November 2015

Canadian Association
Paraplegic Canadiánne des
Association Paraplegiques
(Manitoba) Inc.

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.



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### **Email Addresses & Voice-Mail Extensions:**

Phone: (204) 786-4753

Toll-free: (800) 720-4933 (within Manitoba only)

CPA Staff		E-mail Address	Ext	
	John Powell	jpowell@canparaplegic.org	221	
	Adrienne Conley	aconley@canparaplegic.org	222	
	Willie Ducharme	wducharme@canparaplegic.org	223	
	Ron Burky	rburky@canparaplegic.org	224	
	Darlene Cooper	djcooper@canparaplegic.org	225	
	Jackie Armes	jaqueline.armes@canparaplegic.org	226	
	Agnieszka Szymanowicz			
		aszymanowicz@canparaplegic.org	227	
	Maria Cabas	mcabas@canparaplegic.org	228	
	Gail Burnside	gburnside@canparaplegic.org	229	
	Stefan Kliewer	Stefan.Kliewr@canparaplegic.org	230	
	Laurence Haien	lhaien@canparaplegic.org	234	
	Tara Mamchuk	tmamchuk@canparaplegic.org	235	

Visit CPA's website at www.cpamanitoba.ca



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Canadian Paraplegic Association (Manitoba) Inc. 825 Sherbrook Street Winnipeg, Manitoba R3A 1M5

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Fax: (204) 786-1140
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# MANITOBA PARAPLECIA FOUNDATION INC. (MPF) NEWS

### **MPF Trustees**

Doug Finkbeiner, Q.C (President), Arthur Braid, Q.C (Vice-President), James Richardson Jr. (Treasurer), Len Steingarten, Dr. Lindsay Nicolle, John Wallis, Dr. Kristine Cowley, Dr. Jan Brown

MPF funds go to work in four main areas that are not supported by any other sources in Manitoba: special projects, product testing, research and direct aid to persons with spinal cord injuries who do not have the necessary financial resources for equipment and/or services. All requests for direct aid are initiated through CPA. Individuals must provide information on their financial status, explain why they cannot meet the expense within their own budget, and identify any other potential sources to support the request including potential for contribution from family.

CPA thanks MPF for its continued support to improving the quality of life of persons with spinal cord injuries.

### During the month of July 2015 the following request for financial assistance was approved:

Solution Financial support was provided for a CPA member to attend a payroll and taxable benefits class. This class will provide them with exposure to a field they are interested in pursuing and they will be able to better assess their skills, abilities and interest in the area.

Visit MPF's website at: www.cpamanitoba.ca/mpf

Applications for assistance are available through the website or by contacting the CPA office.

# From the Cover

Jason Sawatzky met Teresa Zacharias online in September 2014. He travelled to Paraguay where she resided in October 2014 and she subsequently moved to Winnipeg.

Jason proposed marriage to Teresa in the presence of friends and family on July 18, 2015 and she accepted. The two are planning to be wed in Paraguay on December 18, 2015.



# **BECOME A CPA MEMBER TODAY!**

# Your membership dollars support us in our efforts to:

Remove barriers in the community, publish the newsletter ParaTracks and provide rehabilitation counselling services to our members.

Please take a moment to fill out the application on the back cover and send in your membership today!

Thank you for your commitment to the vital work of our member-based organization!

# **HEALTH CARE DIRECTIVES**

The following is an excerpt from a booklet that has been developed by the Seniors and Healthy Aging Secretariat, The Public Trustee and the Community Legal Education Association (CLEA). This is intended to provide general information only. How the law affects you depends on your individual circumstances. Also, the law may change from time to time. If you have a legal problem or need specific advice, it is best to consult a lawyer.

**Advances** in medical research and treatments have, in many cases, enabled health care professionals to extend lives. Most of these advancements are welcomed, but some people fear that life can be prolonged regardless of the quality of life or the patient's wishes.

In Manitoba, *The Health Care Directives Act* acknowledges and respects that people have the right to accept or refuse medical treatment. A *health care directive* also referred to as a living will, allows you to make choices about your future medical care.

**The Function of a Directive:** A health care directive is a written document that allows you to express your specific instructions as to the level and type of medical treatment you want performed if you are ever unable to indicate your wishes because of mental incapacity or inability to communicate. A directive also allows you to appoint another person, called the **proxy**, to make health care decisions on your behalf if you are unable to do so.

Legal Requirements: To be valid, a health care directive must be in writing, signed and dated. There is no required form. A valid directive may be any written document that is signed and dated. The directive will be binding on health care professionals and your proxy, provided the instructions are consistent with accepted medical practices. Also, the health care professionals must be aware of the existence of the directive. It is up to the *maker* or proxy to provide a copy.

The maker must be at least 16 years of age and be able to understand the consequences of his or her decision. Once completed, a health care directive records only your current wishes and can be changed at any time.

The Manitoba Government has prepared a health care directive form for your convenience. To obtain a copy, call the Seniors Information Line at 204-945-6565 (toll free at 1-800-665-6565) or go to <a href="www.gov.mb.ca/health/living-will/html">www.gov.mb.ca/health/living-will/html</a>.

**Before Completing a Directive:** The decisions a person makes in a health care directive are very important and should never be entered into lightly. When you make a directive, it is important to discuss your intentions with

your doctor and other health care professionals so that you are aware of the medical terms used for different types and levels of medical care. This will help ensure that your wishes are clearly understood.

It may also be useful to talk to your lawyer, to help you understand any legal issues/terms involved. For example, if you spend time outside Manitoba, you may wish to ask your lawyer about the validity of your health care directive in another jurisdiction.

You should discuss your intentions with close family members and your potential proxy, so they are fully aware of your wishes. This ensures that they will know a health care directive exists and can refer to it if necessary. It can also be useful to read booklets, pamphlets and articles on the subject to become even more informed.

**Choosing a Proxy:** As it is impossible to anticipate every circumstance, it is important to choose a proxy. The proxy will make medical decisions on your behalf if you are unable to do so. The proxy's decisions will be based on the specific instructions in your health care directive and his or her personal knowledge of your wishes.

Choosing a proxy is a very personal decision and should be made with care. The proxy should be someone you trust, such as a close friend or family member. The proxy should also be willing to accept the responsibility. You should ensure that the proxy is well aware of your wishes.

You may choose more than one person as a proxy. If you choose more than one person, you should indicate in your directive whether they are to act jointly or consecutively. If acting jointly, the people named will make decisions together as a group. If acting consecutively, the second proxy named will make medical decisions only if the first person named is unable to do so. You should also indicate in the directive whether decisions will be by consensus or by majority.

**Changing your Directive:** You may change your health care directive at any time and do so as often as you wish. Your opinions about certain types of treatment may change over time, and should be reflected in your current health care directive.

Also, medical terminology is constantly changing and improving, and these improvements may affect your decisions. If you have a specific illness or disease, you should stay up-to-date on the treatments available. Your doctor can assist you. In general, a health care directive should be reviewed at least every couple of years.

To change your health care directive, you need only prepare a new document. If you do, however, you should destroy any former directive to ensure your instructions are clear to those who are asked to follow them.

Safekeeping your Directive: You should keep your health care directive in a safe place but where it is still accessible to family if they need to refer to it. However, do not keep a health care directive in a safety deposit box, since your family cannot obtain it quickly. Give a copy to your doctor to be kept in your medical records. It is also wise to give a copy to your proxy and tell that person how to obtain the original if necessary. You may also wish to have your directive reduced in size and laminated so you can carry it in your wallet.

Frequently Asked Questions:

Is a health care directive the same as euthanasia or assisted suicide?

**No.** Euthanasia and assisted suicide involve taking positive steps to end someone's life. In an assisted suicide, such steps would be at the other person's request. Euthanasia is sometimes referred to as mercy killing. In Canada, both of these acts are illegal under the Criminal Code. In contrast, a health care directive is simply a written indication of your wishes for specific medical treatment and involves no positive action to end your life. The Manitoba Government has recognized the validity of health care directives in The Health Care Directives Act.

#### Why should I have a health care directive?

By preparing a health care directive, you can relieve those closest to you of the burden and stress of trying to guess what your wishes might be at a very emotional time. Also, a directive can ensure that your personal wishes are respected.

### How do I choose a proxy in a health care directive?

As this decision is very important, the proxy you select should be someone you trust, such as a close friend or family member. You should make sure that each person chosen is willing to accept the responsibility. If more than one proxy is chosen, you should indicate whether they are to act jointly or consecutively in making decisions.



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# Why Work?

If I have benefits and am able to live comfortably off of them, is there any point in going through all of the effort to come up with a career that makes sense for me, figure out what kind of training is required, complete said training and then begin the potentially arduous process of actually finding a suitable employer who is understanding, and willing to take the risk of hiring someone with an SCI? The answer of course is that it just might be. In this article we do not want to minimize the hardships that come with work but we do intend to outline some of the reasons why employment might be the right next step for you.

Getting back to work is not simply about filling time or getting a paycheck. It is about being able to look at yourself and honestly say that you are adding something to your community. That you have something to offer them, are willing to take the risk and put in the effort of developing a skill or interest into something that others will benefit from, and will also help you in the process.

So many people with an SCI find themselves in the uncomfortable position of having to ask a lot from others but feeling like they have little to offer in return. This does not necessarily need to be what your life consists of. There are many personal accounts of people with extreme spinal cord injuries that have done remarkable things with their lives. You are capable of choosing to take an active role rather than a passive one, and to make a difference in other people's lives while changing your own.

If you are one of those people that are getting tired of their home routine and find yourself wondering if there is any reason to venture out and look for work, here are a number of things to consider.

Working adds value to your life. This is not intended in a financially measurable sense, but from the perspective that working gives you a reason to get out of bed in the morning, to do something worth doing. Having someone who depends on you can be a great feeling, especially when there has been so much time spent relying on others to meet your personal needs. Working is one way that you can

give back and expand on your life experience.

Working creates other life opportunities. Many people may be tempted to think about work as a threat to your freedom, something that binds your schedule and restricts your availability. This may be true in some ways but the reality is also that being in an environment where social interactions are encouraged and even required, naturally lends itself to other opportunities also becoming available. These opportunities might extend from broadening your social network, or learning about other vocational possibilities, to having chances to travel and see more of the world.

Working benefits your health. There is plenty of evidence to support the fact that living an active life that involves a variety of activities adds to your overall health (see resources below). Having even one thing that is a regular part of your day makes getting out of bed worthwhile, provides a sense of purpose and direction for development and your energy use, and can have a profound effect on your ability to enjoy life and become healthier as a result. Although the way to accomplish this is not only through a job in the traditional sense, having an occupation is one way that working develops your self esteem.

As you learn new skills and recognize untapped abilities you also develop your sense of confidence and appreciation of who you are. You may be someone who has never had a job before or you may have already been working for most of your life. Whatever your situation is, when you develop a set of skills to the point that someone is willing to pay you to use them it gives you a feeling of accomplishment and success. Even if your work is in a volunteer capacity, being able to help someone in your own way can be an amazingly positive experience that gives you a greater sense of power ability.

Working enhances independence. Probably the biggest reason that people with SCI give for returning to work is because it allows them to reclaim their independence. As humans our ability to choose one thing over another is what sets us apart from other species. Often having employment brings with it a wider range of choices than not having a

job, and thereby increases the sense of independence and the ability to influence your own future. This is a significant benefit that also spills over into most other aspects of life and will positively impact your relationships, your interests, and even your mood.

Although these are not the only reasons why considering doing something different with your life should be an attractive option, hopefully they have given you reason to wonder if there could be something more out there for you. If you are interested in even talking about ways that you could be expanding on your life experience, feel free to contact a Rehabilitation Counsellor at CPA.

If you are someone who has already taken the leap of finding your vocation, we would encourage you to send us your stories with the possibility that they may inspire others to continue pressing forward.

### References:

## **Employment after Spinal Cord Injury.**

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Kurtaran, A., Akbal, A., Ersöz, M., Selçuk, B., Yalçın, E., & Akyüz, M. (2009). Occupation in spinal cord injury patients in Turkey. Spinal Cord, 47(9), 709-712. Accessed through EbscoHost.

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Accessed through:

http://www.newmobility.com/2001/09/the-secret-vocation/

~ Stefan Kliewer ~ Rehabilitation Counsellor, Vocational Services

**Did you know** that the Access 2 Entertainment card provides free admission for support persons accompanying a person with a disability at member movie theatres and selected attractions across Canada. The person with the disability pays regular admission.



# Participating theatres chains include:

Cineplex Odeon Cinemas www.cineplex.com
Galaxy Cinemas www.cineplex.com
Famous Players Cinemas www.cineplex.com
SilverCity Cinemas www.cineplex.com
Colossus Cinemas www.cineplex.com
Coliseum Cinemas www.cineplex.com

Empire Theatres www.empiretheatres.com
Landmark Cinemas www.landmarkcinemas.com
Rainbow Cinemas www.rainbowcinemas.ca
Magic Lantern Cinemas www.rainbowcinemas.ca
AMC Theatres www.amctheatres.com

Simply present the Access 2 Entertainment card when purchasing tickets with your support person at participating movie theatres. A support person is an individual who accompanies a person with a disability to provide those services that are not provided by theatre employees, such as assisting the person with eating, administering medication, communication and use of the facilities. This must be verified by a registered health care provider or a recognized service provider such as your CPA Rehabilitation Counsellor.

There is a \$20.00 fee for obtaining the card and the card is valid for a period of 5 years from the date of issue.

Application forms are available at <a href="www.access2card.ca">www.access2card.ca</a> or call the CPA office and an application form will be sent out to you.

# Computer Skills Training Program

Kenn Harrison, Computer Skills Instructor, Society for Manitobans with Disabilities, Employment Preparation Centre (EPC) reflects on the Computer Training offered at the EPC.

# Who would benefit from attending computer training?

The Computer Fundamentals 101 course is designed for individuals who have limited or no computer experience. The Microsoft Word Level 1 is intended for individuals who have some computer experience and would like to enhance their computer skills.

# What can participants expect from the classes?

Currently, we are offering two courses, Computer Fundaments 101 and Microsoft Word Level 1. Classes run for one week, Monday – Friday from 12:45 p.m. – 3:45 p.m.

The Computer Fundamentals course covers the following: how to turn on a computer and/or monitor, the basic functions of a mouse, setting up an e-mail account, specifically, for job seekers, how to send and receive e-mails, how to create a basic resume from a template, how to attach a resume to an e-mail, and how to search the web for employment opportunities.

Microsoft Word Level 1 is geared towards learners who have some computer proficiency and would like to enhance their computer skills. The course teaches how to: copy, cut and paste, adjust font type and size, create bullets, indent, open, close and save documents, perform editing functions, format documents, use Spell Check, print, insert date, time, and page numbers, create files and folders, rename documents, recover deleted files.

# Do participants need to have keyboarding skill to participate in the computer class?

It would be beneficial for students to have some basic keyboarding knowledge prior to engaging in the Computer Fundamentals 101 course. Students will need to have a typing speed of at least 15-20 wpm,

prior to engaging in the Microsoft Level 1 course.

# How many people can attend class?

The classroom is able to accommodate nine participants and is equipped with ergonomic work stations. Desks can be elevated or lowered; monitors are fully adjustable and can be set at different angles; chairs are fully adjustable. There are also various input devices available, such as, compact keyboards, left-handed keyboards, and tracking balls, etc.

## How are referrals made to the program?

Referrals to the computer training are initiated by vocational counsellors from the Canadian Paraplegic Association, Society for Manitobans with Disabilities, and Jobs & The Economy.

#### Is there a wait list?

Usually there is not a wait list, but enrollment is offered on a first-come, first-serve basis. Individuals need to be referred by their counsellor and funding should be in place before the class commences.

### What is the format of the class?

For each topic, the class works through assignments and an over-head projector and a screen is used to demonstrate each task. Students work independently and at their own pace. There is always at least one classroom assistant available to provide one-on-one support to students, if needed.

### Are attendance and punctuality monitored?

Yes, attendance and punctuality are monitored and are reflected in the report that is provided to the referring counsellor at the end of the course. Students are expected to contact the Instructor if they are unable to attend a class. If a student misses too much time, they may not be allowed to continue in the course as there is really no opportunity to catch up material that has been missed.

## Can participants who use voice-activated software attend the class?

Individuals who rely on voice-activated software will need to be proficient with using the program and may need to complete a short assessment prior to commencing the course in order to demonstrate their level of proficient.

### Is there homework?

There is no homework but students are encouraged to practice what they learned in class on their home computers.

How are participants evaluated? Do participants and their counsellors receive a report at the end of class?

Students are given a number of in-class assignments

based on the material covered in each class. At the end of the course, a progress report is completed by the Instructor and sent to the referring counsellor. The progress report highlights areas covered in the course that the student was able to master. The report also contains a record of the student's attendance/punctuality during the five days of classes.

# Additional thoughts:

Students would benefit from having a computer at home so that they can practice what they learn each day. Also, referring counsellors should advise, at time of referral, whether the student has any accommodation needs as these should be addressed prior to the student commencing the course.

~Laurence Haien ~ Senior Rehabilitation Counsellor,

**Vocational Services** 

# **Important Phone Numbers to Remember**

#### Housing:

Manitoba Housing provides subsidized housing for low income and special needs family and elderly persons. Rental rates are based on 27% of the gross family monthly income

Manitoba Housing 105-185 Smith St. Winnipeg, R3C 3G4 Phone 945-4663

# For information on subsidies and applications, visit 280 Broadway Ave. or call 945-2611.

 Winnipeg Housing Rehabilitation Corporation 60 Frances Street Winnipeg, MB R3A 1B5 Phone 949-2880

#### Health

- Manitoba Health (health card) 300 Carlton Street Winnipeg MB Phone: 786-7101
- Health Links: Phone 788-8299.
- Aboriginal Health and Wellness Centre Winnipeg Inc.

215-181 Higgins Avenue Winnipeg.

Phone: 925-3700

Find a family doctor: 786-7111.

### **Aboriginal Specific Housing Programs**

Kenata Housing. Phone: 338-6261

Kekinan Centre Inc. Phone: 582-0439

Kinew Housing Corporation. Phone: 956-5903

Aiyawin Corporation. Phone: 985-4242

S.A.M. Management. Phone: 942-0991

Payuk Inter-Tribal Council Housing Authority Inc. Phone:783-4891

Dakota Ojibway Tribal Council Housing Authority Inc. Phone: 988-5377

#### Financial:

- Employment and Income Assistance General Information line: 948-4000.
- Child Tax Benefits. Revenue Canada: 948-5700.
- Winnipeg Harvest: 1085 Winnipeg Street.
   Crisis Food Line: 982-3663.
- Christmas Cheer Board: 669-5369.

The information above is from "A Guide to Winnipeg for Aboriginal Newcomers 2003."



# **News**Release

August 28, 2015

# PROVINCE, MUNICIPALITIES, PUBLIC-SECTOR ORGANIZATIONS TO DEVELOP ACCESSIBILITY PLANS

- - -

Goal is to Eliminate Barriers to Programs,
Services for all Manitobans: Minister Irvin-Ross

The provincial government will take the lead as municipalities and public-sector organizations develop plans to remove barriers to programs and services for all Manitobans by the end of 2017, Family Services Kerri Irvin-Ross, minister responsible for persons with disabilities, announced today.

"All Manitobans have the right to access government programs and services. But sometimes physical structures, technology, poorly planned policies and practices create barriers, making it difficult for some people to access the programs and services they deserve," Minister Irvin-Ross said. "By identifying and removing these barriers, we will create a more inclusive society for all Manitobans."

Under the Accessibility for Manitobans Act (AMA), beginning in 2016, the provincial government, all larger public-sector organizations and municipalities, must develop a multi-year accessibility plan that will identify barriers in their policies, programs and services and propose ways to eliminate them, the minister said. Smaller municipalities and public-sector bodies will have until 2017 to complete accessibility plans.

"Accessibility legislation moves Manitoba away from dealing with barriers on a case-by-case basis; instead it offers a pro-active and systemic approach to preventing and eliminating barriers," said Allen Mankewich, co-chairperson, Manitoba League of Persons with Disabilities. "Increasingly Manitobans are taking the initiative to make their communities and services more inclusive. Accessibility legislation will help guide this process."

"This is an important step toward removing the barriers that prevent people with disabilities from fully participating in all aspects of society," said Jim Derksen, vice-chair, Accessibility Advisory Council. "The council is pleased to have played a role in consulting with the public and advising government on its accessibility legislation."

Accessibility legislation recognizes that barriers prevent Manitobans with disabilities from going places, using services and getting information, Minister Irvin-Ross said. Barriers can be in such areas as building design, information services and hiring practices.

The legislation will apply to all organizations (public, private and non-profit) that provide goods or services, and that have one or more employees in Manitoba. Accessibility standards will be developed in the five areas of customer service, employment, information and communication, transportation, and design and construction outside the jurisdiction of the Manitoba Building Code, such as sidewalks, pathways and parks.

Today, an estimated one in six Canadians lives with a disability. By 2030, that number is expected to grow to one in five. About 15 per cent of Manitobans face some sort of barrier to receiving services from the public and private sectors.

"Barriers come at an enormous cost to people with disabilities, to their family and friends, to their communities and also to businesses," Minister Irvin-Ross said. "All public bodies, including the province, must demonstrate a commitment to accessibility by eliminating barriers in the delivery of programs and services."

Manitoba will offer assistance in the identification, prevention and removal of barriers to accessibility, the minister said. Manitoba's Disability Issues Office offers free presentations and training events on creating an accessibility plan, including policies and strategies for action.

Deadlines for the introduction of accessibility plans by government agencies are as follows:

- 2016 the Manitoba government and all its departments, universities and colleges, Crown corporations, regional health authorities and larger municipalities.
- 2017 all other municipalities and public-sector bodies including any board, commission, association, agency or similar body whose management, directors or governing members are appointed by the government.

For further information on the Accessibility for Manitobans Act, visit www.accessibilitymb.ca.

The following two articles feature CPA members who have found emotional release through their art.

# Art From The Heart

There are many reasons for art, such as to heal, be heard or something completely different. More times than not I tend to use art as a stress reliever. Art and stress relief fall under what some people would call "art therapy". I, however, just call it a hobby.

I draw a plethora of things, depending on my mood, the day outside or whatever happens to motivate me. I draw things like realism, original art, and fan art.

**Realism:** Is from my understanding anything from real life. I do portraits of friends and family. Others do "still life" which is realism but for scenery and inanimate objects.

Original art: Is the creation of your own characters and/or scene - something you own, that no one else has done.

Fan art: (goes hand-in-hand with "Fanfiction" which is the writing equivalent): Is art/stories based on something you like, such as cartoons, TV, movies, video games, etc. You are a fan and you make art based on this interest, thus "fan art". Within these options of drawing (or whichever medium you choose) there are sub-categories, genres, and the like.

Art is art. No matter the medium used (painting, drawing, literary works, etc.) art conveys a feeling, thought, or life. Personally I write as well but drawing is more my focus with this article.

When one opens themselves up enough, that they are releasing emotions and thoughts onto paper, that is usually when the subject matter is likely to touch another's soul. However, the common problem for artists, no matter the medium, is feedback if they are asking for it. Most artists don't get popular, some beg for someone to see what they did, others are okay regardless, and a few keep their art private. I am on the level of begging and pleading for comments and feedback. As much as I get stress relief from drawing, I feel more accomplished when someone tells me I did well. With this feedback, it feels like I didn't waste my time, energy, and emotions which are meaningful for me.

All that aside, I draw in a style one would call "anime", which is Japanese animation or the style of Japanese animation. Anime is not one set style but it is like when someone draws cartoons. I started drawing fan art and it is largely what I draw now. I draw characters from shows such as Dragon Ball/Z, Sailor Moon, Naruto, and InuYasha. When I first started drawing, I tried to copy styles as much as possible because I had no talent. Slowly over time I got my own style that is still heavily based on the stylistic nature of anime.

I could go on and on about what and how I draw but the point is I started drawing randomly because I wanted to be like my sister. I kept going because at one point I thought it was fun and now it is a hobby that offers emotional release and sometimes an extra twenty bucks when I am commissioned.

I am now confident enough to ask people to pay for my art and to even get it put on merchandise like tote bags, stickers, and canvas through a website called 'Redbubble', but I wasn't always like that. I still have my doubts which leaves me unable to draw for weeks at a time. I still worry I am not good enough (which is one reason why I will never work in the industry).

As a paraplegic, drawing helps me through a plethora of things, but most importantly it helps me survive the winter. Winnipeg has such long and harsh winters that drawing lets me escape into a land that isn't full of snow or a land I can easily be out building a snowman with a quick pencil movement. It keeps me busy and occupied when I find life is unfair. It keeps me for the most part balanced.

I think the most important thing for an artist is to find meaning in whatever it is that they have created. Not as a single piece but as a whole. If one were to ask what does my art mean to me as a

whole, I would have to say that I would be lost without art. I would be lost without the anime and friends that inspire it. It is my life, my hobby, and I wouldn't give it up for the world even if I do not do it professionally. No matter the subject matter, how finished it is or how colourful, I am still going, still drawing. To me my art means life. It means I am still pushing along (pun intended).

That being said, I encourage people, even those that feel they cannot draw, to continue practicing, to keep it up. You will find your own meaning and you will have your own reason. Stick person or not, I am pretty sure your art is magical.

~ Amy LeBleu, CPA member ~

Check out more of my art at:

Doggy-Yasha.deviantart.com
Yashaart.tumblr.com
Redbubble.com/people/doggyyasha





Digital art produced in Photoshop featuring Bardock and mermaid characters.



Realism hand-sketch featuring married friends of mine.



# Strokes of Meaning

# The influence of painting in one CPA member's world

~ by Tara Mamchuk ~

Maria discovered painting as a little girl in Croatia. Maria was 6 or 7 years old when she first started painting and was the only one of her seven siblings to have this interest. According to Maria, she "was constantly painting" as a young girl. Maria used clay and water to make little plates to paint. Back in those days, Maria would paint houses, flowers, and trees.

Fast-forward to 2015, Maria has been living in Winnipeg for 28 years and is still painting. When asked about her painting process, Maria is adament that it is easy. She starts with painting a back-

ground and after that "what comes, comes," says Maria. She does not decide ahead of time what she will paint and goes with what she is feeling in the moment. Maria identifies as having less patience for painting with children, stating: "I go free and they can't absorb what I am doing". However, she does enjoy painting while others are in her presence, such as her sons Anthony and Daniel. Despite her desire for company, Maria is not seeking approval of her artistry. She is unconcerned whether others like her art as her own appreciation is enough for her.

Maria identifies her style as "simple but nice". Maria has quite a range with her style - from abstract to portraits. As a rule, her paintings are very colourful. Maria acknowledges that her artwork is open to interpretation and that different people may see different things in her art. For example, in one piece Maria sees a woman preparing to give birth which may not be so obvious to others. Maria's favourite painting has a woman with a baby against her chest and shoulder, with another woman in white following her and another woman beside her. As per Maria, some people see flowers to the left side of this painting but once again, it is all in the eye of the beholder. This painting was scooped up by one of Maria's sons, so you will have to use your imagination. Maria has an awareness that her artwork may not mean something to others, but at the very least it means something to her.

Maria appreciates how painting keeps her busy and helps to pass time. She finds great relaxation with painting. Maria finds that painting helps to lift her mood - "emotionally I am not upset about this and that, I am happy". After a painting session, Maria is able to do other things like go out for a ride in her powerchair. Painting is not only an activity for Maria but it also enables her to cope with feeling down, pain, and spasms. Maria's painting is more than a hobby or distraction; it has an undeniable therapeutic value.

Maria Boychuk holding one of her original paintings
This piece features her parents at different stages joined on one canvas her father when he was younger and her mother when she was older.













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Disclaimer: Please note that the opinions expressed in this and other articles are those of the authors and do not necessarily represent the views of CPA Manitoba.

# Mansung Meroes

~ By P.A. MacDonald ~

I hope you have all had an excellent summer this year. I learned a few things I never knew before. If the Humidex value in a closed room exceeds 40°C, cheap bar soap melts and wallpaper peels! I look forward to spending the colder months painting as well as sculpting the humongous soap blob into a polar bear statue!

I have never shared my story with you. I have never felt that my life is that remarkable or deserving of paper space in this wonderful publication. Yet, to get to the point of this article, it is necessary. I take great pride in my independence. I am very lucky to be able to do all that I do despite my spinal cord injury. The truth is, I did not do it alone. I have benefitted from the help of a great many people, and you all know who you are! After a life altering SCI, the road back to fulfillment and usefulness is a long and bumpy one. Without friends, medical and support workers as well as organizations such as CPA, my life could have become stagnant.

This article is a tribute to some of my personal unsung heroes who were there for me when the unthinkable happened and my life changed forever. I will only use their first names, but in my opinion they all deserve to be put on a pedestal and admired as some of the best the human race has to offer. If I was to tell you all the stories of all the help I have benefited from, ParaTracks would probably send me a bill for all the extra paper and printing costs involved with this issue. Quite frankly, I have enough bills to pay, so I will go back only 10 years.

Let's get into a "Back to the Future" style time machine and zip backwards 10 years to 2005. Early that year I finally had a very complex surgery by a now retired, gifted surgeon that essentially fixed a problem I had been dealing with for 16 years. I was overjoyed and had a new outlook on life. Almost immediately after my discharge, I noticed I was having difficulty walking. I started using a cane (much to my embarrassment), and as I was waiting for MRI's and an appointment with a specialist it got gradually worse to the point of having to use two canes just to walk 50 feet.

While Hurricane Katrina was ravaging New Orleans, I had to move out of my residence of 15 years. For my roommate, the house was no longer accessible and I could not afford the rent alone. In 15 years, one accumulates a mountain of stuff, so it was hardly a light load that needed to be tossed or transferred.

August 31st was one of the hottest days of the year and another family was due to move in the following day. My moving company failed to show up. It was impossible to arrange an alternate company because it is one of the busiest moving days of the year. I was stuck, big time.

In a panic I called one of my best friends who I will refer to as "<u>Sis</u>" because we are so close that I regard her as the older sister I never had. She and her husband owned a business and they both worked 16 hours a day. August 31st was their one day off and the family had plans for a BBQ with guests pre-invited. They promptly cancelled the BBQ, called all the guests and within a few hours, Sis, husband and 15 year old son showed up at my door with two vehicles. It took a number of hours and multiple trips, especially with large pieces of furniture held to the vehicle roof by bungee cords and prayers. I don't know what I would have done without them.



Shortly after Christmas that year, my walking trouble reached its full potential and I found myself on the floor and unable to get up. I was alone at home in St. James. I could not reach the wall phone but fortunately my cell was available. Earlier in the day I called **Rob & Joane** who are my former landlords, employers, mentors and earthly parental allegories. I told them that I was tired of struggling and I made up my mind to go to the E.R. We set a time in the afternoon for Rob to come down and drive me to St. Boniface Hospital. My unexpected fall occurred after he had already left his house to come meet me at my home. He had a cell phone with him, but it was not on.

I was able to reach Joane at home, but she had no way of contacting Rob to tell him that he would have to come into the house to get me. The back lane driveway came right up to the kitchen window of the house. When he arrived, he backed the truck in, turned it off and sat there waiting for me to come out. Meanwhile, I am on the floor, on the other side of the window, cursing fate and trying to think of some way to get his attention. If this was TV, it would have been a hilarious SNL skit. Finally, I grabbed my cane and slipped off my boxer shorts and tied them to the handle of the cane. I started waving my flag of distress in front of the kitchen window hoping to catch his attention.

I then heard his engine start and I heard the transmission click as he put it in gear to drive away. I was horrified I would be left there, so I started banging on the wall and frantically waving my "flag". As he was pulling out, he glanced into his rear view mirror and glimpsed the flapping boxer shorts in the window. Not only did he get me to the hospital, he managed to embarrass the triage nurse to the point of getting me to see a doctor without too long of a wait. Let's just say he has a commanding air about him and he is a very convincing person ... if you know what I mean.  $\odot$ 

It was not long before they diagnosed and transferred me to HSC for surgery. What was clear was that my hospital stay would be lengthy. I had a cat named Spunky. He was 15 years old and the closest thing to a son I have ever had. He was a house cat who did not do well in other people's homes. He needed me to take care of him, and for that reason, I was refusing the surgery.

The medical staff pointed out that the longer I delayed the surgery, the less optimistic the prognosis becomes. The hospital contacted Sis and explained the situation in hopes that she could convince me to have the surgery. She practically ordered me to have it and to not worry about Spunky. She would drive out from Transcona every day to see that Spunky's needs were met. What she didn't know was that this was going to be a 6 month sentence.

I have nothing but good things to say about my care while in hospital. I had a top notch surgeon who did both surgeries, and I came out of it with much more mobility than anyone expected. My physiotherapist had the patience of Gods with me, and I worked as hard as I could. I also had 3 roommates for 4 months in the rehab who had quadriplegia because of accidents. By observing the daily struggle of their lives, I came to the realization that I was in fact the luckiest person in that room. How could I feel sorry for myself? For that reason I am including them as unsung heroes. I have often wondered how they have fared over the years.



CPA ran a weekly support group mostly for in patients and I was required to attend. I did not want to go sit in a daisy circle, holding hands and singing Kumbaya or whining about how I felt about my life change. I figured I was just fine with it and needed no help from them. Yet, being in hospital is BORING. After physio, there is little left to do, so I

attended the meetings anyway. I heard many things, most of which I was sure went straight out the other ear. Many months later, I would discover I was very wrong about that. So for those CPA members who conducted those meetings, despite my belligerence, you supplied the advice I did not yet know I needed.

Leaving the hospital was the next challenge. I could not return to my current residence because the house was no longer accessible to me. The hospital could not release me until I had a residence to go to. Enter stage right; The Mighty Elizabeth. Liz was employed with CPA and it was her job to help coordinate and find supports for persons with new SCIs about to be discharged from the hospital. She submitted an application to Ten Ten Sinclair for temporary transitory housing. There was a lot of red tape involved, much more for me than for the average person. She also helped me register for Handi-Transit with much less grief than most people usually face with that process. With every setback, she was in there fighting for me, often going above and beyond.

I started calling her my shovel. When she asked me why, I said because she was the one shovelling through all the B.S. on my behalf. Liz was also my first visual example that someone in a wheelchair could be useful, relevant, responsible and not only hold a job, but do it in an exemplary fashion.

July 1st, 2006 was the day I left the hospital in a wheelchair and moved into Ten Ten Sinclair Housing Inc. The move had been approved so late that I did not get a chance to arrange a moving company. So, just like one year previous, Sis and the family got me moved. I`m sure she was delighted

that her tenure as Spunky's guardian angel was now over, but she never once complained or even charged me for the gas she burned up driving back and forth for 6 months. At the end of that very long day, she took me out for groceries. I had a 4 month wait for a power chair, so in that time, she would come out once a week and take me grocery shopping. Since then, if I was in need, a text message was all it took to have her at my door, no matter how busy she was. On July 1, 2007 Sis and family moved me one last time, to the place where I still reside today.

While I was waiting for a power chair, CPA, who had just taken me on as a new member, made me the offer that they would pay for an ultra-light wheelchair in order for me to be more mobile and stay in shape. I was floored when I found out the chair they were looking at was over \$3000.00. They brought it down and let me try it out for a few days. Unfortunately, it was a little too small for me and not very comfortable, so I gracefully declined. I mention this because not only had I not even paid any dues yet, CPA was willing to go to this expense for my benefit. It made me very proud and appreciative to be a member.



The last person I will tell you about today was a volunteer co-ordinator working for SMD. I have been a volunteer for many years and always wanted to keep a low profile. I am shy, I was always trying to weasel out of going to volunteer appreciation dinners and other events intended to thank us for our contributions. Every time I received a pin or certificate of some sort, it went into a drawer at home with little possibility of seeing the light of day again.

SMD changes its volunteer co-ordinators every few years. In the 3 years <u>Laurie</u> worked there, she became my cheerleader and eventually a friend. She talked me into doing things I did not want to do. I trusted her enough to take on some of the new roles. Not only has the experiences changed my attitude to a certain degree and given me a much brighter outlook, but they've also added contentment that I am living my life to the fullest. Writing these ParaTracks articles are one of the things she encouraged me to try doing. I have since taken all those awards out of my drawer and they are now proudly displayed on what I call my `Wall of Shame`! ① *Thank You Laurie!* 

There are many more people who have had a big effect on my life in the last 10 years and each deserves an entire article just about them. I will have to stop now, but not before mentioning who <u>`Sis`</u> is. Her name is **Thelma Krull**. She is to everyone who knows her, what she is to me. That is why so many people refuse to give up looking for her. She vanished without a trace on **July 11, 2015**. If anyone reading this has any information to offer please call **Crime Stoppers at 1-800-222-8477**. I have posted an older picture of Thelma you may not have seen in the media. It was taken from a TV news interview a number of years ago when she and her husband owned and worked at a restaurant on Henderson Hwy.





To all the unsung heroes out there who go out of their way to help persons in need, my hat goes off to you. It is my hope all you wonderful readers will have a very pleasant autumn and don't forget the big week-long Grey Cup party coming up in November. It would be nice to see some blue in the game, but I fear the only way would be if everyone attending the game holds their breath until they all turn blue!  $\odot$ 

# Going Racing Again



*Prior to the accident that changed my life*, a lot of my spare time was spent being involved in sports car racing. I've done every job there was to do on

a race track, from sweeping it, to organizing races, to racing on them over a period of 40 years.

For 26 years I had been the Chief Driving Instructor for our local Racing School. At the same time I'd been involved as an official for our region dealing with the judicial side of motorsport.

After my accident one of my concerns was how could I still be involved in the car racing that I had enjoyed so much. I started out with having to hand off the jobs I was doing at the local race track, and the registration job my wife had been doing, to other people within our club. I had a few people working with me who would have seen how I operated races

and how I dealt with problems as they arose. People stepped up and, with a few hiccups, kept things going.

Various racers came to visit me in the hospital to do some armchair racing and help keep my spirits

up. The race director frequently consulted with me on problems that he was having going forward.

My family decided to have a social to raise funds. People from the racing community and the automotive trades community, where I'd worked for many years, stepped up with prize packages. My wife, my sisters and all sorts of friends of ours helped promote the social and sell tickets. At the end we had so many prizes we had trouble putting them into groups. We

filled the social hall. Everyone had a good time and lots of people won really good prizes. My thanks to all the people that contributed

I knew one problem was going to be how do I get out to Gimli to attend the races? "Un-Handy" Transit doesn't go up there and to rent a wheelchair taxi would be very expensive.

One of my friends noticed a wheelchair van for sale on a bulletin board at his local

grocery store. Shortly after I came home I called the number and acquired the van. This alone has made a big difference to my life. We can go out on a whim anytime we want and more importantly I get to go back to the racetrack.

When the dust settled after my accident, I was paralyzed from my shoulders down. As I still had my mind, my wife, Judy, and my hands and voice activat-

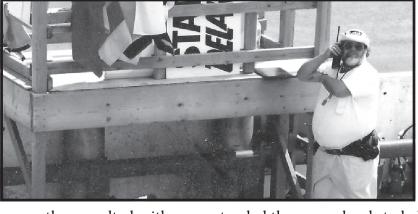
ed software to be able to still use computers, the Region Board kept me on as a lot of my work can be done over the Internet.

I could still attend local races and work with the officials to help make these events happen. I at-

tended the race schools to help operate the Saturday program so that one of the instructors didn't have to step in and make operating decisions. I can sit my wheelchair with a radio and operate the racetrack for them.

During races I can work with the other stewards to help investigate incidences and deal with conflicts that do arise from time to time. Also I still get to meet everybody down in the pits, and occasionally





offer advice to racers who were being perplexed by mechanical problems.

This year Region decided to step up the level of stewarding for the whole region. This meant that I had to update a training school that I had written a number of years ago in Powerpoint. With my wife's help, and the voice activated software, we are able to get the job done. I think my wife learned more about PowerPoint than she ever really wanted to know, but she persisted and the job got done. I presented the course here to make sure that the flow was correct and the information got out. Then I packaged the whole course and sent it out to Alberta to get somebody else to teach it for me.

I appoint the stewards for the events both here and in Alberta and make sure that I'm available on race weekends if a problem arises. I also accept reports of their inquiries which I turn around and post to our Region website.

What I'm able to do is not as much fun as racing, but it allows me to contribute to sports car racing in the only way that I can now. It also allows me to use my brain to help improve things in my end of the

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sport.

There's a saying in car racing "a bad day of car racing is still better than a good day anywhere else!" I enjoy my trips out to the racetrack. It is great to be still dealing with racers and their families face to face, over the phone, or on the Internet.

~ Dino Calvert ~

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# **Driver Assessment & Management Program (DAMP)**

The Health Sciences Centre Occupational Therapy Department Driver Assessment & Management Program (DAMP) is a comprehensive two-part program that evaluates the needs and potential of drivers who have been affected by a medical condition.

Clients are seen from all corners of the province and from Northwestern Ontario.

### A Team Approach

The DAMP team consists of the client, their physician, Occupational Therapist, Driving Instructor, Assistive Technology Specialists and MPI Medical Compliance and Assessments staff.

Everyone works together to assess the client's ability. MPI Medical Compliance and Assessments is responsible for making the final licensing decision, once assessment is completed.

#### Part 1: In-Clinic Assessment

The Occupational Therapist conducts this 90-minute assessment in the Occupational Therapy Department at Health Sciences Centre.

As appropriate to the medical condition, the therapist evaluates the client's abilities:

**Cognitive skills** (concentration, memory and visual perception)

**Physical status** (strength, range of motion, sensation and coordination)

# Ability to operate vehicle controls

### **Reaction time**

This provides information regarding physical and cognitive skills required for driving and the need for vehicle modifications.

Some common vehicle modifications include hand controls, left foot gas pedal and steering wheel spinner devices

Following the pre-screening, most clients are evaluated on the road.

### Part 2: On-Road Assessment

The on-road evaluation is conducted on the same day, following the pre-screening.

The DAMP Driver Instructor and Occupational Therapist conduct the approximately 45 minute evaluation using the Driving Instructor's dual-controlled vehicle.

The assessment vehicle can be modified to meet the needs of most clients.

The client's judgement, decision making and physical control of the vehicle are observed in a variety of driving situations.

#### Then What?

Following the on-road evaluation, feedback is provided to the client regarding assessment results and recommendations that will be made.

### A report summarizing the recommendations is sent to:

- MPI Medical Compliance and Assessments
- Referring Physician
- HSC Assistive Technology Products and Services (if vehicle modifications are recommended)

#### Is There a Fee?

All clients pay a \$100 fee (January 2014 rate) for the driver instructor, payable in cash on the day of the assessment. Additional fees may be charged for clients from out of province.

#### Vehicle Modifications

If vehicle modifications are needed, this will be discussed further. Manitobans are eligible for limited vehicle modifications through: Assistive Technology Products & Services, Health Sciences Centre, 204-787-2366

### How Do I Get Referred?

All clients must be referred in writing by their physician. The referral should be sent directly to MPI (see address below).

Due to privacy policies regarding personal health information, referrals sent directly from physicians to Occupational Therapy will be returned to the physician with instructions to send to MPI for processing.

MPI Medical Compliance and Assessments coordinates the referral process. This ensures that all medical concerns are dealt with prior to the driving assessment and that the client has a valid driver's license or a temporary permit for the on-road evaluation.

# To obtain a referral to DAMP, clients or physicians should contact:

Manitoba Public insurance Medical Compliance and Assessments Box 6300

Winnipeg MB R3C 4A4 Phone: 204-985-1900

#### **For More Information:**

Driver Assessment & Management Program HSC Occupational Therapy RR180, 800 Sherbrook Street Winnipeg MB R3A 1R9

Phone: 204-787-2786

Fax: 204-787-1101

# 2015 Merit Award Presented to Sylvonne Layne, Nicole Dubois and Indra Balkissoon



CPA Executive Director Ron Burky, Sylvonne Layne, Nicole Dubois, Indra Balkissoon and CPA President John Wallis

In 1965 the Canadian Paraplegic Association (Manitoba) Inc. initiated the presentation of the Merit Award. This award provides CPA with an opportunity to give formal, public recognition to either organizations or individuals, for their outstanding accomplishments and their contributions in support of individuals with spinal cord injuries. The Merit Award is presented each year at CPA's Annual General Meeting. The presentation includes a plaque presentation to the recipient as well as having their name engraved along with previous recipients on a permanent Merit Award Plaque that is proudly displayed in the CPA Office.

At CPA's Annual General Meeting on June 23, 2015, John Wallis, President, presented the 2015 Merit Award to three equally-deserving health care professionals: Sylvonne Layne, Indra Balkissoon and Nicole Dubois for their "dedication and commitment in supporting persons with spinal cord injury and other physical disabilities to achieve greater independence, self-reliance and full community participation".

*Sylvonne Layne:* Sylvonne provided 35 years of service in the health care profession. You could usually find Sylvonne by her laugh. She began her career as an O.R. assistant in 1980 when she hired on at the Health Sciences Centre (HSC). She returned to school and

completed her training in Nursing while working part time at HSC. In 1993, after graduating as a Registered Nurse, she began working at HSC on RR4. From 2003 to 2013 she held the Clinical Resource Nurse position on RR4 and then moved to RR5.

She retired in December 2013. She was part of the training team for Health Care Aides when that program was implemented. She was a strong patient advocate and treated patients with dignity and respect and making their stay as pleasant as possible in an adverse situation.

**Nicole Dubois:** Nicole served the public as a Registered Nurse for 26 years and recently retired. She was the Outpatient Nurse at the SCI Outpatient clinic from 2006 to May 31, 2015 and was a nurse on the SCI Unit from 1989 to 1987. As well, she provided services to Northern Nursing services for two years while maintaining her HSC position. Nicole served on the CPA Board of Directors for a year and a half. Nicole was a great help when CPA attempted various projects related to pressure ulcer follow up and prevention. She had a passion for the nursing profession. She was an excellent instructor with patients in terms of managing their own care post-injury. She assisted many CPA members in maintaining their health and recovery after sustaining pressure ulcers and linking them to specialists for appropriate care, thus saving many lives.

*Indra Balkissoon:* Thirty-nine years ago, Indra began her career at the Health Sciences Centre (HSC) in 1976 as a unit assistant. She moved on to become the unit clerk on RR4 Spinal Cord Injury Unit and in 2003 she joined the staff at the SCI Outpatient Clinic. She loved the face to face direct service delivery. We remember seeing Indra feeding patients with high cervical injuries while they waited for their appointments, repositioning patients, etc. Nothing was too much for her. She was an excellent collaborator – she would phone CPA to notify them that people were missing therapy appointments, not doing well, etc. and to see if CPA could follow up...because she cared. Indra retired from the Outpatient Clinic last year. She certainly impacted the quality of life and cared kindly for CPA members throughout her work life and is sadly missed.

# CPA Welcomes its Newest Staff Members

My name is Stefan Kliewer and I am the newest member of the CPA team. As of June I have been getting to know members, and learning the ropes of what it means to be a vocational rehabilitation counsellor. The time that I have had at CPA so far has made me excited to provide assistance and help facilitate personal growth in the membership community.

I recently graduated from Providence Seminary with a Master's in Counselling degree where I developed skills that will enable me to be a better support to the people that I am currently working with.

Throughout my Master's program I worked part time helping clients that were dealing with mental disabilities to embrace life in as many ways as possible



disabilities to embrace life in as many ways as possible. Through this work I developed my desire to see people have as many opportunities as possible, and also recognized the advantage in having strong relationships to provide support during times of change. In addition to working with mental health I have worked in many less related fields, from serving food in an Indian restaurant, to planting trees all over Western Canada, and teaching English in South Korea.

All of the experiences that I have had in work and in life have given me a fairly broad perspective on life and I look forward to continuing to learn from your experiences, even as I strive to assist you in the areas that you would like to grow in.



# My name is Jacqueline (Jackie) Armes

and taking care of hearts is my business. I was born and raised in Oakbank, MB, but left for a while to serve our country in the Canadian Forces. I have dedicated my life to helping others. For the past 25 years I have been working to do just that. I started my career as an army medical assistant, and have assisted soldiers injured overseas and here at home.

For the last decade, I have re-trained as a registered social worker. I now focus my energy on the pursuit of social justice and the well-being of oppressed and marginalized individuals/communities. A collective action for combating racism, sexism, classism, het-

erosexism, ageism, adultism, mentalism, ableism. My community contribution has been on mental health, substance addiction, and health care.

I settled on social work because taking care of the "soul" seemed so natural to me. Working as a Rehab Counsellor with CPA Manitoba is another opportunity to be of service to you, the members! I'd like to think I'm doing my part, being as useful as possible, and giving to the best of my abilities. For now, I'd like to continue assisting persons with spinal cord injuries to achieve independence, self-reliance, and full community participation.

Always remember, there are no short cuts to any place worth going.

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Mike Hladky (SMR, UofM)

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

Sharad Chandra

Robina Grant

Alden Wood

Robert Currie

Janelle Komaransky

Henry Cullihall

Ruth Henry

Harbhajan Ghundhu

Murray McNiven

# We Need Your Feedback

# What would you like to see in future issues of ParaTracks?

We try our best to publish articles and stories that are of interest to you, our members. To ensure we continue with this practice, we need your help. Without feedback from CPA members, we can't always be sure that we're providing you with the information you require.

Please take a moment to provide us with your feedback. Was there an article that was of great interest to you? What did you like about this issue of ParaTracks? What didn't you like?

Please send your comments by email to aconley@canparaplegic.org or give Adrienne a call at 204-786-4753 or 1-800-720-4933 ext. 222.

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Return undeliverable Canadian addresses 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 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 and Disabled Sailing membership (25%).							
I wish to select the following category  \$15 - \$24 - Member  \$25 - \$99 - Supporting N  \$100 - \$249 - Sustaining	Member _	\$250 - \$49 \$500 and o	9 - Charter Memb ver - Patron Mem	oer lber			
All Monies donated remain in Manito any amount over \$15.00. Sustaining, tribution in the context of events such Inc. functions.	Charter and Patr	ron Members w	ill receive recogni	tion of their gener	ous con-		
** IMPORTANT ** According to Carmencing January 1, 2004, all businesse collect, use or disclose their informatic returning this form to CPA, you are provide on this membership form to notices with membership application your name listed in CPA's Annual R	es and organizatio on. Unless you in providing a form or the purposes oons and newslett	ns are required dicate otherwing of consent that fending out the ters as noted a	to obtain an indiv se by checking that the permits CPA to membership rece bove. You are all	vidual's consent whe box below, signouse the informatipts and cards, realso consenting to	hen they ning and tion you eminder		
CPA (Manitoba) Inc. does not sell of sonal information is provided to a thave any questions, please call the CP.	hird party <u>only</u> fo			_			
I do not consent to CP  ☐ I will no longer receive	~				hat		
Name:	Signature:			Date:			
Make cheque payable to: <b>Canadian Paraplegic Association (MB) Inc.</b> Mail to: 825 Sherbrook Street	Name		R A MEMBERSH.				
Winnipeg MB R3A 1M5  For more information: Phone: 204-786-4753	City, Prov			)			
Toll-free within MB: 1-800-720-4933 Fax: 204-786-1140 Email: aconley@canparaplegic.org	(providi	ng your email	address will help	save on mailing			
Eman. acomey@camparapiegic.org		_ivem	R	lenewal			