steven Hayward, Ryan Wong, Travis Gaertner, Alex McLean

MEDICAL MEMO

by Arnold L. Schryvers

In the last issue I discussed, "Complications that can occur with Urinary Tract Infections." I mentioned two complications and in this issue I will continue with other possible complications.

Urinary Tract Calculi

Definition: Stones formed in the kidneys or in the bladder which can obstruct the flow of urine.

Causes: Urinary tract infections are the most common cause of kidney stones. Infections tend to make urine alkaline which results in calcium precipitation. Excessive intake of calcium, e.g. dairy products may result in precipitation of calcium in the urine, thus forming stones. Concentrated urine, because of low fluid intake, also predisposes the urinary tract to stone formation. Another culprit may be an indwelling catheter, which is a foreign body within the bladder, also tends to collect sediment around the tip, eventually forming bladder stones. Sluggish urine flow and poor gravity drainage of the kidneys when there is long-term bed-rest adds to the likelihood of stones.

Symptoms: Most stones formed in the urinary tract pass through without any symptoms and cause no problems. However, some can cause damage to the urinary tract. As a stone passes down the urinary tract, it can irritate the lining causing some bleeding. This block may be evident in the urine. There may be a decrease in the urine output if the stone is blocking the urine flow. A low level paraplegic would experience pain as the stone moves down the tract. Calculi can be seen on an x-ray of the kidneys, ureter and bladder of an I.V.P.

Treatment: The treatment for bladder and kidney stones is to remove them. Bladder stones can often be crushed and washed out through the urethra by cystoscopy. Stones in the kidneys or ureters may require surgical incision for removal if not passed spontaneously. One method involves passing an ultrasonic beam to a special probe that is inserted into the kidney. The stones are "crushed" and passed through the urethra when voiding. However, surgery is now seldom necessary. A method of treatment is extracorporeal shock waves which are given when a patient is entirely immersed in a tub of water. The stone is disintegrated by the sound waves and tiny pieces are passed into the urine and eliminated during voiding. The latest treatment of percutaneous ("through the skin") lithotripsy is now available. The beam is passed into the affected kidney with the aid of a small cylinder of water taped to the skin. Again, the stone is broken into small pieces by shock waves and the pieces are passed in the urine when voiding.

Prevention: An adequate fluid intake is important to prevent urine from becoming too concentrated. Prompt treatment of infections will help to prevent the formation of stones. Limiting the amount of dairy products will also help in prevention. If an indwelling catheter is used, a high fluid intake is essential to dilute the urine and flush sediment through the catheter. The catheter should be changed regularly. If a rubber catheter is being used, weekly changes are necessary to prevent build-up around the catheter. A silastic or silicone-coated catheter will not collect sediment as readily, therefore requires changing only monthly. Regular irrigation of the indwelling catheter should not be necessary if the catheter is changed frequently enough. Irrigation is not very effective in removing the sediment build-up and there is the danger of introducing new infection. There is a very low incidence of stones as well as other complications if self-intermittent catheterization is used as the method of bladder management.

Epididymitis

Definition: An infection of the epididymis (tubes leading from the scrotum into the urethra in the male).

Causes: Epididymitis is usually caused by a urine infection.

Symptoms: The same symptoms are evident as with a urinary tract infection plus scrotal swelling and redness. The skin over the scrotum may become quite tense.

Treatment: The infection will need to be treated with antibiotics. The swollen scrotum needs to be supported using a scrotal support. If an abscess has formed within the scrotum, it would need to be surgically incised and drained.

Prevention: Prevent urinary tract infection and should one develop, seek prompt treatment.

Peno-Scrotal Fistula

Definition: An opening worn through the skin from the urethra at the junction of the penis and scrotum.

Cause: A fistula is usually caused by the irritation of an indwelling catheter on the lining of the urethra at the junction of the penis and scrotum.

Symptoms: Urine leakage through the underside of the penis near the scrotum.

Treatment: For the open area to heal over, another

method of urine drainage is required. Usually a supra-pubic catheter is used to prevent urine flow through the urethra. Frequently, however, surgical closure of the fistula is necessary.

Prevention: If an indwelling catheter is used, it should be taped up to the abdomen to prevent pulling on the catheter and irritation in the urethra.

Penile Pressure Sores

Definition: Pressure sores on the penis.

Cause: Usually caused by a condom that has been applied too tightly.

Symptoms: An open area on the shaft of the penis. There may be some swelling at the tip of the penis.

Treatment: To allow healing of the open area, it needs to be free of pressure. If possible, the condom should be applied close to the tip of the penis to allow the area to be free of the condom. If this is not possible, an indwelling catheter may need to be inserted until the sore is healed.

Prevention: If Elastoplast tape is used for condom application, apply it loosely. If necessary, to avoid losing the condom, skin adhesives may be used to keep the condom in place. Once the condom has been secured the ring at the open end of the condom should be cut off to prevent it constricting the penis.

ABORIGINAL

Life Near the Arctic Circle

Jerry Kalaserk lives on the inhospitable shores of Hudson Bay, in the small community of Rankin Inlet. He recently agreed to answer a few questions about himself and the north country.

Q: Jerry, how old are you?
A: Well...I'm 38 years old.

Q: How long have you been in the chair and what's your break?
A: I've been in the chair now for two years and a few months. I have a T2 break, but I still have use of my upper body from the nipple line up.

Q: How did you wind up in the chair?
A: It was my birthday and I decided to celebrate, but I made the mistake of combining drinking and driving.

Q: Considering nights are long and days are short, what do you do with your time?
A: The first year was a rough one for me, adjusting to my hometown and still is, because my old hang outs are not accessible. Because of that my days consist of television, Playstation 2, movies & games. I have a computer now, so I can check my e-mails once in awhile only to see I have none! (hahaha) For the past few months I have been furthering my education by having a home-school teacher come to my house for five hours a day. But I will be done at the end of the month.

Q: Can you describe the surrounding area near Rankin?
A: We live out on the rolling tundra which is barren and treeless. In the winter it is covered in a blanket of snow and in the summer it is filled with a variety of wildlife ranging from tiny insects to large polar bears.

Q: Who provides your personal care?
A: I have two home-care workers who work for me and an occupational therapist and a physiotherapist do scheduled visits.

Q: I read somewhere that Rankin is famous for it's winter storms. Is this true?
A: As I write these very answers a storm is raging with winds at 120 kph

Q: What did you do before your accident?
A: I was a jack-of-all-trades, from practical experience, Oil Burner Mechanic and Plumber. I was a volunteer Firefighter for 10 years, as well as deputy chief for five years, and also a volunteer ambulance attendant.

Q: That's all the questions from me. Is there anything you would like to add, Jerry?
A: Only that I'm single. So if any women want to e-mail me, my e-mail address is: jerry_kalaserk@hotmail.com

The Winnipeg Folk Festival: A Survivor's Story

by Lorne Chartrand

I have been attending the Winnipeg Folk Festival since 1989, and since that time the festival has billed itself as "people and music" and for good reason. Few events of such huge size are able to assemble an audience with such a cooperative and peaceful demeanor. From the original participants to the "neo-hippies" to the regular folk, who just enjoy the atmosphere of good music in this parkland haven, every person I've ever known who has attended one festival has always vowed to return.

Last summer I concocted the idea of renting a U-Haul to camp in, which would allow me to stay overnight – a completely different experience than the day-pass route. The resulting three day and two night "camping" trip could only be described as a "survivor experience." Obstacle one, was discovering that the truck's ramp revealed itself to be completely inadequate. Having confirmed with U-Haul that the ramp was 36 inches wide, I was shocked when I realized that maneuvering my 28" wide power wheelchair, was going to be much like steering an automobile balanced on a railroad track – uphill. Although I never did actually measure the width of the ramp, I would estimate it to be in the neighborhood of 29-31 inches. It was a test of courage every time I engaged this task.

What did work well was having a flat floor on which a Hoyer lift could be used. I simply brought some cinder blocks on which I laid a sheet of plywood and a mattress. Instant bedroom! Having a "RV," I was able to park near the washrooms where an electrical outlet could be accessed to recharge my wheelchair's batteries. Also, with a large vehicle, I could bring a lot of equipment to deal with any situation.

Camping at the folk festival can be a trying experience and I really wouldn't recommend it to a first time attendee. However, if you do find the nerve to try it, the rewards of joining the hardcore "survivalists" who call the campground home for the weekend can be addictive. This is another level in the folk festival experience. You just may find yourself at an impromptu campfire sing-along watching the sun rise over "pope's hill." However, that would also mean that you will probably sleep through most of the daytime shows . . . many campers do that at least once during their weekend. Others – who stay in the "quiet camping" sites – stick to the "early to bed, early to rise" philosophy and try to attend every show possible. Both strategies offer their own rewards.

As for the music, I'm not going to try to convert those who "don't think they like folk music." You'll never know if you never go. Of the mainstream artists who've appeared at the festival, I will always remember shows by Blue Rodeo, Jane Siberry, The Skydiggers, Winnipeg's own Crash Test Dummies . . . and the list goes on and on. Anyone who likes country music will have a blast at this event. Daytime shows feature workshops, which sometimes throw strange combinations of artists together; the result is always as entertaining as it is interesting. The genres of music range from African to Celtic to blues, folk, pop, rock and everything in between. The promoters almost always include one or two artists from countries most people have never heard of. In short, there really is something for everyone.

The food available is supplied by a host of Winnipeg restaurants who set up for the weekend. It can be a little pricey, but it is quite good. The "Whales-tails" are a sugary slab of bread that somehow has become a festival favorite. My preference is the Asian delicacies with inferno sauce.

A word of advice to anyone attending this festival for the first time, is to never underestimate the impact of the weather. Any weather. Even attending for the day can be a trying experience if you are unprepared. The first shows of the day begin before noon. On a hot July afternoon, you can easily reach heat exhaustion within the first couple of hours. A hat and sunscreen are a must. I would also recommend a small cooler for ice as the water available comes pretty much lukewarm. In addition, one should also be prepared for conditions ranging from "cool and humid" to "torrential downpour." A rain poncho is also a must. Finally, it does sometimes happen that the best strategy is to go home and pray for better conditions tomorrow.

The grounds at the festival site are not exactly "well groomed," and the strongest of wheelchair users may find they need some help getting around. Although the organizers are aware of strong attendance by wheelchair patrons, there is room for improvement in services provided. Having said that, the folk festival organizers have graciously provided wheelchair attendants with free admission. As for my experience last year, I wouldn't change a thing. I'll just be a little wiser this year.

Grocery Shop in Your PJ's!

Pic'n'Del is a new online grocery service where YOU PICK... WE DELIVER! It's easy, fast and convenient; and available right now by going to www.picndel.com on your computer. You can check out the website 24 hours a day, making grocery shopping easy and quick. You don't need to be a computer whiz to order groceries, just go to the site, click on all the items you usually buy in the grocery line ups, and we'll pick, pack and deliver them to your door! It's that easy! When our delivery guy arrives you'll notice how fresh our meats and produce are; and you pay right at your door with your Visa, MasterCard or Interac bank card.

Pic'n'Del is different than other online grocery stores you may have heard about before. Pic'n'Del doesn't have a warehouse full of product, or big overhead costs for extra staff, or for buying whole caseloads of merchandise. At www.picndel.com the groceries come from a regular, independent grocery store where the freshest meats and produce are on display for the consumer; we pick only the best and send it to you! This innovative business model makes it possible for us to pass on great savings to you by not adding extra overhead costs we just add extra volume to the existing grocery store! Everybody loves Pic'n'Del!

Customers in your market had this to say about Pic'n'Del:

Jody in Winnipeg; "Ordering from Pic'n'Del saves me tonnes of time, and I can run to the fridge during my shop to see what else I need! The kids aren't bugging me to buy a bunch of extra junk food; so I end up saving money, and I don't get frustrated either."

Sue in Winnipeg; "I find that I can plan my meals much better sitting at the computer than I can in the grocery store; I can put my order in my computer at work, and have the groceries delivered the same day; even in time for making supper! The pictures are great and almost every item has the ingredients listed on it which is great for us: we have a child with an allergy in the house."

Pic'n'Del! Fast, convenient; you could even say that we have the best grocery store location in Winnipeg!

Manitoba Paraplegia Foundation (MPF) News

MPF funds go to work in four main areas: special projects, product testing, research and direct aid to persons with SCI. CPA thanks MPF for its continued support to improving the quality of life of persons with spinal cord injury.

MPF has approved several requests for financial support during the past few months. Some of the highlights follow.

In February 2002, MPF cost-shared funding for the purchase of a rigid-frame wheelchair for a newly injured client who was not eligible for this type of chair through the Wheelchair Services Program. This client is a young and active paraplegic whose lifestyle was greatly restricted in the folding-frame wheelchair he was using. This new chair is more suited to his activity level and will enable him to be fully functional.

In March 2002, MPF provided funding to repair an electric bed for a newly injured client on a limited income.

Dr. Kristine Cowley

In April 2002, MPF sponsored a portion of the cost for a physiotherapist, who works with people with spinal cord injuries at the Rehabilitation Hospital of Health Sciences Centre, to attend a conference in California called "Spinal Cord Injury: A Multi-disciplinary Approach to Today's Clinical Challenges." This conference addressed the most current techniques for assessment and rehabilitation for persons with SCI. While at the conference, the physiotherapist explored the strategies of other rehabilitation professionals from U.S. and Canada, as they seek to improve the lives of individuals with spinal cord injuries.

Also, in April 2002, MPF provided funding for the purchase and installation of air conditioning for a client on a limited income. This air conditioner will enable the client to keep cool during the summer months as body temperature regulation is affected by spinal cord injury.

In May 2002, MPF provided a loan to a member for the purchase of co-op housing shares in an apartment complex. This will provide fully accessible, affordable housing to a member whose income is limited by part-time employment. Also if this member moves from the apartment, CPA will have first opportunity to refer another member in need of accessible housing to the apartment.

In 1984 the first annual 'Will to Win Golf Classic' was organized by a group of volunteers. The goal was to embark on a five-year fundraising project to raise funds for the establishment of a spinal cord injury research unit. In 1985 the Spinal Cord Research Centre was established and a research program began. For the past eighteen years, MPF, with funds donated from the very successful 'Will to Win Classic', has been supporting the Spinal Cord Research Centre through the sponsorship of a research scholar. This year the scholar is Dr. Kristine Cowley.

Rural Manitoba Fairs and Festivals

by Geoff Green

I am finally writing an article on fairs and festivals held in rural Manitoba throughout the summer, and being rural areas, accessibility will obviously vary from site to site. Unfortunately, I only have a limited amount of space, but here's a sampling of what's happening this summer in our province:

June 12th to 16th
The Manitoba Summer Fair in Brandon

Attractions include a midway, trade show, antique machinery display, demolition derby, a photography display, light horse and cattle shows and petting zoo.
Visit the website at *http://www.brandon.com/provincialex/*
All activities occur in or around the Keystone Centre.

June 20th to June 25th
The Thompson Nickel Days

Celebrating the 100th anniversary of Inco, the mining company. The festivities include a midway, the National King Miner Contest, native games, a parade, mud races and canoe races. The celebration takes place at the recreation grounds near the Arena (look for the King Miner Statue). Featured entertainment includes the rock band, Loverboy.
Visit the website at *http://www.mysterynet.mb.ca/city/*

June 29th to June 30th
Portage la Prairie Heritage Days

Activities include costumes, re enactments, stage entertainers, contests and much more, held predominantly at the Fort la Reine Museum and Pioneer Village.
Visit *http://www.rm.portage la prairie.mb.ca/*

July 17th to July 21st
Manitoba Stampede and Exhibition in Morris

Manitoba's biggest rodeo features world class competition in bull riding, saddle bronc, bareback, calf roping, steer wrestling, barrel racing, pony chuckwagon, chariot and Ben Hur races. There is also a midway, free stage entertainment, fireman barbeque, antique car show, hay scramble and much more. Visit *http://www.manitobastampede.ca*

July 25th to August 4th
North American Indigenous Games in Winnipeg

Competition featuring the talents of First Nations, Metis, Inuit and Native American athletes in 16 sporting events. Also includes a cultural village, featuring traditional dance, music, dress and mother tongue various venues.
Visit *http://www.2002naig.com*

August 2nd to August 4th
St. Pierre Jolys Frog Follies

Frog jumping championship, street dance, pancake breakfast, ball tournaments, kids entertainment, agricultural fair and horse show. Visit *http://www.frogfollies.com*

August 2nd to August 4th
Canada's National Ukrainian Festival in Dauphin

Children's entertainment and activities, traditional bake oven construction, Ukrainian Artifacts Museum, Heritage Village, Cultural displays and workshops, talent competitions, Festival Square Stage Entertainment, Folk and Visual Arts Pavilion and Zabavas. Visit *http://www.cnuf.ca*

August 2nd to August 5th
Icelandic Festival of Manitoba in Gimli

Concerts, heritage displays, midway, Icelandic food and entertainment, beach events and competitions.
Visit *http://www.icelandicfestival.com*

August 9th to August 11th
Harvest Festival and Exhibition in Winkler

Main Stage offers great entertainers, rodeo, Low German Festival, Music Jamboree, Stanley Agricultural Exhibits, Ethnic Food, Classic Show-N Shine and Queen Pageant.
Visit *http://www.winkleronline.com*

August 23rd to August 25th
Morden Corn and Apple Festival

Free stage shows, free corn on the cob and apple cider, petting zoo, midway, parade, mud racing and a car show.
Visit *http://www.mordenmb.com*

If you are planning a trip to a fair or festival in Manitoba this summer, check out Travel Manitoba's website at *http://www.travelmanitoba.com/contents.html*. This is also the site where all the above mentioned information was taken from, so if there are any discrepancies, we apologize but please direct your letters there.

Have a great summer everybody and my apologies to the many rural towns that weren't mentioned.

Canadian HEALTHCARE™ PRODUCTS

Extend Congratulations to the **Winnipeg Thunder** Canadian Wheelchair Basketball League Champions 2002

2 in a row...and counting!

Bob Pelletier
1953-2002

On February 28, 2002 Robert "Bob" Pelletier passed away at the Yorkton Regional Health Centre.

In 1985 Bob became paraplegic as a result of a fall from a TV tower in Portage la Prairie. After his stay in the Rehabilitation Hospital, Bob returned to Portage before moving to Brandon in 1987.

Bob immediately noticed and began addressing concerns over wheelchair accessibility throughout the community. In 1989 Bob became CPA's volunteer representative in Brandon. For the next 10 years Bob worked tirelessly to improve access in the City of Brandon and the entire Westman area. Bob worked with various city departments as well as local stores, malls and Brandon University. He became involved with access issues from Boissevain to Dauphin, including an extensive survey of Riding Mountain National Park. Bob developed an access guide for the City of Brandon and was the driving force behind the development of the Kiwanis Court complex, which features 36 suites geared to provide wheelchair access.

Front - L to R - Audrey McIlraith, Bob Pelletier, Greg Winmill
Back - L to R - Sharon Moore, Darlene Cooper

In April 2000, Bob "retired" from CPA. He felt that public awareness had reached the point where his service was no longer needed. During his time with CPA, Bob received the Citation for Citizenship (1993), and the CPA Merit Award (2000).

Bob moved to Yorkton in July 2001 and was married in August 2001. He will be greatly missed by all who had the pleasure of knowing him.

Axle Grease

Ahh Spring! That time of year when you get into the back of a Handi-Transit, travel down a Winnipeg street and jiggle more than Britney in her new commercial....It seems that a C5 quad in England got tired of his condom catheter falling off, so he did the obvious thing and had a metal ring put through the head of his penis to help hold the catheter on. Sorry, no pictures available....Good news for those that suffer from frequent bladder infections. At least two American University hospitals are working on methods to prevent infections. The bad news is they are only working with women so far. Sorry guys....My wife and I were at the Regent Casino a few weeks ago and we were amazed by the amount of parking for the disabled. Guess what? 10,000 spots and none were available. We waited 10 minutes, and finally a middle age man with a sore hand came out and left. Once again I say, "Who gives these people parking placards?" Oh yes, we lost $6.50....Alberta recently changed its parking permit program to make it one of the strictest I've ever seen. There are numerous criteria to qualify, but number one is, "A person must be unable to walk 50 metres in order to qualify for the program." I like it....Food for thought. Would you rather be paralyzed and unable to feel or move 85% of your body, or would you rather be Michael J. Fox?...Traveling east this summer? Order *Toronto with Ease*, an accessibility handbook, at either 1-800-363-1990 or *toronto@torcvb.com* ....Also with traveling, the government has a new travel website for the disabled, www.accesstotravel.gc.ca ....And one more travel tidbit. Starting in 2003, PBS will be airing a weekly show called *Disabled Traveler*. One lucky guy will travel across America in his van, examining motels, restaurants and tourist attractions for accessibility. Yes, he is in a chair....Strangest story of the month must be the tale of the young disabled boy in Nigeria raised by chimpanzees. It's believed that because of his disability his family abandoned him in the forest at the age of six months. Chimps found him and raised him for about 18 months, before humans once again claimed him and placed him in an orphanage. Sounds like he was fine where he was....So, how long do SCI individuals live? According to the latest numbers, it varies greatly, but here's the rule of thumb: survive the first year and your odds go up, survive five years and your looking good, and survive 20 years post-injury and both paras and quads have an excellent chance to live a 'full life expectancy.' As I said though, those numbers vary depending on how well we take care of ourselves….I recently fired off a dozen e-mails to various cabins and resorts around Manitoba asking about accessibility, and the result was a deafening silence. However, the Elkhorn Resort did respond and say they are accessible, as did Judy at Inverness Falls.....Restaurant choice of the month: Nhu Quynh Restaurant. A great little Vietnamese spot on Sargent to stop for a quick lunch….Finally, here's hoping the Bombers and Goldeyes have great summers, along with all our millions of readers.

CLASSIFIEDS

For Sale - Wheelchair Bags Custom made to fit your wheelchair. Reasonably priced. Call Marcia at 474-2039 for more info.

For Sale - Single Electric Bed with bed rails. Invacare Synchronizer brand. Good cond. -3 yrs. old. Asking $500. Call 204-261-8469.

For Sale - 1990 Ford Wheelchair Conversion Van. 4 captain chairs, fold-out bed, $8950. See it at 2659 Pembina Highway or ca11269-2557.

For Sale - Liberty Concord Stairlift (not a wheelchair lift). Asking $1500 plus costs for removal and installation.
Call 895-8975.

For Sale - 1988 Chevrolet Van (blue), wheelchair accessible, 162,500 kms. Asking $1000.00 OBO. Requires some body work and repairs to safety. Contact Colleen at
474-1959.

For Sale - 1993 Dodge ¾ ton window van. Comes with 6-way power seat base, electric power door openers with toggle switch on dash and key entry on outside of vehicle. Also has electric bench seat which folds down into bed. All Q-straint tie downs, lots of extras. Van is very clean and excellent vehicle for recently injured or wanting to transport someone with mobility impairment. Safety recently completed. Asking $10,000.00. Phone Wayne in Kenora at 807-468-2857 (days) or 807-468-5305 (evenings).

For Sale - Trust-t Electric Outdoor Wheelchair Lift – custom made 72" rise. Two call/send controls – 2 ½ years old – ex. cond. Pd.ver $6000, asking $3800 obo. Call Mary Anne at 837-6493.

For Sale - Golden Technologies Power Lift & Recline Chair – dusk brown. Less than 2 yrs. old. Ex. cond. Pd $1350, asking $795 obo. Call Mary Anne at 837-6493.

For Sale - 1993 Chevy Astro Van with all options. Converted for handicapped access. Low mileage – very clean, no rust. Asking $20,000. Call 888-3302.

VOICE-MAIL ANNOUNCEMENT:

Due to budgetary constraints, CPA will be introducing telephone voice mail mid June 2002. In future when you call the CPA office, you will be asked to enter the extension number of the person you are calling (a company directory will be provided at the time of your call). You will also be given the option of staying on the line or pressing "0" to talk to the receptionist. We anticipate a "learning period" with this new system, and we are therefore asking you to please be patient with us!

Legacy gifts to the Canadian Paraplegic Association...

...are future gifts, from your estate or life's assets
...need not cost you anything today
...can provide current and future tax benefits to you
...are a means of perpetuating your legacy of caring
...help others, forever.

For more information, contact your local CPA office, or call toll-free:
1-800-720-4933
Visit our website: www.canparaplegic.org

Canadian Paraplegic Association (Manitoba) Inc.
Association canadienne des paraplégiques

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Visit CPA's site at www.canparaplegic.org/mb/

If not delivered, return to:
Canadian Paraplegic Association (Manitoba) Inc.
825 Sherbrook St., Winnipeg MB R3A 1M5

MEMBERSHIP APPLICATION

YES! Count me in as a member of the Canadian Paraplegic Association (Manitoba) Inc. All members receive *"ParaTracks"* CPA (Manitoba) newsletter, *"Total Access"* CPA National Magazine and voting privileges at the Annual General Meeting. Members also receive discounts at various health care supply stores – Stevens Home Health Care Supplies (special pricing for supplies & 10% off equipment), The Access Store (10%), Northland Home Health Care (10% off medical supplies), Disabled Sailing membership (25% discount) and student rate membership at the Joe Doupe Fitness Centre ($91/year).

I wish to select the following category of Membership:

____ $15 - $24 - Member
____ $25 - $99 - Supporting Member
____ $100 - $249 - Sustaining Member
____ $250 - $499 - Charter Member
____ $500 and over - Patron Member

All Monies donated remain in Manitoba to support CPA (Manitoba) Inc. An income tax receipt will be issued for any amount over $15.00. Sustaining, Charter and Patron Members will receive recognition of their generous contribution in the context of events such as our Annual General Meetings or in the programs of other CPA (Manitoba) Inc. functions.

Make cheque payable to:
Canadian Paraplegic Association (MB) Inc.

Mail to: #211 - 825 Sherbrook Street
Winnipeg MB R3A 1M5

For more information:
Phone: 204-786-4753
Fax: 204-786-1140
E-mail: winnipeg@canparaplegic.org

PLEASE ENTER A MEMBERSHIP FOR:

Name _____

Address _____

City, Prov. _____

Postal Code _____ Phone (____) _____

E-mail address _____

_____ New _____ Renewal