

March 2014

Winter Issue



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

MPF MANITOBA
PARAPLEGIA
FOUNDATION INC.

PARATRACKS



Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.

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** Greg Winmill is on leave*



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MANITOBA PARAPLEGIA FOUNDATION INC. (MPF) NEWS

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.

MPF has approved several requests for financial support during the past few months.

Some of the highlights are as follows:

During the month of October 2013:

- ☞ Financial support was granted to cover the cost of a ramp for a CPA member's home. This ramp will allow the member to access their home independently, without family member's assistance. This will allow a safe exit in case of an emergency.

During the November 2013:

- ☞ Funding was provided for the purchase of a custom rigid backrest for a CPA member. This backrest will enable the member to maintain good posture which will help eliminate some of the member's back pain.
- ☞ Financial support was provided to a CPA member for the purchase of a lift for their home. This lift will enable the member to continue to maintain their independence and will allow a safe exit in case of an emergency.

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During the month of December 2013:

- ☞ Financial support was granted to a CPA member for the purchase of a stainless steel shower chair. This chair is a safer alternative to the aluminum mode chair the member was using.

*Visit MPF's website at: www.cpamanitoba.ca/mpf
Applications for assistance are available by contacting the CPA office.*

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?

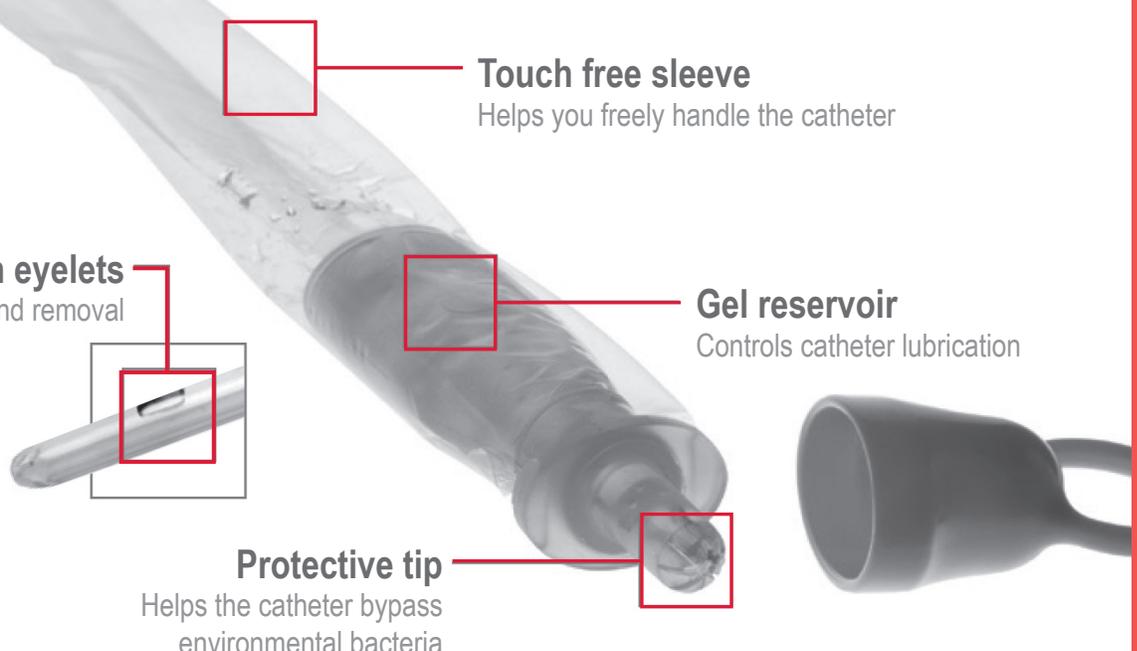
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Accessibility Services for Post-Secondary Students at Red River Community College

The idea that “strength lies in difference, not in similarities” is a sentiment that rings true in the typical Red River College classroom. All education is made better by bringing together people with diverse backgrounds and experiences and the College has made it a priority to provide an accessible learning environment for all students. In 1979 Red River College became the first post-secondary institution in Manitoba to provide Accessibility Services to enrolled students and it has maintained its reputation as a community leader in accessible education ever since. The College’s commitment to students with disabilities has continued to evolve and grow as more than a thousand students with disabilities each year make RRC their college of choice. In addition to the unit’s Coordinator and administrative staff there are currently eight Counsellors who meet regularly with students at the Notre Dame Campus, the Roblin Centre and the Language Training Centre. Services for students with disabilities are provided for all RRC’s campuses and to students enrolled in all programming including Distance and Continuing Education.

Accessibility Services establishes individualized support service accommodation plans to facilitate the integration of students with disabilities who self-identify their needs. Students with disabilities should contact Accessibility Services upon submission of their application, once a student registers they will

be asked to provide documentation that verifies disability and speaks to recommended supports. For incoming students impacted by spinal cord injuries there are an array of support services that may be helpful including: test and exam support (quiet rooms, extended time, an ergonomic writing environment etc.), accessible classrooms, adaptive technology training, tutoring support and note-taking as well as access to counselling and employment support services. Students are also advised on available federal and provincial funding options specifically available for persons with disabilities.

Meeting with a counsellor will assist students in developing a specialized plan geared towards academic success. Self-identifying needs before beginning an academic program allows incoming students the chance to learn more about the full menu of support options and to have the best possible start. Throughout a student’s time at the College, Counsellors will continue to make referrals to the various services offered at RRC and will be available to meet with students regularly to monitor the effectiveness of these services.

For more information on services for persons with disabilities please visit www.rrc.ca to fill out an online intake form or call 204-632-3966 to connect with RRC today.

The Disability Studies Masters Program at the University of Manitoba

I first considered applying to the Disability Studies Masters program at the University of Manitoba in the summer of 2012. I was working part-time at a job that used my Bachelor of Arts degree in English quite well, but I knew there was something missing. At the time, I had lived with a disability for over twenty years, and I had also been fortunate to have close friends who share my willingness to discuss disability and the second-rate status people with disabilities seem to hold within society. My job was in communications, and it took me a while to slowly realize that that “something missing” was working with those people who I can directly and most quickly relate to and identify

with. I had an opportunity to work for another year however, so I stayed at my job and promised myself I would apply for the program starting in fall 2013.

I don’t remember when I first learned about the program, but I have known other people who have completed it. I also distinctly remember being in my second or third year of university when someone from the program was referred to me for her thesis research. The student asked me if I had ever heard of the social versus medical model of disability, and I hadn’t. Even though I hadn’t, the minute the two models were described to me by the student I knew, I had unknowingly lived the bleak divide between the

social and medical models all my life, even if I hadn't heard the two theories being so formally articulated. In particular, I had unknowingly rallied against the medical model of disability (where disability is seen as an inherent fault within a person, and must be cured in order for that person to lead any kind of a normal life) for most of my life, instead choosing to live out the social model where people's negative attitudes towards disability are seen as the real "disabling" factors preventing people with disabilities from participating fully in society. For the first time a light bulb went off; these theories and others like it were the kind of thing I wanted to teach others to be conscious of.

I've also always loved writing and telling stories. If I could do that, and at the same time educate people about disability, I felt like I would have it made.

When I received my acceptance into the program in the spring of 2013, with my classes starting in the fall, I knew I would have to leave my job. I was glad I had worked for another year in order to save some money, and I also applied for Financial Aid within the University of Manitoba's scholarship and bursary program. I was delighted to receive a total of three bur-

saries from Financial Aid, and I am just about to start my second semester of the program. I do miss my job in communications, but I also think the opportunities coming out of this program were too big to pass up.

It's a small program—in my first semester, one of my classes had only seven students in it and in another class, a mere three—which is great because you really get to know both your fellow students and your professors. Of the new students to the program this year, one is a woman looking at disability arts organizations in Canada, another is a trained doctor from Pakistan working towards her Masters of Science, and myself (my hope is to look at disability within culture, as well as examine the power of storytelling and how this affects the overall self-image of people with disabilities). There are only two professors, and one of them is also the director of the Masters program. The entire experience is set up as a tiny disability-focused hub set amidst the large hustle and bustle of the University of Manitoba, which is like a city in itself. I feel beyond privileged to be involved and included in such an experience, where even the opinions of a disabled life-long prairie girl are welcome and valued.

~ Katelyn Grísím ~

Love of 'Crazy' Sport takes Funk to Paralympics

Athlete tells his story of succeeding with a disability



Photo credit to Dave Baxter

Jared Funk definitely knows a thing or two about succeeding in sports and in life, despite living with a disability.

Funk, who grew up in Niverville, has played wheelchair rugby since 1993, and has won two silver medals and one bronze medal in the sport at the Paralympic Games

Funk was a guest speaker at this month's meeting of the Interlake Rec Practitioners in West St. Paul, and once Funk was done speaking, the group's mem-

bers also got to try out a little wheelchair rugby in the Sunova Centre gym.

Funk was 18 years old in 1993 when he broke his neck in a car accident and because of his injuries became a quadriplegic. He went through extensive therapy in the hospital, but said the people taking care of him helped him get through it.

"All the doctors loved me in the hospital," Funk said. "I spent 9½ months in the hospital doing physical therapy and it was a time where you had to learn everything over again, because you basically start right from the beginning no matter what."

"I basically had to recreate my strength and muscles."

Funk said he had always been into organized sports, so while in the hospital someone suggested he check out a wheelchair rugby game.

"When I was in the hospital a gentleman named Grant said 'hey you've played sports before. Would you like to play sports again?' I said 'sure,' so he told me to come to the university and check it out."

Funk went to the University of Winnipeg and what

he saw was wheelchair rugby, also known as “murderball”, a four-on-four sport played on a basketball court with similar rules to basketball, but with hitting and full contact.

“I went and saw these guys smashing into each other and thought ‘this is kind of crazy’. So I got in a chair to try it, and in the first five minutes my head hit the floor, and my mom was freaking, and I’ve been playing ever since.”

Funk’s abilities at the sport have taken him to the Paralympic Games in Athens in 2004, Beijing in 2008, and London in 2012, and he has come home with three Paralympic medals.

Funk discussed all the remarkable things he has been able to do, and the places all over the world he has been able to travel to because of his success in wheelchair rugby.

He said he has countless fond memories, including coming out into the stadium in London for the Games’ opening ceremonies.

“The line starts moving and you see the fireworks go off, and when you get in there it’s crazy. The Queen and her entourage are standing right there.”

“And can you imagine all those people taking your picture at the same time and screaming for Canada? It’s an honour to be there anyways, and to take part in that, is an experience I will never forget.”

Also speaking at the meeting was physiotherapist Shanna Semler, who has teamed up with Funk to do a series of presentations on behalf of the Canadian

Paralympic Committee’s Changing Minds, Changing Lives strategy.

The CMCL strategy looks to ensure every Canadian with physical disabilities is given the opportunity to benefit from the empowerment and confidence that comes from participating in sport and physical activity.

Semler said the hope of the presentation would be that those in attendance would use what they have learned, to help people they know that may live with a disability.

“These are people that are potentially going to interact with people with disabilities”, said Semler. “So in these cases, a lot of them will be interacting with children, so the idea is we want to get people education, for when they deal with people with disabilities.”

“We try to talk to health care facilitators, and coaches, and physical-education teachers, so they can say “I’ve got this child here and we should look to facilitate an opportunity to get that child involved in sports in some capacity.”

For more information on the Canadian Paralympic Committee and the Changing Minds, Changing Lives strategy, go to paralympic.ca

*By Dave Baxter, The Selkirk Record
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MANITOBA WHEELCHAIR SPORT ASSOCIATION (MWSA)

MWSA is committed to promoting a healthy lifestyle through sport to the people with disabilities in Manitoba. A number of programs are available this winter for you to come out to:

- *Wheelchair Basketball* – Tuesday evenings 7 pm – 8:30 pm, University of Winnipeg Duckworth Centre.
- *Wheelchair Rugby* – Tuesdays 8:30 pm – 10:00 pm, Thursdays 9:00 pm – 10:30 pm, University of Winnipeg Duckworth Centre.
- *Wheelchair Tennis* – Wednesday evenings 8:30 pm – 10:00 pm at Taylor Tennis Club.
- *Mini-Paralympian Camp* – February 9, March 9, April 12, 2014, program for children and youth with a physical disability.
- *Canada Games 2015* – MWSA is looking for males and females aged 14-23 years to be a part of our wheelchair basketball team for the 2015 Canada Winter Games. Join us on February 1 and 2, 2014 at St. Alphonsus School for a weekend training camp.

For more information on the camps and other programs & events, be sure to visit our website www.mwsa.ca, like us on Facebook under “Manitoba Wheelchair Sport Association”, call the office at 204-925-5790, or email mwsa@sportmanitoba.ca.



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A Change of Plan

Return to work plans, or for that matter, many vocational plans do not always follow a linear path. This requires a flexible and adaptable approach on the part of all players. In a prior ParaTracks article (Spring, 2013). I reported on Henry Feaks who had been employed in housekeeping with Manitoba Liquor and Lotteries for nineteen-years before the onset of his spinal cord injury. Through a consultative process that involved Henry, Dr. Ethans, Physiatrist, Michelle Walker, Senior Advisor, Health and Wellness, Manitoba Liquor and Lotteries, George Zwarych, Unifor Chairperson Local 144, Manitoba Liquor and Lotteries and myself, a plan was developed for his graduated return to work in a different capacity, namely, one that was more in keeping with the physical limitations associated with the effects of his spinal cord injury.

The Casino provided Henry with a term position in Player Development, which is a customer-service position and one of the few positions available at the Casino that does not require an employee to stand for most of their workday and to walk considerable distances within the facility. At this time, Henry was unable to walk long distances, to stand for long stretches, or to perform heavy or repeated lifting.

Many Casino guests experience their initial contact with staff from Player Development. Player development staff are required to perform many duties, including Club Card enrollment. They must be computer literate and have good and accurate keyboarding ability. The Club Card enables guests to accumulate points that provide them with access to free play on their favourite games, discounts on entertainment, food, and merchandise, and weekly Scan-and-Win prizes. Although the position provides stand and sit options and appears ideally suited for a staff person who experiences restricted mobility and may require sedentary work, the position can be demanding in other ways.

Ideally, staff in Player Development would complete applications for the Club Card while the guest is present to ensure the accuracy of the information. This ensures an efficient flow and minimizes the creation of a backlog when applications are not completed at the point of contact. They also serve as an information source to guests inquiring in person or on the telephone about Casino services, hours of operation, promotions, location of automated and teller machines and gift shops. Staff must stay current with this information. At times, there may be competing demands. Staff must prioritize in these situations and remain tactful and courteous. As is true of most jobs, this position requires a specific person with specific skills. Henry and his employer eventually came

to realize that his placement in Player Development did not constitute a good fit with the demands of the job. This required the development of an alternate return to work plan.

Henry wished to return to housekeeping, as this constituted a job that he performed previously, and that he maintained and enjoyed for many years prior to the onset of his spinal cord injury. Additionally, Henry wanted to return to the Club Regent Casino where he had worked and where he established many solid work-related relationships. As a preliminary step, Henry, Michelle Walker, George Zwarych, and I met with Dr. Ethans, and discussed Henry's interest in returning to housekeeping. Dr. Ethans approved the return to housekeeping but asked that a functional capacity evaluation be completed by an occupational therapist to determine what physical tasks Henry could safely perform. Michelle Walker subsequently engaged the services of an occupational therapist who performed the functional capacity evaluation, which Henry described as being partially completed at the offices of the occupational therapist and then two half-days at the Casino. The functional capacity evaluation results supported Henry's graduated return to housekeeping with a few physical restrictions, mostly related to heavy lifting.

After a month, we reconvened to review Henry's progress. By this time, Henry was working 5 hours daily, 5 days weekly. He reported that he experienced some pain and stiffness initially while his body adjusted to the physical demands associated with his housekeeping position, but these abated over time. Henry reported one episode where he pushed his body beyond its physical capacity, that is, he moved stacks of chairs. Henry said this was a reminder for him to pay attention to his body and not to push himself beyond his physical capabilities. Henry was to continue working 5 hours daily, 5 days weekly for the next two weeks and then to increase his hours to 6 hours daily, 5 days weekly.

As of this writing, Henry is working 6 hours daily, 5 days weekly. He remains hopeful that he will eventually graduate to full-time hours as his physical abilities allow and with the approval of his physiatrist.

Throughout this process, a collaborative relationship and ongoing communication between Henry, Dr. Ethans, Physiatrist, his employer, and myself has resulted in a flexible and responsive return to work plan that, originally, saw Henry return to Manitoba Liquor and Lotteries in a different job that was in keeping with his physical limitations and, eventually, as his physical recovery allowed, to his pre-injury employment in housekeeping.

~ Laurence Haïen ~

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.

Not So Handy-Transit

By: Paul A. MacDonald



I have been a reluctant user of Handi-Transit since 2006. To be clear about that, it means I prefer to use regular transit buses whenever possible. Many persons with disabilities are not as blessed as I am when it comes to independent mobility in a wheelchair. For them, Handi-Transit is the only economical way to get around town. Each year, the number of Manitobans who require accessible transit rises sharply. The demand on existing services is rapidly surging upward. Sadly, the Handi-Transit system is not keeping pace with the increasing demand.

Hi everyone, it's been another brutal winter for Manitobans. The City of Winnipeg once again did a less than exemplary job of keeping streets and sidewalks passable after numerous snowfalls. For the second winter in a row, I had no choice but to use Handi-Transit exclusively. This article is not to rate how terrible or good the system is. It is to raise awareness and generate discussion on ways to improve the much needed service. I have my own personal experiences coupled with many stories I've been told over the last few years by many other users. There have

Estimated Number of Manitobans with Disabilities by Type, 2011

Count	Type	%
129,979	Mobility	65.6%
129,335	Pain	65.3%
121,831	Agility	61.5%
56,794	Hearing	28.7%
42,956	Seeing	21.7%
29,995	Learning	15.1%
25,535	Psychological	12.9%
24,270	Speech	12.3%
21,612	Memory	10.9%
8,722	Developmental	4.4%
6,954	Chronic Health*	3.5%
6,732	Unknown	3.4%
972	Delay*	0.5%

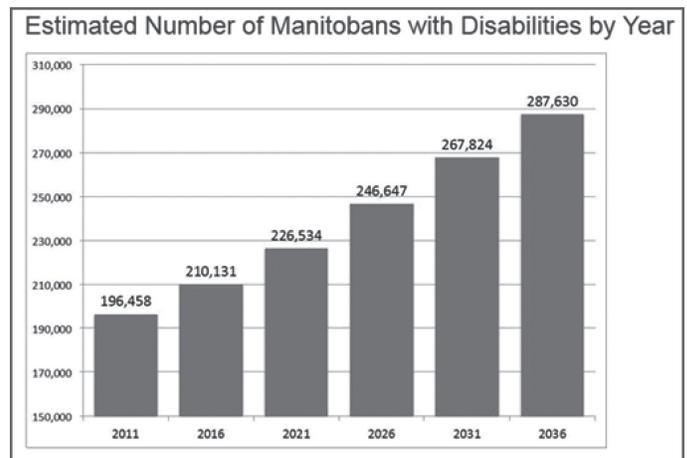
been Handi-Transit forums and discussion groups all looking at ways to improve things, but to date we are given mostly platitudes and lip service and no real solutions.

I also want to point out that I am grateful we have this system. It is very much needed and hence, I want to see it evolve, improve and succeed. These charts courtesy of <http://smd.mb.ca> demonstrate how fast a reliable system is required. Ridership will steadily increase. For those of us who have or hope to have jobs, an unreliable transportation system could sway a potential employer from hiring someone with a disability.

Estimated Number of Manitobans with Disabilities by Year

There is no doubt that running a parallel public transit system

like this is very expensive and fraught with problems, especially during the winter months when the demand peaks. The dispatchers and drivers have a very difficult job to do. The vast majority of them are conscientious and dedicated to the well-being of all passengers. Unfortunately, there are some drivers who do not seem to be as enthusiastic about doing a good job or following rules.



THE SYSTEM As It Is Now

THE PROs

1. A person with a disability can get to work, medical appointments, shopping or social occasions for the cost of a regular adult transit fare....
2.Most of the time .
3. Door to door service.
4. Complaints are taken seriously and followed up on.
5. For the most part, courteous drivers and office staff.



THE CONS:

1. Handi-Transit trips must be booked a minimum of 21 hours in advance. Same day trips are rarely possible. With today's information technology, this could be reduced to 12 hours.
2. Inflexible System: Drivers are not permitted to drop a passenger off anywhere but the scheduled destination. Even if the drop off point is along the way and closer. We are told it is for insurance purposes. *So much for doing groceries on the way home from work.*
3. Handi-Transit can cancel a trip at any time without warning. Even at the last minute. This leaves only an expensive taxi as a means to get to work or an appointment especially during the winter. We cannot charge them a "no show" fare.
4. If a user wants to cancel a trip, it must be done at the very latest, 30 minutes before the pickup time.
5. Unlike Winnipeg Transit who has a smartphone app that tell you when your bus is running late, Handi Transit has no system in place to inform waiting passengers that their ride is running late or to even provide an approximate arrival time. An automated text messaging service is one suggestion.
6. If Handi-Transit is late, all one can do is to wait. I have personally waited at the pickup point up to 75 minutes past the scheduled pickup time. If a passenger in waiting should even go to the bathroom and the ride arrives then leaves, said passenger will miss the ride and be charged a full fare as a no show.
7. If a passenger is not at the pickup point at the designated time, the driver waits 5 minutes then leaves. The person who booked the trip is charged a full transit fare as a "no show". This applies even if the driver shows up at the wrong door.
8. In the winter, if the walk isn't shovelled and the potential passenger cannot shovel the snow, the driver leaves. To put salt on the wound of missing a day's work or a long awaited appointment with a specialist, the abandoned rider is charged a full fare as a "no show". This is grossly unfair, punishing people over circumstances they have no control over. Drivers do not shovel snow and that is reasonable. It's the penalty that isn't.
9. Pickup times can vary in relation to your desired arrival and pickup times. One could find themselves getting to a doctor appointment up to 75 minutes before the appointment, and be picked up as much as 75 minutes after the appointment is over. For work days, this could add up to 2 extra hours of travel time which can make for very long days.
10. If your power chair breaks down, and it is the only equipment you are registered with, you cannot use Handi-Transit until the chair is usable again. It makes no difference if an alternate smaller manual chair is available. It takes up to 10 days to register a replacement or additional chair. In the winter, this leaves a person stranded at home.
11. The trip priority system lists volunteer trips as #2 on the 3 point priority scale. Work and medical are given highest priority. Organizations that depend on volunteers require their presence as much as paid employees. Volunteers should be in the top priority category.



So, for all you bus riders out there who are wondering why you are seeing so many wheelchairs and walkers cluttering up city transit buses, it's often because we have no choice. Handi-Transit is not, nor should it be, a taxi cab service. Door to door is a necessity, especially in winter. A trip may be punctuated with picking up more passengers along the way, much like a transit bus.

DRIVERS The Good and The Bad

I do not want to rag on the drivers because the majority do a very difficult job with courtesy and professionalism. Often, the schedule they must keep is totally unrealistic for the traffic and weather conditions. I don't know if I could do their job; certainly not without coming down with P.T.S.D. after just one day.



If Handi-Transit does not get a lot of serious issues resolved, this may be our only other alternative for getting around in winter.

Unfortunately, there are those who openly break the law and Handi-Transit policy. I am not a complainer or a lawyer, so something has to be pretty serious before I call in a complaint. There are other riders who also observe

disturbing practices, but say nothing to the driver or the office. Why go through the hassle when a complaint may not be believed unless proof is available? So, these few bad apples continue their bad habits with impunity. Hopefully no one has to die before offending drivers are identified and re-educated on the Highway Traffic Act and Handi-Transit policies. I am talking about drivers who:

- Are wearing Bluetooth headsets and are in telephone conversations while driving. Most of the conversations are not with the dispatch office.
- Some drivers do not even pause their conversations while loading or unloading passengers. It really makes us feel more like luggage than paying customers.
- There are drivers who I have personally witnessed running separate unrelated businesses and driving at the same time using the Bluetooth headset.
- One or more companies actually have drivers on the road dispatching at the same time they are transporting passengers. They do not pull over to take the calls. Maybe this is an accepted practice in the Taxi world, but it's still distracted driving and that is against the law.
- Like Winnipeg Transit buses, Handi Transit vehicles are equipped with onboard cameras. More than one driver has told me that unlike the buses, the cameras are turned on or off at the discretion of the operator. If an incident occurs, there is a good chance there will be no video evidence to corroborate a story. If this is true, these cameras should be on all the time.

All the preceding logistical problems must be addressed and hopefully, resolved. People with disabilities can no longer wait for H.T. management and committees to offer concrete initiatives. Saving money and tightening up registration restrictions and approvals seems to have a higher priority than better training and supervision of drivers. Perhaps it is time that the users of the Handi-Transit service are consulted. By that, I do not mean a forum or discussion group; I mean every registered user gets a phone call and a chance to make suggestions or constructive criticism. This **could** even be done online at <http://www.winnipeg.ca/> using the user's Handi Transit registration number as part of the Log in I.D. For now, this is only a suggestion.



When we vote, we must vote for the politician(s) who take us seriously and propose initiatives based on our suggestions. The system can be improved without breaking the bank. Even the corporate community could step up with initiatives as well. The consequences of doing nothing and letting others decide what's best for us will be an even more fractured system and perhaps even a scaling back or collapse of needed services.

To all the good hard working office staff and drivers I say Thank You for the service you provide through the most difficult conditions. I have personally had many drivers who will go above and beyond when needed, and they were friendly and courteous. To the few who don't seem to care about us, or our laws, please remember that we trust you with our lives. If we feel our lives are being jeopardized, maybe you should stay aware that it's very easy to hide recording devices, especially when complaints must be accompanied with proof.



I invite all readers to check out this story from 2 years ago. It shows that little has changed since.

<http://www.cbc.ca/news/canada/manitoba/handi-transit-bills-man-after-stranding-him-twice-1.1160149>

If the CBC story wasn't enough to convince, I present an actual screen shot.



This was taken in late January when I went to the H.T. portion of the Winnipeg Transit Website. I clicked on the "What's New" link and this is what comes up. Hopefully it's just a glitch Or, ***Anonymous*** found a way to hack them!

We survived another Manitoba winter and certainly earned a good Spring and Summer. Hopefully that's what we get! I look forward to writing another article for your enjoyment and information in the next issue of Paratracks.

A Path to Inclusion in Manitoba's Parks Accessible Camp Options

After the winter we are experiencing, it is hard to believe that summer will be here before you know it. Here is an update on the availability of wheelchair accessible campgrounds, cabins and Manitoba Parks newest addition to comfort camping named Yurts. This information was presented at the UNITED NATIONS INTERNATIONAL DAY OF PERSONS WITH DISABILITIES DECEMBER 3, 2013 sponsored by the Disabilities Issues Office.

CAMPGROUNDS and PARKS:

1. Winnipeg Beach Campground has been fully accessible since 2011.
2. St. Malo campground office is accessible. There are some accessible campground sites and pathways.
3. Hecla Island has a wheelchair accessible pier.
4. Grand Beach and Winnipeg Beach Boardwalks are both wheelchair accessible.
5. Each yurt will accommodate four adults or a family of five.
6. Many yurts are wheelchair accessible. Vehicles may be parked onsite or at a nearby parking lot.
7. Each of the following locations offers wheelchair accessible yurts:
 - a. Assessippi
 - b. Stephenfield
 - c. Camp Morton
 - d. Bakers Narrow
 - e. Clear Lake (Campers Cove)
 - f. Nutimik Yurts
 - g. Spruce Woods (Kiche Manitou)
 - h. Childs Lake

FAMILY VACATION CABINS:

1. Camp Morton Cabins contain comfortable, rustic furniture, a refrigerator, stove, microwave and sink. Each cabin has its own parking space, picnic table and barbeque pit. One cabin, and the nearby by non-modern washroom, is wheelchair accessible. The central washroom also accommodates wheelchairs.
2. Hecla Island Cabins contain comfortable furniture, electricity, a small refrigerator, stove top, microwave and sink. Two cabins are wheelchair accessible and feature a twin/double bunk bed and a futon. These 2 cabins are situated along the shoreline and offer a spacious covered porch with patio furniture.

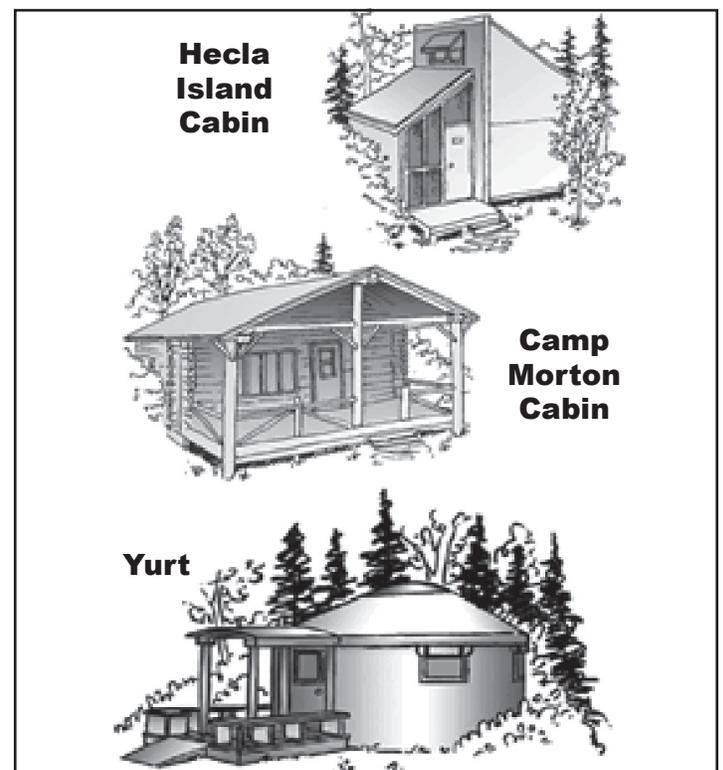
YURTS:

1. Yurts are part cabin, part tent and 100 per cent comfortable. These large, fabric-sided, domed shelters offer an authentic camping experience. All yurts are 5 metres (16 feet) in diameter.
2. Each yurt has windows and a skylight that opens to let in fresh air and sunlight. A lockable door provides privacy and security.
3. Electricity, a heater and light are offered.
4. Yurts are feature rustic log furniture including a bunk bed, futon, table, chairs and a small storage cabinet.

For more information on fees, making reservations and to view a Yurt, please go to:

<http://www.gov.mb.ca/conservation/parks/camping/comfort/yurts>

~ Gail Burnside ~



STEM CELL RESEARCH REVISITED

With the recent focus in the news (see the excerpt from CTV below) reporting that a paralyzed man in Calgary was going to be the first Canadian to receive a fetal human neural stem cell implant, I thought it might be timely to see if there has been any new major breakthroughs in treating humans with cell transplants after spinal cord injury. There are several human stem cell trials listed as recruiting patients at ClinicalTrials.gov, involving either human neural stem cells or bone marrow-related stem cells. Most are assessing whether it is safe to inject cells, although they also measure function to see if they see any improvements.

As background, there are a variety of different cell types that could be injected into human spinal cord in an attempt to improve function. Each type of cell (oligodendrocyte, schwann cell, olfactory ensheathing cell, fetal neural stem cell, hematopoietic stem cell, etc) has the theoretical potential to improve function for different reasons. Sometimes (e.g. fetal stem cells) it's because the cells are so young they can still become any kind of nervous system cell (their 'fate' has not yet been decided).

As written in the spring 2006 and fall 2007 issues of ParaTracks, in the mid-2000's there were several media reports of people with spinal cord injury being on multi-year waiting lists to travel to China to pay around \$30,000 to receive cell suspension implants (often of unspecified origin) from Dr Huang Hongyun. Although many people travelled for these treatments, in the cases where there was an objective, outside assessment of post-injection function, none of the people tested had improved function. In some cases, they had negative side effects, such as meningitis.

Some types of cells are attractive because they can be taken from the person with the injury, and so won't face immune system rejection by the host. For example, cells taken from a piece of peripheral nerve (below the injury, like at the ankle) can be used to generate Schwann cells that won't be rejected. Also, olfactory ensheathing cells can be taken from the lining of the nose of patients with spinal cord injury and re-implanted without rejection as well. Olfactory ensheathing cells are the cells that insulate the nerves responsible for our sense of smell. One of the reasons why these cells might improve function after spinal cord injury is because it turns out that there are a number of nerve cells around the injury site that lose their insulation. These nerve cells are not dead; they just can't communicate very quickly because they've lost their insulation. Think of it like a wire that has the plastic insulation taken off in spots. If you tried to put a current through the wire, any time the wire was in contact with a conductor (say water) the current wouldn't get to its destination, the current

(message) would be short-circuited. So the theory behind using cells that provide insulation is that they may allow these living and un-insulated cells to get re-insulated and then they could carry their messages more quickly (and effectively). Further, in the case of olfactory cells, it is thought that they may also release factors that may help neurons grow which might be useful to neurons around the site of a spinal cord injury.

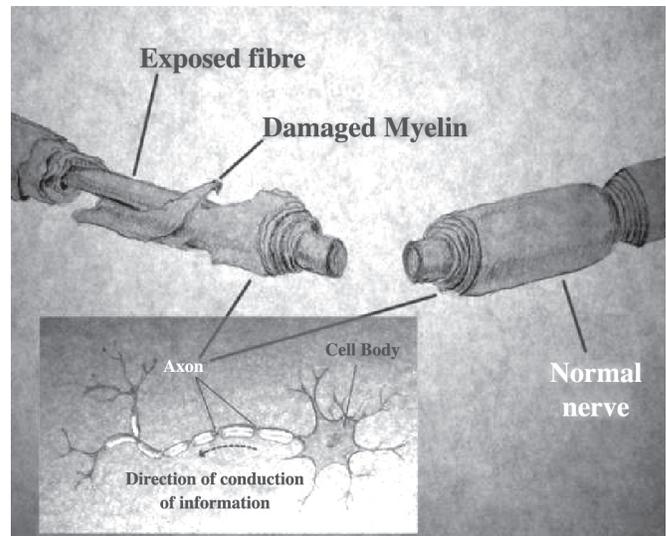


Figure showing the exposed fibre (nerve) where the myelin sheath has been damaged.

From: <http://www.eurostemcell.org/pt-pt/node/26444>.

Recently a study was carried out in Tehran with 33 people receiving suspensions of their own cultured Schwann cells into their spinal cords six months after surviving a spinal cord injury (2011 Saberi et al. "Safety of intramedullary Schwann cell transplantation for post-rehabilitation spinal cord injuries: 2-year follow-up of 33 cases, *J Neurosurg Spine*). After following these patients for two years the study concluded that it was safe to implant Schwann cells into human spinal cord since there didn't appear to be any tumor growth or increased neurological pain. There was also no improvement in function. For the future, there is the idea of combination treatments, based on finding in animals in which a variety of factors and/or cell implants are used in attempts to improve function. So, if it has been shown that Schwann cells can be taken from a SCI survivor's own body, perhaps this treatment could be combined with injections of various factors that might work together to cause an improvement in function or sensation.

The other human trial that I will briefly mention was carried out in Spain and Portugal with 20 people with SCI who received implants of their own olfactory ensheathing

cells and is the first to show an improvement in function with treatment (Lima et al., 2010 "Olfactory mucosal autografts and rehabilitation for chronic traumatic spinal cord injury" *Neurorehabilitation and Neural Repair*). In this study, 20 people were first given several months of intensive rehabilitation and then a surgery during which part of their spinal cord scar tissue was removed and then the space implanted with these ensheathing cells. Patients then continued with intensive rehabilitation and these authors reported improvements in 11 of 20 patients such that they moved from having no sensory or motor function below their injury (AIS A) to having some sensation and movement below the injury (AIS C, 6/20) to having some sensation below their injury (AIS B, 2/20) or from some sensation (AIS B) to some sensation and movement (AIS C, 3/20). One person's function declined. All these patients had been injured at least 18 months earlier so they would have been considered to be neurologically stable with no expectation of any further recovery. The functional improvements in study participants may be related to the implants, or the removal of some of the scar tissue at the injury site or because of the intensive rehabilitation that they were undergoing (25 to 39 hours per week of treadmill training). In contrast to the positive findings from the Lima study, when Mackey-Sim and colleagues did a double-blind and controlled study of patients receiving olfactory cell

implants they did not find any improvement in function (Feron et al., 2005 "Autologous olfactory ensheathing cell transplantation in human spinal cord injury", *Brain*).

To me, the differences in results from these two human trials indicate the need for a great deal more animal based research. Questions that should be answered with carefully controlled and systematic animal-based research include figuring out how much recovery occurs just by clearing out the scar tissue, figuring out how much intensive rehabilitation alone contributes to recovery, and then how well the combination works when provided in the chronic stage of spinal cord injury, as assessed by researchers unaware of the type of treatment each animal received. Also, animal research suggests that each of these different cell types may improve function, yet these different cell types are rarely assessed in the same lab under the same conditions so it is difficult to say which might improve function most, and under what conditions (3 months after injury, 6 months after injury, with or without physical scar removal, etc). Further, much of the animal based research to date suggests only modest recovery of function, even though it may be statistically significant. This raises the question of whether the level of recovery will be enough to make it a worthwhile, meaningful or life-changing option for people.

~ Kristine Cowley, PhD ~



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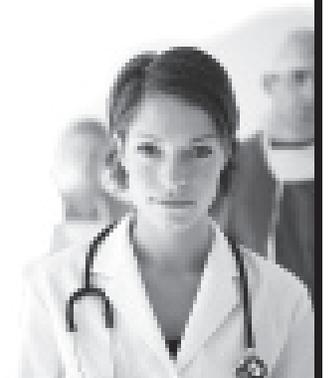
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‘Guardian angel’ for paraplegic

Agency helped him relearn how to walk

AFTER Byquist retired, he rewarded himself with a golf cart. “Even though I’m not very good, the third hole on the golf course became my second home,” said the 68 year old.

Last year, Byquist rewarded himself with stained glass brushes instead, a hobby that requires less walking.

Byquist became a paraplegic after collapsing at his computer desk a year ago.

The Winnipeg resident was rushed to hospital where he was diagnosed with level seven of prostate cancer.

“I kept up a positive attitude,” he said. “I pushed myself to try and be better. I always asked myself ‘What can I do differently today?’”

With the help of the Canadian Paraplegic Association, Byquist was able to maintain his positive attitude.

“People with spinal cord injuries will have the opportunity to be equal and valued in all aspects of society,” said a spokesperson for the CPA.

The CPA has been offering support and information to people with spinal cord injuries in Manitoba since 1946.

The non-profit organization came to Byquist’s hospital bed and volunteered their services shortly after he was diagnosed.

Seven months later, Byquist was able to feel his toes again.

“I got my strength back; it was an early Christmas present,” he said. “The kinks compressed and



I got the message through to my feet.”

Rehabilitation counsellors from the CPA visit with clients such as Byquist every week and help motivate patients to relearn how to walk.

Last year, the CPA rehabilitated over 400 clients across the province.

“They cheer you on. It’s a miracle I can do this,” he said, walking with two canes across the kitchen floor. “I feel like I’ve won the lottery.”

United Way has been working with the CPA since 1978 and has donated hundreds of dollars to help fund both quality and professional services to Manitobans who have spinal cord injuries.

“There’s not a chance I would

be here today without the CPA,” Byquist said, showing off his stained glass painting of the Winnipeg Jets logo on an iPad. “It’s like trying to be a hockey player without a coach; you just won’t get there without them.”

This fall, Byquist has started chemotherapy treatment, but is confident he will be working on his golf game soon enough.

“I would still be in a wheelchair if it wasn’t for the help of the CPA,” said Byquist with a grin on his face. “The CPA is my guardian angel.”

*By Elizabeth Fraser,
Winnipeg Free Press
Published from the*

*Winnipeg Free Press print edition
on Saturday, October 5, 2013
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CPA Kicks Off Their 2013 Employee Campaign

On October 22, 2013 CPA held their United Way Employee Campaign Kick-off Event which featured a United Way Guest Speaker, Lunch from King's Head Pub & Eatery, a Funky Fashion Contest, Silent Auction and 50/50 Draw.

Thank you to Campaign Chair Shannon Dupont who once again did a tremendous job in organizing this fun-filled event! A huge thank you to everyone who attended and supported this very worthwhile cause!

CPA would especially like to thank the following donors for their generous support:

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

Frank Nesbitt		Walter Harris
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Dillon Bundy		Michael Long
Judith Ford		Grace Laframboise
Gregory Anderson		Norman Attungala

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YES! Count me in as a member of the Canadian Paralegic 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%).

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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.

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