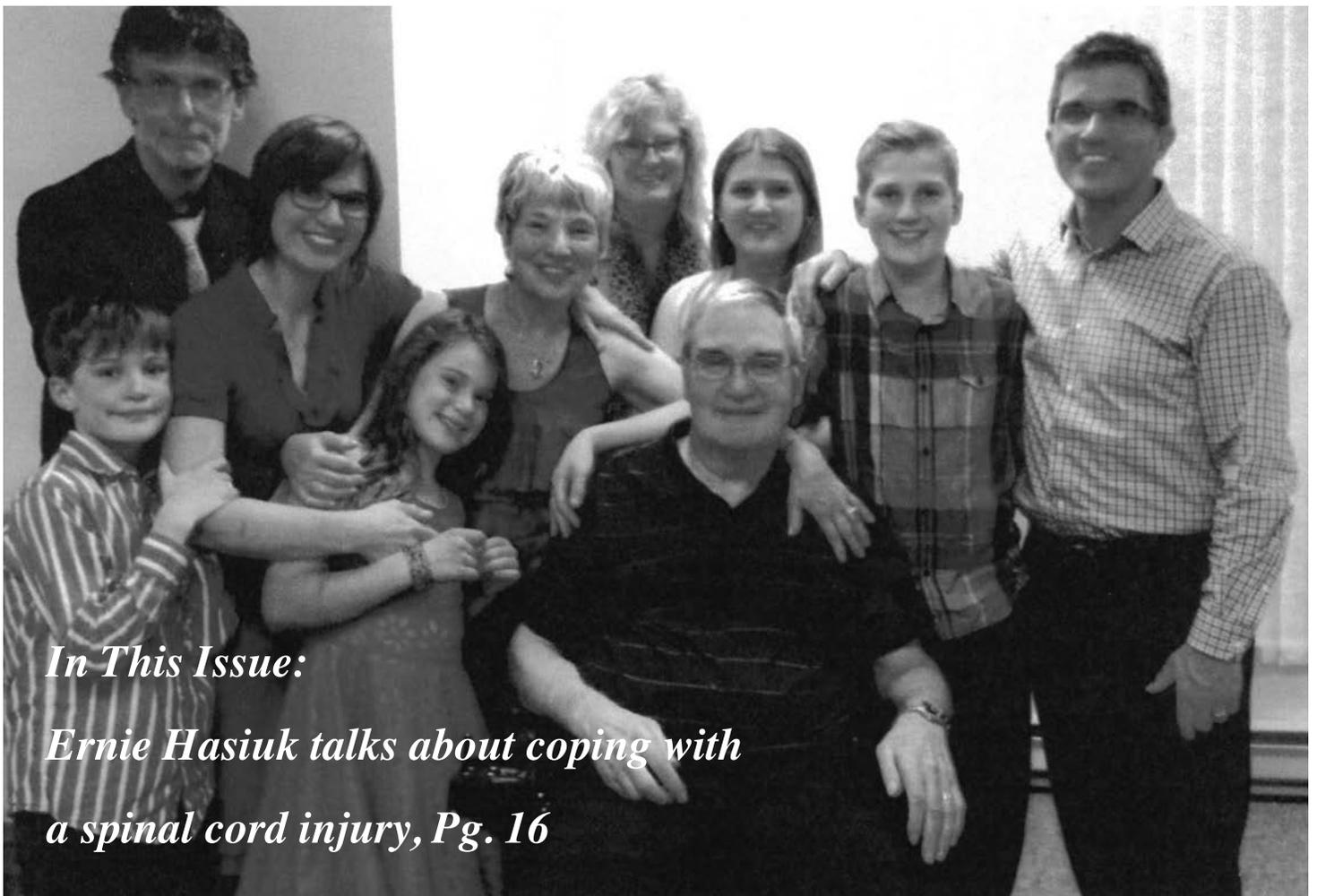


# *PARATRACKS*

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.



*In This Issue:*

*Ernie Hasiuk talks about coping with  
a spinal cord injury, Pg. 16*

*Also in this issue:*

*~ An Interview with David Thiessen on the Value of Employment, Pg. 2*

*~ Be Kind to Yourself: Self-compassion and Well-being, Pg. 5*

*~ Paul MacDonald Talks About Mental Health, Pg. 8*

*~ Addictions Recovery is Possible, Pg. 13*



**ParaTracks is a publication of:**

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

Tel: 204-786-4753

Fax: 204-786-1140

Toll-free: 1-800-720-4933

(within Manitoba only)

Email: [winnipeg@canparaplegic.org](mailto:winnipeg@canparaplegic.org)

Website: [www.cpamanitoba.ca](http://www.cpamanitoba.ca)

Supported by Manitoba  
Paraplegia Foundation Inc.

ParaTracks is published three times per  
year. An online edition of ParaTracks is  
available on the CPA (Manitoba) Inc.  
website: [www.cpamanitoba.ca](http://www.cpamanitoba.ca)

Circulation: 950 copies  
Estimated Readership: 2,000

Editor: Ron Burky  
Layout: Adrienne Conley

Advertising Rates for  
Photo-ready Copy are:

Full page: \$160

Half Page: \$87

Quarter Page: \$55

Business Card Size: \$33

Classified Ads are free to CPA Members

Submissions, suggestions and comments are  
greatly appreciated—please email these to  
[winnipeg@canparaplegic.org](mailto:winnipeg@canparaplegic.org) or send by regular  
mail to CPA at the address noted above.

Canada Post Publication  
Agreement #40050723

### **Board of Directors**

Art Braid \*

Patti Bonas—Vice President

Pauline Day

Corrine Deegan \*

Jeannette Gougeon

Lyall Hallick

Dan Joannis \*

Barbara Rapson

Leonard Steingarten—President \*

Adam Terwin—Treasurer

Tim Toor

John Wallis—Past President

Lynda Walker

John Wyndels \*

\*spinal cord injury

## **REMEMBERING MIKE**

*It is with sadness that we announce Mike Nickle's  
passing on February 9, 2017.*

*Mike joined CPA's Team in May 2007 when he  
became the layout designer for ParaTracks. Mike  
worked hard to design the newsletter and took  
great pride in his work. Mike not only designed the  
newsletter, but he also worked closely with CPA's  
advertisers and printer. Mike had excellent designer  
talent and skills and was very dedicated to his work.*

*Mike made a huge contribution to CPA (Manitoba)  
Inc. during the past 10 years and it was truly a  
pleasure to work with him. Thank you, Mike. You  
will be missed.*

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

*Arthur Tobacco*

*Lloyd Judd*

*Gabriel Harper*

*Chris Beach*

*Jean Komak*

*Luigi Marinelli*

*Mary Ann Jakimeczko*

*Annabelle Dezan*

*Maria Boychuk*

*Janet Poirier*

*Rod Yellen*

*Jacqueline Muskego*

*William Webster*

*Ann Anderson*

*Ronald Collins*

*John Klim*

*Mike Nickle*

*Vince McNicol*

CPA (Manitoba) Inc. neither endorses nor guarantees any of the products  
or services advertised in ParaTracks. Readers are strongly urged to  
investigate the products and companies before purchase. Material printed  
in ParaTracks may not be reproduced without the written permission of  
CPA (Manitoba) Inc. The opinions expressed in ParaTracks are those of their  
authors and do not necessarily represent the views of CPA.



# INTRODUCTION OF NEW STAFF MEMBERS

## Aison Balajadia, Accounting Officer

**M**y name is Aison Balajadia and I am the newest member of the CPA team. I was born and raised in the Philippines and came to Canada 6 years ago. I took over from the previous Accounting Officer, John Powell, who recently retired. My background in the field of accounting goes back 16 years after I graduated from university.

I got my Bachelor's degree in Accountancy from the Philippines and I have 16 years of accounting experience since that time. I'm currently pursuing a

CPM designation. My passion for my work is always my motivation. I see to it that in everything I do I always give my 100% effort. I was previously connected with a non-profit organization which helped farmers through western Canada and I really found satisfaction with that job.

I am hoping to meet and/or exceed my predecessor's accomplishments in this position! I am willing to contribute all of my skills, knowledge and experience in the field of accounting to be effective in my position.

## Mark Wherrett, Rehabilitation Counsellor, Peer Community Services

**Y**es, I am back in the CPA office, working part-time as a Peer Counsellor and helping with some accessibility issues. I left CPA in 2000 and headed East and lived and worked in Dryden, Ontario. I had a great time driving around on my snow machine in the winter and my boat in the summer, enjoying all that cottage country had to offer. For health reasons, I decided to move back to Winnipeg where I have enjoyed a better health care system and, of course, the many, many things to do in the urban lifestyle. I enjoy watching the professional

sports teams and still take in a concert or two a year. I started wheelchair curling in Dryden and was fortunate enough to represent Northwestern Ontario four times at the Canadian Wheelchair Curling Nationals. When I moved back to Winnipeg, I was lucky to get involved with the Manitoba Wheelchair Curling team and continue with representing Manitoba at the Canadian Nationals.

I am glad to be back and I look forward to catching up with the many members that I knew from the past, and of course, the new members.

### Staff Email Addresses and Phone Extensions

204-786-4753 or 1-800-720-4933 (within Manitoba only)

Aison Balajadia	Accounting Officer	abalajadia@canparaplegic.org	221
Adrienne Conley	Executive Assistant	aconley@canparaplegic.org	222
Faiza Malik	Rehab. Counsellor, Health Promotions	fmalik@canparaplegic.org	223
Ron Burky	Executive Director	rburky@canparaplegic.org	224
Darlene Cooper	Director of Rehab. Services	djcooper@canparaplegic.org	225
Jackie Armes	Rehab. Counsellor, Transitional Services	Jacqueline.armes@canparaplegic.org	226
Maria Cabas	Rehab. Counsellor, Aboriginal Services	mcabas@canparaplegic.org	228
Gail Burnside	Rehab. Counsellor, Hospital Services	gburnside@canparaplegic.org	229
Stefan Kliewer	Rehab. Counsellor, Vocational Services	kliewer@canparaplegic.org	230
Dave Brown	Rehab. Counsellor, Support for Work-Related Injuries	brown@canparaplegic.org	231
Laurence Haien	Sr. Rehab. Counsellor, Vocational Services	lhaien@canparaplegic.org	234
Mark Wherrett	Rehab. Counsellor, Peer Community Services	mwherrett@canparaplegic.org	235



## WORKPLACE INTERVIEW WITH DAVID THIESSEN

*As has often been discussed, the value of work extends far beyond the obvious benefits of financial stability and productive use of time. I tracked down David Thiessen to discuss with him the work that he does and some of the elements that are important to him. The following is an interview that I conducted with David.*  
—Stefan Kliewer, Rehabilitation Counsellor, Vocational Services

**CPA:** Before we get into some of the aspects of your work, would you mind sharing a bit of your background and how you were injured?

David: I had a farm accident on October 9, 2001. I got caught in a conveyor belt on a potato sorting machine. I was 14 at the time. I had three crushed vertebra, my spinal cord was damaged/stretched out, my lungs were collapsed, my heart stopped, my insides were all turned around and my eyes were completely dark red from all the blood that got rushed into my head. My dad did CPR on me and revived me. It took about 15-20 minutes for the ambulance to arrive because it was at a rural farm, but it felt like a lifetime. I had a hard time breathing and my back felt like I had a basket-ball in there. The first thing I remember though is that my legs felt like Jello, they were totally numb and felt really heavy. I got transported to Boundary Trails Health Centre to do X-rays and see what the extent of the damage was. From there I was immediately transported to the Intensive Care Unit at Children's Hospital. I was there for about 3 days before the doctors could do surgery on my back as my back was too swollen before that. The surgery to fuse the part of my back that was broken took 8 hours. After that I was in the hospital for 3 months. I struggled a lot with self-worth and had a lot of self-esteem issues. Through the years I learned how to overcome all of my issues, once I was able to accept the fact that this is how life is now. Once that happened, it made life a lot easier for me and also for the people around me. One of the most difficult things I still deal with every day, all day, is sciatic pain in my legs along with rest-less legs. That makes life difficult, and because I can't feel my legs, I can't put something on them to ease the pain. Even with all of this going on every day, having a positive attitude makes life a lot easier.

**CPA:** Who is your current employer and how long have you been employed there?

David: I work for Friesen Corp. in Altona (formerly Friesen Printing) and have been there for the better part of 10 years. At this time there are between 550-600 employees that work there.

**CPA:** What is your current occupation and what is included in this role?

David: My job title is a Virtual Proof Checker. As part of this position I am required to look through every printing job that we develop before it goes to print. Different aspects of this would include making sure that the typesetting is correct and that all the print and graphics are laid out



properly on the page. Fortunately I am not responsible for any editing that takes place—this is largely the customer's responsibility, although we also have a department that assists with it. The Virtual Proof Checker is the last stage of the printing process before it goes to plating and the press. It is very detailed, meticulous work. It used to be something that I found stressful—having to look very carefully over a job before printing it—and the work would pile up. However, now they have added several other Proof Checkers which eased the weight of that responsibility, and the technology that we use has also improved.

**CPA:** How did you come to be in this position?

David: I started off working for Friesen Corp. in production, in the binary department. After being there for a year, I was encouraged to apply for the position that I am currently in. After the interview the supervisor told me that I should try it out because the position of Proof Checking seemed to fit well with my skills and abilities, particularly in attending to detail. The characteristic of being a team player also benefited me in that this is an important trait to be effective in problem-solving. In addition I have always been a good communicator and these strengths helped to make me a good candidate for the position.

**CPA:** Other than financial stability what value has this position added to your life?

David: I would say that the biggest benefit that my work has brought me is the sense of family that is part of the work culture. I really enjoy the relationships that I have developed there over the years. It also helps that management is very positive and that, in general, the atmosphere and culture of the workplace is very affirming.



**CPA: If you could add one aspect to your job that it currently lacks, what would it be?**

David: I would want there to be a more physical element to my work. I am someone who loves to be physically active. I am always outside and enjoy doing active work, and unfortunately the position I am currently in does not allow me to be very active. I spend most of my time at a desk and on a computer. This means that I have to get my exercise in other ways!

**CPA: How has being a wheelchair user impacted your work? Are there elements of your work that you have had to adapt to meet your abilities?**

David: Our building is very wheelchair accessible in most areas, so there was very little that needed to be changed. It is all on one level so I can get everywhere without any issue. My own mindset towards work has been the biggest thing that I have been challenged in. Belief in myself and healthy self esteem is not something that has always come easily for me and I have had to work hard to develop it. I often find that the belief that I can do something inspires me to work harder at it and find creative ways around barriers, if necessary. I have learned that there is very little that can get in my way if I choose to believe that I am capable.

**CPA: In what areas have you felt that it is necessary/beneficial to educate your boss/coworkers on the impact of your SCI? How did they receive this information?**

David: When I first starting working, my boss was less sure about how much I could handle or what kind of work was appropriate for me. I had to say “give me more work, I can do more”. It was left up to me to take the initiative which I didn’t mind. I have always been someone who likes to take on different challenges so it was good fit that I got to decide when I was ready and for what.

**CPA: Where do you see yourself vocationally in 10 years from now?**

David: I often get asked this question. The fact is that I am not much of a planner, more of a ‘one day at a time’ type of guy. I prefer to handle whatever today brings and then consider the next day tomorrow. Since the accident I have adjusted my thinking in this way, being more in the moment. I try to keep an open mind and challenge myself in different ways. I look forward to the right opportunity coming up, but for right now I am happy where I am!



***Innovative Solutions  
For Your  
Homecare Needs***

[www.nhcp.com](http://www.nhcp.com)

**SERVICE • SALES • INSTALLATION • RENTALS**

- Aids for daily living
- Bath Safety Equipment
- Compression stockings
- Incontinence products
- Mastectomy & wound care
- Walkers, canes & crutches
- Lifts Chairs & beds
- Scooters & wheelchairs
- Specialized seating systems
- Lowered floor van conversions
- Stair, van and porch lifts/ramps
- Overhead tracking systems
- Plus much more

9-1341 Henderson Hwy.  
**925-4599**

67 Goulet St.  
**235-0914**

865 Bradford St.  
**786-6786**

Direct billing DVA, Blue Cross, EIA, MPI, NIHB & WCB





I would like to introduce Janice Millar—a strong, confident Aboriginal woman, wife, mother of four, and grandmother of two. She is pictured here today with her beautiful four month old baby granddaughter, Isabella.

Janice has come a long way in her SCI Rehab. She sustained an SCI in February 2015 due to a fall. She was diagnosed as C6, ASIA C Motor Incomplete. She spent 6 months at Health Sciences Centre RR5 before being discharged home in August 2015. Upon discharge, Janice continued twice weekly physiotherapy sessions as an RR5 outpatient for 13 months. She struggled through week after week, determined to walk again. I am happy to report that Janice has now been able to stand and pivot transfer, as well as walk with a four-wheeled walker. As Janice continues to become stronger, both physically and emotionally (coming to terms with her disability), she is looking forward to taking on more responsibility around her household, as well as volunteering her gift and talents back at her place of employment with the Winnipeg School Division.

Keep moving forward Janice! You are an inspiration!  
—Jackie Armes, Rehabilitation Counsellor

## **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!***



## BE KIND TO YOURSELF: SELF-COMPASSION AND WELL-BEING

By Faiza Malik

Self-compassion derives from the general meaning of compassion. Compassion relates to being aware of other's pain, being touched by other's suffering without avoiding or disconnecting from it. Compassion also involves non-judgmental understanding of those who fail or do wrong. Therefore, self-compassion relates to being touched by and open to our own suffering, wanting to lessen our suffering and to healing our-selves with kindness, not avoiding or disconnecting from our own failures and suffering. However it is not uncommon that when we experience negative events. We often treat ourselves more critically and unkindly than we would treat a friend or family member in similar circumstances; we can be our own worst critic.

Some of us might fear that too much self-compassion may lead to passivity, however this is not the case when self-compassion is genuine. Difficulties in expressing self-compassion can also result from fear of being perceived as egoistic, self-indulgent or self-centered. It is important to remember that self-compassion is not self-pity. When we feel pity for ourselves, we typically feel highly separated and disconnected, but when we are compassion-ate we feel connected to others and our self. We are also aware that suffering is something that all humans experience at some point in their life. Instead of emphasizing "poor me", compassion recognizes that life is difficult for everyone. Remembering that others are also suffering can put our own experience into a different and balanced perspective.

Self-compassion is recognized as a silent source of positive self-regard. Researchers suggest that when we are kind to ourselves, we see that we are part of a larger, interconnected whole. We feel valuable, safe, accepted and secure. Moreover, this perception of self does not mean that we see ourselves as better than others. Self-compassion softens our ego-protective boundaries between self and others. It brings a caring concern towards ourselves that we often apply to those closest to us. A self-compassion approach also supports feelings of self worth because we are kinder and more accepting of our mistakes or failures. It has been proven

to be a predictor of happiness, optimism, and positive affect. When practicing self-compassion, we are less likely to feel humiliated, incompetent, or to take things personally. It also helps us to admit and accept that we have strengths and weaknesses.

Self-compassion is defined in terms of three components: self-kindness, a sense of common humanity, and mindfulness when considering personal weakness or hardships. When life circumstances are problematic or painful, self-compassionate people respond with self-kindness rather than judgment. Common humanity involves recognizing that difficulties are a normal part of everyone's life. By seeing that we all experience suffering, we can view our problems in a broad perspective that minimizes feeling isolated.

In addition, with self-compassion we take a mindful approach to negative thoughts and emotions that acknowledge the reality of personal failings while keeping balance and perspective. It also shifts our attention away from elaborate cognitive processing, especially when our thoughts create a less positive story about our self.

Mindfulness supports cognitive restructuring towards a non-judgmental acceptance of present moment experience. Self-compassion practice softens rather than reinforce ego-protective boundaries between self and others.

Research has shown that self-compassion has important implications for health-related behaviour. It's associated with psychological well-being and found to be an important protective factor that fosters emotional resilience. Higher level self-compassion is typically related to greater psychological health as demonstrated by less depression and less anxiety. When we are self-compassionate, we respond less strongly to negative events, have less negative emotions, exhibit more accepting thoughts, put our problems into perspective and enable us to take responsibility. We have greater life satisfaction when we experience self-compassion.

Some studies have examined whether self-compassion differs across cultures. One study focused on three countries: United States, Thailand and Taiwan. Self-compassion was found to be higher in Thailand,





lowest in Taiwan and in-between in the United States. Studies suggest that self-compassion is not higher in dependent rather than independent cultures. Nevertheless, in all three cultures, greater self-compassion predicted significantly less depression and greater life satisfaction. Research findings imply universal benefit to self-compassion despite cultural differences. Research also indicates that self-compassion tends to be slightly lower among women than men. This finding has been explained by the fact that women are often more self-critical and ruminate on negative aspects of themselves more than men. Research on the link between self-compassion and age is mixed.

## **9 WAYS TO PRACTICE SELF-COMPASSION**

(e.g. for suffering with depression/depressive thoughts)  
by *Margarita Tartakovsky, M.S.*

When someone is struggling with depression/depressive thoughts, it is very common that the last thing the person wants to do is to be self-compassionate, but this is precisely what can help. People who suffer with depression/depressive thoughts often have a core belief that there is something wrong with them; that they don't deserve to be happy; that the world is a dark place; and/or that there is no point in doing anything. There is **hope** that once you start practising self-compassion, there will be a shift in self-worth, and a belief that you deserve to be treated with kindness and understanding. **The key lies in practice.**

### **Start small.**

Simple acts of self-care can demonstrate a sense of kindness and nurturance to self. It might involve anything from taking a shower, getting a massage, nourishing yourself with food, or talking to a friend. You can also try self-compassionate gestures like taking a deep breath or putting a hand on your heart and letting it rest there. You can also ask someone close to you to give you a hug. Safe physical touch can activate the para-sympathetic nervous system and release neurotransmitters that make us feel better.

### **Bring awareness to your experience without judgment.**

By simply telling yourself "I am having a hard time" or "I don't know how to do this alone" or "I feel powerless"; "I wish I could see things differently", you start disengaging from your depressive thoughts. It helps to see depression as something you are experiencing rather than who you are.

### **Get curious.**

If kindness feels so hard or inauthentic at the moment, get curious instead. You can get curious by journaling or talking to somebody you trust about these prompts (you can also ask someone you trust to write it down for you). Consider this example: "Even though my depressive thoughts/inner critic seems to know with absolute certainty what is happening right now, it is possible that I might not have the full story" or "If a friend was struggling the way I am, what might I say to her or him?...What would I want my friend to know?".

### **Interrupt rumination by refocusing.**

You can bring attention to your breath or physical sensation. For example, you can count 10 inhalations and 10 exhalations. You can also focus on your surroundings and describe what you see around yourself or do other things that are familiar, meaningful to you, such as listening to music.

### **Explore Exceptions.**

The inner critic likes to speak in absolutes as "always" or "never". If you notice such statements, seek out the exception. For example: "Even if we/I have failed or disappointed it does not mean that I/we always fail or disappoint and it does not mean that I/we are a failure or a disappointment. No one can always or never do something."

### **Focus on self-compassionate statements.**

Remember that you are listening and noticing what you are telling yourself. Things that you repeat as a thought eventually can/will become a reality either it is a positive or negative statement. Therefore, practice creating positive, compassionate self statements. Create two columns (you can also ask someone to help you). On the left side of the paper, vent your negative, self-loathing statements. Then read each statement as if someone you love is reading them to you. Next, write a self-compassionate response to each negative statement on the right side and read them out loud to yourself as you would say it to someone you love.

### **Write a letter.**

You can also ask someone you trust to write this letter. Imagine someone you love is struggling with the same depressive thought(s), write a letter to this person. What would you like to say to him/her? Then, address the letter to yourself and read it out loud.

### **Remember you are not alone.**

Remember that in this very moment million of people around the world also struggle with depression. Depression does not discriminate by gender, race, age, social status or ethnicity. Many famous people struggle today.



Depression does not mean that you are defective; it means that you are human.

**Practice loving-kindness meditation.**

A loving-kindness meditation focuses on thinking loving and kind thoughts for those around you and including yourself. Being compassionate is not complete if it does not include you.

**Remember, change does not happen overnight. Give yourself time to heal. It's okay to be kind to yourself.**

**References**

Germer Christofer K., & Neff Kristin D. *Self-Compassion in Clinical Practice*. Journal Of Clinical Psychology: In Session (2013), Vol. 69(8), p. 856-867.  
Neff Kristin. *Self-Compassion: An Alternative Conceptualization of Healthy Attitude Toward Oneself*. Psychology Press, Taylor & Francis Group (2003), Self and Identity, p. 85-101.

Neff Kristin D. *Self-Compassion, Self-Esteem, and Well-Being*. Social and Personality Psychology Compass (2011), p 1-12

Neff Kristin D., & Vonk Roos. *Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself*. Journal of Personality (2009), p. 23-50.

Raes Filip, Pommier Elizabeth, Neff Kristin D., & Van Gucht Dinska. *Assessment - Construction and Factorial Validation of a Short Form of the Self-Compassion Scale*. Clinical Psychology and Psychotherapy (2011), Vol. 18, p. 250-255.

Tartakovsky Margarita. *9 Ways to Practice Self-Compassion When You Have Depression*. World of Psychology, PsychCentral (2015), p. 1-8.

Terry Meredith L., & Leary Mark R. *Self-Compassion, self-regulation, and health*. Psychology Press, Taylor & Francis Group (2011), Self and Identity, Vol. 10, p. 352- 362.

**TOP MARKS FOR SPINAL CORD INJURY PROGRAM AT HSC WINNIPEG**

**Accreditation scores of 100% (Rehab SCI) and 99% (Acute SCI)—A first in Canada!**

The Spinal Cord Injury (SCI) Program at HSC – the only program of its kind in Manitoba—was honoured by the Rick Hansen Institute for exemplary achievement in meeting dual accreditation standards across the acute and rehab continuum of care, as set out by the Rick Hansen Institute and Accreditation Canada. The SCI Program is nationally recognized for clinical research excellence. HSC's inter-disciplinary team provides specialized trauma, orthopedic and neurologic surgical acute care, and subacute rehabilitative care, including physiatry, physiotherapy, occupational therapy, social work and recreation therapy for approximately 50–60 people with spinal cord injuries each year.

Given the nature of spinal cord injuries, patients can spend months in a hospital pursuing intensive therapies to build function and independence, followed by many more months of lifelong SCI outpatient care. SCI partners with Manitoba Public Insurance, Society for Manitobans with Disabilities, Workers Compensation Board of Manitoba, Canada Paraplegic Association, University of Manitoba Spinal Cord Research Centre, and other agencies to coordinate care, services, and equipment.

“A unique aspect of our program is that we develop deep and long-term relationships as we work with people throughout their lifetime,” said Dr. Karen Ethans, Physiatrist and Service Chief for the SCI program.



Photo credit HSC Winnipeg

—Reprinted with permission from a Winnipeg Regional Health Authority Release



## LET'S TALK—TOO BAD THERE ARE SO FEW TO LISTEN

By Paul A. MacDonald

*I would like to introduce you to Abigail. She is a 30- something woman who hundreds of people look at, but somehow fail to see every day. She usually has a personal grocery cart filled with the rewards of her daily shopping trip at the poor person's Wal-Mart. For those of you who have not lived in the downtown or surrounding areas, I am talking about trash cans and back lane dumpsters. She lives in a small broom closet that was converted into a one room apartment in a dilapidated building that is home to many who do not pay any rent at all. Of course I am talking about bedbugs, roaches and mice. Abby pays a slumlord \$150 a month out of her meager social assistance benefits. Abby has a Master's degree in political science.*



At the tender age of 11, Abby's parents were killed in a terrible car accident. She had no surviving relatives to take her in, so she was shuffled from one foster home to another. At some of her placements, she was sexually abused, but no one would believe her when she tried to complain. Abby spent most of her teen years battling depression and substance abuse. She was also very determined to rise from the ashes of a charred childhood and do something with her life.

Abigail is not a stupid woman. She entered and won a contest that awarded a university scholarship. A political junkie since she was a tween, Abby opted to take Political Science as her major. She worked two part-time jobs to make it through college. Her student loan was quite substantial and would take years to repay.

Shortly after graduation, she suffered a nervous breakdown. She was only institutionalized long enough to determine that she is not suicidal and presented no risk to other people. She was discharged with community-based counselling and medications that were so debilitating, she was unable to hold any job for long. Unable to make payments, she defaulted on her student loan and ended up declaring personal bankruptcy. She did not have just one therapist - she was bounced from one frustrated psychiatrist to another. Each new doctor had his or her own label that they wanted to attach to Abby explaining the nature of her disorder. Each therapist had their own straight and narrow path to healing, and when that method was unsuccessful, another label would be attached and Abby would be shipped off to the next professional wanting to take a stab at it, but not without an interval of many months passing before the next appointment.

What Abby needed most, and lacked, was long term counselling with a therapist or psychiatrist she could come to trust and develop a rapport with. Psychiatrists are in such high demand that the provincial health authority limits the amount of time a psychiatrist can work with an individual patient. Abby would only have stability in her life as long as there was professional support to help her deal with her personal demons. After many years of too often interrupted therapy, she developed a personal bubble and stopped social interactions with people. Today, Abby is only one of thousands of people keeping to self and silently battling mental illness with little to no community support.

### My Own Personal Battle

I have grappled with depression in the past. Most recently when I left the hospital in a wheelchair knowing my life would never be the same again. I fell into a very dark place. It was a deep black bottomless hole that seemed inescapable. I did not want to tell anyone because I did not want my competence to be questioned. I also had a reputation of being an optimistic guy who would bounce back from what-ever hurdle life threw in my path. When thoughts of suicide entered the picture, I knew I was in trouble and that this was not something I would be able to just tough out on my own. I talked to my doctor about it and I was treated with anti-depressants. It was fortunate that no other treatment was required, and over time, the panic attacks and obsessive circular thought patterns diminished dramatically.





Not everyone is as lucky and treatable as I was. They struggle with mental illness for years, and those who need the long term care cannot obtain it. So, like Abigail, they fall through the cracks in the system. Abby's long term prospects are not good. Her lifestyle alone shortens her life expectancy dramatically. Abby really doesn't care if she dies sooner or later. She is merely surviving one day to the next with no dreams or hope for a better future. For such an intelligent woman who has much to contribute to society, this is a colossal waste that could have been avoided if the care she needed was there.

### **A Lot Of Talk But Very Little Walk**

There is a lot of lip service paid to mental illness in the media. We are coaxed to simply tell someone about our struggle and the road to wellness will be all mapped out. Unfortunately, that road can be a relatively short one. Like a plane that needs a certain length of runway to take off, one too short can lead to disaster. For a patient who needs longer term support and treatment, it is often unavailable, or at best, sporadic. To a person battling depression and other anxieties, substance abuse and/or suicide may be the only way they can see of coping.



I am not saying that supports are non-existent. There are many agencies that can assist or even provide counselling. The problem comes up if it will be longer term community based care that is required. If you are having trouble, regardless of what you may think caused it, chances are that you may not be able to deal with it on your own. Mental illness should be viewed like any other treatable illness. If you had an infection, ignoring it or trying to treat it on your own could make it much worse. You would see a doctor who would prescribe medication to deal with it. The same should be the case if you are experiencing difficulties with peace of mind.



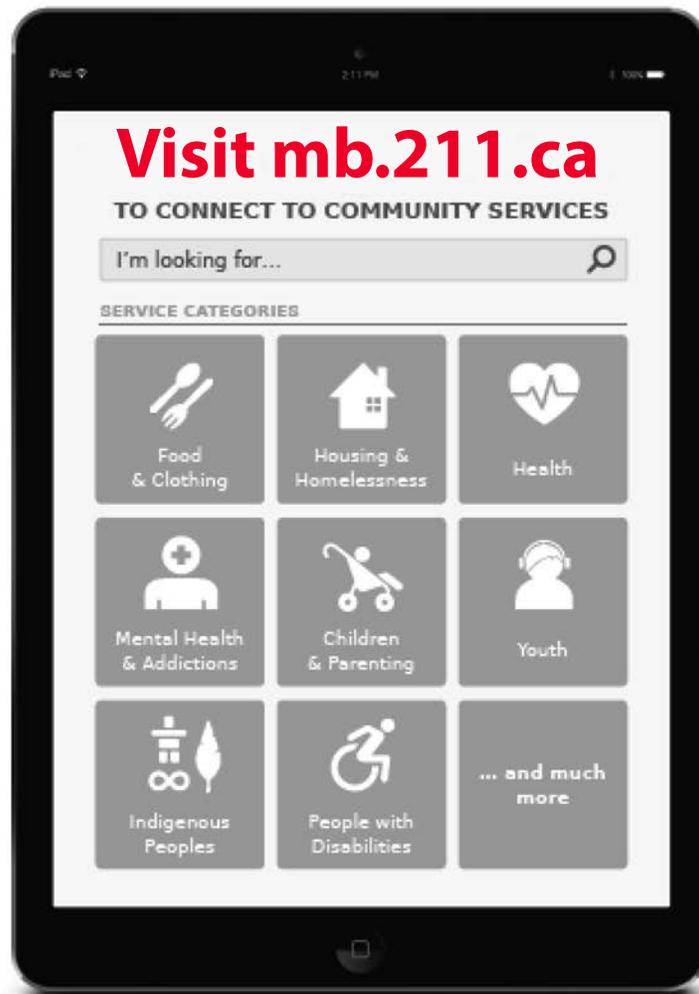
The following are a few numbers you can phone if you think you are having troubles that appear larger than your ability to cope with them. People with new disabilities are particularly vulnerable.

CMHA (Canadian Mental Health Association)	204-982-6100
WRHA Mobile Crisis Service	204-940-1781
WRHA Community Mental Health Services	204-788-8330
Klinik 24 Hour Suicide Crisis Line	204-786-8686
Manitoba Suicide Line 24 Hour	1-877-435-7170
Manitoba Health Links 24 Hr Line	204-788-8200
Crisis Stabilization Unit	204-940-3622
Main Street Project	204-982-8245
Osborne House Crisis Line	204-942-3052
All Rural Farm and Rural Stress Line	1-866-367-3276



In addition to the numbers provided above, you can also contact your CPA counsellor who will assist you. CPA's general number is 204-786-4753.

In the next issue, positive changes in the works for Handi-Transit.....



Help starts here.

Visit **mb.211.ca**





## REMEMBERING WILLIE DUCHARME

**W**illard Ducharme or Willie, Wills, or other pet names known by his co-workers, joined the CPA Rehabilitation Services Delivery Team on December 14, 2009. He accepted a two-year term position under an “Urban Development” project for individuals relocating from rural communities to the City of Winnipeg.

Willie brought a wealth of experience and knowledge from his previous career path of being a valued member of the Winnipeg Police Service and his involvement in community volunteerism. During his seven years with CPA (Manitoba) Inc., he was invaluable in assisting us in serving our membership. His wit and charm endeared him to all. He often sold himself to new members as the “good looking one”.



He became the “candy man” around the office for special occasions. We would all find little treats anonymously placed on our desks for special occasions. We welcomed his community visits when he might return to the office with Gunn’s cinnamon buns and a pound of butter. He also treated us to a perogy luncheon on one occasion and other homemade treats.

Willie was a leader in fundraising initiatives for United Way. Let’s just say he had an influencing way of getting the community to participate. Going to meetings or out in the community was always an adventure as he knew people

wherever he went. You could also never predict what he might say or imply to those you met. Willie was always willing to participate in activities to celebrate around the office and made the experiences memorable!

He made a great impact on our membership, his colleagues in our office, in the office building and our colleagues across the street at the Health Sciences Centre Rehabilitation Hospital.

We could often break into song lingo in the office—at least those who were age mates—so buddy, big bear—we’re here for a good time—not a long time.

Thanks for sharing your time with us!

It is with great sadness that we announce the passing of our co-worker and friend, Willie Ducharme, on January 29, 2017. Our condolences go out to Willie’s family.



## 2016 MERIT AWARD PRESENTED TO JAMES A. RICHARDSON

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 21, 2016, Art Braid, CPA Board Member, presented the 2016 Merit Award to James A. Richardson *"for his dedication and commitment in supporting persons with spinal cord injuries and other physical disabilities to achieve greater independence, self-reliance and full community participation."*

Art began his presentation by stating that no one, including Jim, could have predicted in 1976 that CPA's newest recruit to the Board of Directors; a young man in his early 20's, would serve the organization as a Board Member of CPA Manitoba and then the Manitoba Paraplegia Foundation Inc., for forty unbroken years! Jim served on the CPA Board of Directors for six years, from 1976 to 1982 and was the Treasurer for two years. He was a member of the MPF Board for thirty-six years from 1980 to the present day. He has



*James A. Richardson and Board Member and MPF Trustee Art Braid*

served as MPF Treasurer for thirty-four of those years and he continues in this position today. When he joined MPF, Art estimated that the trust capital was around \$200,000 and today, together with the money held for CPA's benefit by the Winnipeg Foundation, the capital is almost two million dollars. Art stated that it was Jim, and one of Jim's recruits to the Board of MPF, Lawrence Cohen, whose wise financial stewardship were key to the building up of these funds.

Whenever Jim has been asked to help, he has done so. Art recalled that several years ago CPA National insisted that CPA Manitoba be part of a national corporate fund raising campaign. Jim agreed to lend his name to and act as chair of this effort which was quite successful so far as National was concerned. Art noted that to 'lend his name' is not a

small thing in Manitoba—the name (Richardson) is not something that can be taken lightly; it is almost a brand in Manitoba and CPA and MPF are happy to be associated with it.

Art went on to describe Jim as a multi-dimensional individual who has been and is very active in the larger community and CPA is most fortunate that, in spite of his many other involvements, he has been unwavering in his commitment to CPA and MPF.

Art stated that Jim is the son of the late James Richardson, who was a partner in the family business which is one of Canada's leading securities, grain and petroleum corporations in Canada. Jim was a Vice-President of James Richardson & Sons Limited and worked in various capacities for that firm and its many subsidiaries. He is still on the board of directors of six or seven other corporations as well as on the Investment committees of at least two investment funds. Art went on to list a few of Jim's volunteer activities and the positions he served—Senior Manitoba Director of Ducks Unlimited, Past President of the Nature Conservancy of Canada (Manitoba Region), trustee of the Richardson Foundation Inc. and the University of Winnipeg Foundation. He was Chair of Sport for the 1999 Pan American Games, Past President of Big Brothers of Canada and a former Regent of the University of Winnipeg.

Art Braid expressed his appreciation on behalf of CPA Manitoba and all its members to Jim Richardson for his forty years of dedicated service to CPA and MPF.



## ADDICTIONS RECOVERY IS POSSIBLE: INTERVIEW WITH CPA MEMBER FRANK DUCHARME

By Jackie Armes

According to the Alcoholics Anonymous *The Big Book*: “No person likes to think he/she is bodily and mentally different from his/her fellows. Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove we could drink like other people. The idea that somehow, someday he/she will control and enjoy his/her drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it into the gates of insanity or death (Alcoholics Anonymous 4<sup>th</sup> Ed, 2001, p.30).

On December 13, 2008 Frank Ducharme (57 years old at the time) disclosed that he did in fact pursue his obsession with both alcohol and crack cocaine into the proverbial gates of death. When recalling the night, Frank’s memory is a blur. He mentioned that it started out like any other night. Meeting up with friends at a bar, having a few beers, this then led to rye whiskey. According to Frank, on this particular evening, one of his “friends” decided it would be funny to spike his drink with lorazepam. Frank barely recalls getting into his vehicle to drive home. When he awoke he was laying on a bed at Seven Oaks Hospital Emergency Room. “You have been a victim of a head-on vehicle collision at Main & Selkirk Street,” the nurse replied. “You were intoxicated! You’re lucky to be alive! Now that you’re awake you’re free to go!” Frank, still in a drug induced stupor, attempted to get out of bed. He immediately fell to the floor. “I can’t walk...help me,” he yelled out.

For as long as Frank can remember, alcohol played a big part in his life. He recalls being charged with his first Driving While Under the Influence (AKA DUI) back in the 1970s. He never considered himself as having a drinking problem. He was a man’s man. He held a

steady job as a heavy equipment operator. He travelled, worked on construction camps in both Northern Alberta and Manitoba. Drinking and dabbling in illegal drug use was the norm up there. He was married with two children. He paid his bills. On the outside looking in, Frank’s life was perfect.

To Frank, the admission that he was, and is, an alcoholic meant shame, defeat, and failure to him.

“Men and women drink essentially because they like the effect produced by alcohol. The sensation is so elusive that, while they admit it is injurious, they

cannot after a time differentiate the true from the false. To them, their alcoholic life seems the only normal one. They are restless, irritable and discontented, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks—drinks which they see others taking with impunity. After they have succumbed to the desire again, as so many do, and the phenomenon of craving develops, they pass through the well-known stages of a spree, emerging remorseful, with a firm resolution not to drink again. This is repeated over and over, and unless this person can experience an entire psychic change there is very little hope of his/her recovery” (Alcoholics Anonymous 4<sup>th</sup> Ed, 2001, p.xxviii-xxix).



It was in 1983 while living in Alberta, Canada that Frank surrender to a life of recovery. He finally admitted he was powerless over alcohol and that his life had become unmanageable (STEP ONE). Frank stated, “The consequences are too great.” His marriage was falling apart due to his drinking. He was low on money. The only logical thing was to stop. That is when Frank attended his first Alcoholic Anonymous self-help group. He immersed himself in AA. Day by day, he was able to stay sober.



# **THE ACCESS STORE™**

**We Understand, Personalize and Deliver.**

## **VISIT US ONLINE AND SHOP WITH EASE**

- Home and Commercial
- Lifts, Ramps, Elevators
- Bath, Porch and Stair Lifts
- Incontinence and Medical Equipment
- Sports and Leisure Equipment
- Sales, Service and Installation
- 24/7 Emergency Service

## **Solutions for your daily living**

**WE DIRECT BILL: WCB, MPI, DVA, NIHB & BLUE CROSS**

96 Paramount Rd  
Winnipeg, MB R2X 2W3

**P:** 204.589.8955  
**TF:** 800.670.1670

**TheAccessStore.com**



He came to believe that a Power Greater than himself could and was restoring his sanity (STEP TWO). He then made a decision to turn his will and life over to the care of God as he understood Him (STEP THREE). Frank began the hard task of doing a fearless moral inventory of his thoughts and behaviours (STEP FOUR). Slowly the months of sobriety continued. He was gaining strength and confidence to the point of being able to admit to God, to himself, and to another human being the exact nature of his wrongs (STEP FIVE). Half way through the year Frank was entirely ready to have God remove all these defects of character (STEP SIX) and humbly ask Him (God) to remove his shortcomings (STEP SEVEN). Coming up on his first year sober, Frank made a list of all the persons he had harmed due to his drinking, and was now ready to make amends to all of them (STEP EIGHT). He admits that this step was one of the hardest. A lot of the people on his list were either deceased, or unable to locate. But mostly, it had to do with facing the hurt and pain his drinking behaviour inflicted on his wife and children. Subsequently, with great fortitude and conviction Frank made direct amends to those he hurt (STEP NINE). As time went on, he continued to take personal inventory and when he was wrong he promptly admitted it (STEP TEN). Daily, Frank said the serenity prayer and spent time meditating to improve his conscious contact with God as he understood Him. To gain strength and direction for his day (STEP ELEVEN). It took Frank one full year to go through the 12 Step Program of A.A. He was then able to carry his message of sobriety to others that were first starting on their journey (STEP TWELVE).

It was 1998. The year the Winnipeg Blue Boomers won the Grey Cup. After 16 years of sobriety Frank relapsed. He recalls it being a slow progression. He was working seasonally in construction, and during off season began working as a bartender. He attended bars throughout his 16 years of sobriety with “no desire to drink.” As life stressors began to build within his 30 year marriage, and then finally a divorce, it was all too much to handle for one man. The party life, the comradeship that goes along with that life became his norm again. Frank knew in his heart that things were unraveling out of control but yet was unable to stop.

## Wolseley Woodworking & Construction



Wheelchair Ramps designed and built to code

Wheel-in showers      Accessible bathrooms

Doorways widened      Home Modifications

MPI, WCB, VAC and Family Services friendly

---

667-5787
Mike Hladky (SMR, U of M)

In 2005, Frank was first introduced to crack cocaine. He was instantly addicted. For the next ten years Frank was in total relapse. Ironically enough, the morning of December 13, 2008 Frank awoke telling himself, “I need to stop drinking. I need help.” In the addictions field, counsellors often tell their clients if you continue on this road eventually you will face three life options: Institution (hospitalization), jail, or death. And, in Frank’s case, he faced death and the possibility of jail time.

Frank was eventually transferred to RR5 Health Sciences Centre with a diagnosis of incomplete quadriplegia at the C6 level, ASIA D. He was eventually charged with his second DUI in September 2010. He was court ordered to attend the Impaired Driving Program at the Addictions Foundation of Manitoba in September 2012 in order to get his license returned. In 2013, Frank completed the MPI D.A.M.P. assessment and regained his vehicle license. And, with it, his independence and confidence back! That accident changed Frank’s life for good. Frank has been sober for the past 8 years. WAY TO GO!!

There is always hope! CPA Manitoba and its staff are committed to helping our members transition successfully, which means to achieve independence, self-reliance, and full community participation. If you or a loved one have concerns regarding alcohol or drug use (including prescription medications), please speak to a CPA rehabilitation counsellor without hesitation. We are here to assist you in the best way possible.

**Phone CPA: 204-786-4753 or Provincial Adult Addiction Info Line: 1-855-662-6605**





---

## INTERVIEW WITH ERNIE HASIUK

By Faiza Malik

### Energy and Persistence Conquer All Things (Benjamin Franklin)

**E**rnies and his wife Pat were leading an active life after he retired as Director of Vocational Services for the Province of Manitoba. He was enthusiastically involved in activities such as gardening, curling, golfing, travelling, maintenance of his home and their cabin at Clear Lake. In short they had an active lifestyle and a huge social circle of friends and family that kept them busy year round. One fine summer day in June 2011, Ernie was working in his cabin when he fell from a height of 6 feet and sustained a spinal cord injury at the 5/6 level of his neck. It was definitely a life changing event. As Ernie says “The reality of not being able to walk in the space of one second is huge”. It was a traumatic revelation considering the fact that just one year prior to his injury, his wife received an award of recognition from the Province of Manitoba for being an “Active Senior” role model. He was very much her partner in that lifestyle.

Ernie had an eventful course of recovery starting from neck surgery, followed by various infections and pressure ulcers while in hospital for eight months. Ernie says that “It is different to be injured at an older age versus a young age”. At the time of his hospital stay, he shared a room with a 17 year old boy who was injured at the same level. Ernie observed that while he was struggling with physiotherapy and rehabilitation, the young boy seemed to have a quicker recovery and regained his strength more quickly. At that time he wished that he was 32 instead of 72 when he was injured. However, his life experiences had acquainted him with strong coping mechanisms. In this stressful situation, he joked about finding a positive aspect of having an SCI. He used to have severe arthritic joint pain in his knee and lower back that vanished after his SCI as his pain sensation was impaired below the level of his injury. His past experiences also made him more resilient, so much so that Ernie was able to successfully recuperate from an open-heart bypass surgery some years back in about three months.

Ernie came out of the hospital where several

challenges were waiting for him. His wife had to sell their much loved house and move to a smaller condo, man age extensive renovations and the move. It was a big decision in his life and very frustrating. He says “not being able to be part of that process was a huge adjustment”. Before his accident when he was tuning into his retired lifestyle, his doctor passed away. Ernie enjoyed a long, trusting relationship with him. He taught him a valuable lesson. The doctor once mentioned “it is better to wear out than to rust out, be active”. Ernie grasped this message and committed himself towards active rehabilitation. He also called upon his valuable experience of working with persons with disabilities in his work and nine years as a member of the CPA Board of Directors to formulate a plan for himself with the assistance and encouragement of his wife, children, the Home Care Program and his CPA Counsellor.

He worked hard in the hospital physiotherapy program with a conviction that it would help him to get better. After leaving the hospital, he enrolled at the Refit Centre and started a gentle fit program. Despite some pain, toil of commute, feelings of depression and other hindrances, he persevered and finally started seeing the results. Progress was slow but weight lifting and stretching exercises slowly provided upper body strength and increased dexterity in his arms and hands. This enabled Ernie to challenge the DAMP assessment, regain his license and achieve his goal of driving again. Being able to drive his van alone to various activities provided a great sense of independence and relieved some stress on his wife of not having to drive him everywhere.

Bowel and bladder re-training after a high level injury is yet another challenge, complicated by slow peristalsis (natural bowel movement) in old age. Ernie says “keeping a routine is the most important thing in this regard”. It was tough initially to get into a routine. Accidents would add to his frustration, but Ernie says with determination and confidence in oneself, achieving anything is possible. His bladder and bowel routine is now largely under control. Ernie says that “being dependent on other people is not easy for your care, however motivation is the key”. He values the



services of his Home Care Attendants and strives to maintain a harmonious relationship with them. He stresses the importance of maintaining contact with all and any friends as they can be a huge support in time of need. He regularly goes out with a group of friends for lunch or coffee and this socializing is a source of delight for him. “Talking to people and listening to them respectfully imparts valuable learning and interest in their activities”, he says.

One interesting aspect that he shared is his relationship with his primary caregiver, his supportive wife Pat. Ernie acknowledges that it is equally stressful for the partner to adapt to the sudden changes in lifestyle. In his situation, the transition for his wife from an active senior to a full time caregiver was difficult. While Home Care provided personal care on a daily basis, she was the backup caregiver if a Home Care worker was not available. She was solely responsible for the management of the Condo in the initial times; she found the new responsibilities over whelming, but counselling arranged through



the Canadian Paraplegic Association helped them to modify their attitude towards this change. He says that it is absolutely imperative “to try to be sensitive to the needs of the care-giver” and give them space to enjoy life beyond their caregiver role. The support of his children and grand-children can also not be underestimated in his ability to cope with the challenges of his disability.

Ernie says “helping people without expectations makes you stronger”. He does not miss any opportunity to offer a hand in whatever way he can. For in-stance, he is actively involved as a member of the Condo Board of Directors. He uses his past experience and writing skills as Editor of a quarterly newsletter for the condo Corporation. He also wrote an information booklet

for people living in a communal condo environment. He experiences immense gratification in the fact that people find his work useful. It adds purpose to his efforts. Considering his success with writing, he has decided to write a story about his grandfather who immigrated to Canada in 1904 from Ukraine. Ernie says “you cannot be too negative about every-thing”. From his personal perspective, the experience that he accumulated over the years has helped him to cope successfully with his spinal cord injury. He does not see old age as an essentially detrimental factor in the rehabilitation process—it’s just harder because you have to deal with the natural physical and mental aging issues as well as the disability. He shares that he had some failures in life, but what really

mattered was getting up after a fall. He used all those coping mechanisms to sustain him and his wife through this onerous life adjustment. After 52 years of marriage, they continue to use each other’s strengths to cope with the challenges that life has brought them in their retirement years.

I thank Ernie on behalf of CPA for sparing time from his daily schedule, but more importantly, for reflecting on his challenging experience in coping with his spinal cord injury to date. Taking a peek in Ernie’s post injury life, one can appreciate that post-injury rehabilitation is not a smooth sail. Minor tasks can seem gigantic and impossible. But we need to realize that no matter how long or small the journey is, it cannot be traversed unless we take the first step, and then keep moving. Spinal cord injury is a life changing event for anyone who sustains it, including all those close to the person with a disability. However through perseverance, commitment and support, we can achieve wonders. The need is to find the innate desire to conquer, with which every human being is blessed.



## CPA KICKS OFF THEIR 2016 EMPLOYEE CAMPAIGN

On November 15, 2016 CPA held their United Way Employee Campaign Kick-off Event which once again featured a United Way Guest Speaker, Lunch from King's Head Pub & Eatery, Silent Auction and a game of "Family Feud". Thank you to Campaign Chair Jackie Armes, along with CPA staff, who 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:

King's Head Pub & Eatery  
Homer's Restaurant  
Jim and Gail Burnside  
Morden's of Winnipeg  
Jean Tracy  
Hair 2dye4  
Claudia Sellen  
Jackie Armes  
Starbuck's  
Sizzling Dhaba  
East India Company  
Dave's Quick Print

Boston Pizza  
Pancake House  
Wadkar Investments Inc.  
Carbone  
Garwood Grill  
The Access Store  
Be-Dazzled Jewelry & Accessories  
Mark Wherrett  
Prairie Stain Glass  
Pinsk Hair Salon  
Jackie Armes  
Stevens Home Medical Supplies Store



King's Head Pub has very generously donated lunch for CPA's United Way Employee Campaign event for the past 5 years. In grateful appreciation, CPA Executive Director Ron Burky recently presented Jay Khanuja, Owner of King's Head Pub with a plaque to thank him for his generous contributions and continuous support.

### 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 [Adrienne at aconley@canparaplegic.org](mailto:Adrienne@canparaplegic.org) or give her a call at 204-786-4753 or 1-800-920-4933, ext. 222.



# THE CHALLENGE OF GOING TO THE HOSPITAL WITH A SPINAL CORD INJURY

By Dino Calvert

When patients with high level injuries attend hospitals, entering either through Admissions or Emergency, we have to keep in mind that maybe the staff who work there are not as familiar with the needs of a person with an SCI as the staff who work in a rehabilitation hospital. The good news is that hospital staff are more than willing to take direction to make sure that our needs are dealt with and we are comfortable.

If we are going to enter the hospital for a planned procedure, tell your doctor what equipment you require to get you out of your chair. When talking to admitting personnel, reiterate your needs. The chances are that they are already prepared for you and the equipment and aids are standing by, ready to help you. Failing that, by explaining your needs the admitting clerk will contact the ward and have the equipment ready. Also, don't forget your medications list!

When entering the hospital through Emergency, the procedure is basically the same. Again, tell the admitting clerk of your needs and they will make arrangements for the necessary equipment to be available in the bay when they bring you into the Emergency Room. Don't forget your medications list. Once again you will find that the staff will do whatever is needed to get you safely transferred from your chair into a bed.

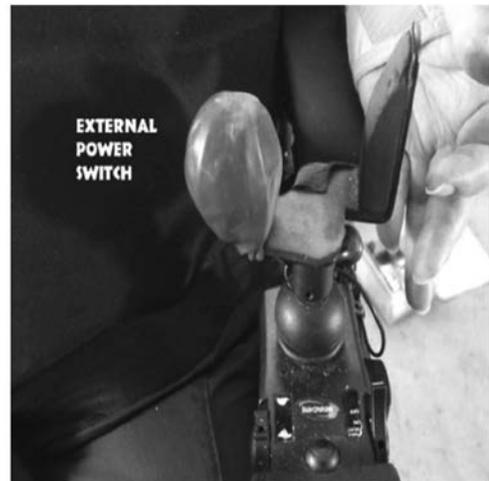
You and your regular Home Care staff have already worked out a procedure that works well for getting you transferred. The staff in the hospital do not necessarily deal with SCI patients on a daily basis, so a little bit of instruction and encouragement from you will get you safely transferred into the bed. Remember, though the staff may not be as experienced with you, they have your

best interest at heart.

When the nurse comes in to do your intake work, this should be a good time to talk about your skincare requirements. So if you require an air mattress, require turning at regular times, have existing skin problems or have special dietary requirements, it is an opportunity to discuss this with your hospital care staff.

The other area of spinal cord injury that the hospital may not be as familiar with is your mobility equipment, such as your power chair. Each chair is usually customized to your needs, with extra switches, levers or custom controls depending on our level of ability and the strength of our extremities. Again, the staff are usually more than willing to work with you on how to get you out of the chair or back into the chair in the most efficient and safe manner, so you have some ability to move around while you are in the hospital. Unfortunately a lot of the levers for adjusting your chair are all black. If people are not familiar with your chair, it would be a good idea to have colours on various levers to make them stand out. That way instead of trying to gesture towards a lever you can say "it is the red (or white etc.) lever". Personally I use balloons of different colours on the various levers. They are cheap and can be easily installed at home. This goes a long way towards the smooth operation of your chair while in the hospital.

When staff are putting you back into your chair, you will have to advocate for yourself to make sure that you are in the right place on the cushion and sitting upright. Again, hospital staff are more than willing to help you with little bit of direction and encouragement. Don't forget to undo the seatbelt!



Keep these points in mind the next time you have to attend a hospital. The nurses and aids are the people you're going to deal with the most in the hospital. They want to make sure that you are dealt with professionally, safely and comfortably. **Remember you are always your best advocate when it comes to your care and your needs.** This will help you recover faster and get you back to your home sooner.



## 2016 CITY OF WINNIPEG ACCESSIBILITY AWARDS ANNOUNCED

### Celebrating the best in universal design and accessibility for 2016

**WINNIPEG, September 29, 2016**—Today, Councilor Ross Eadie and Councilor Devi Sharma Chairs for the City of Winnipeg Access Advisory Committee announced at City Hall the six deserving Businesses, Architects and Organizations recognized to receive the City of Winnipeg's 2016 ACCESS Awards for Excellence in Accessible Architectural Design.

This year's Awards Jury had 20 nominees in various categories celebrating universal design and accessibility. The jury of local accessibility experts visited each site during the summer and are excited to recognize the winners for 2016.

The ACCESS awards have been an annual event since 2002, recognizing architects, interior designers, landscape architects, and the owners of their projects. These award winners have highlighted universal and accessible design to an exemplary level in their particular projects allowing Winnipeg to be a leader in North America as an inclusive community.

The ACCESS Awards are presented and administered by the City of Winnipeg Access Advisory Committee, which has over 20 year of raising awareness regarding the importance of accessibility and universal design for all the City of Winnipeg departments. Universal Design makes life more equitable, safe, comfortable and affordable for everyone, including people with disabilities. The 2016 winners are:

#### **Award of Excellence in Accessible Architectural Design**

##### **University of Manitoba Active Living Centre**

*Design Lead:* George Cibinel – Cibinel Architects Ltd. and Batteriid Architects

*Project Owner:* University of Manitoba

##### **ACCESS St. Boniface**

*Design Lead:* Christopher P. Daly – MMP Architects

*Project Owner:* Winnipeg Regional Health Authority

##### **The Original Pancake House Restaurant - McGillivray Blvd**

*Design Lead:* Ray Wan – Raymond SC Wan Architecture

*Project Owner:* Alan Guberman, Joanne Lecker, Hazel Kushner

##### **Specialized Services for Children & Youth 1155 Notre Dame - SSCY**

*Design Lead:* David Essex – Stantec Architecture

*Project Owner:* Winnipeg Regional Health Authority

##### **Manitoba Provincial Law Courts – 4th Floor Accessibility Project**

*Design Lead:* Nadi Design

*Project Owner:* Province of Manitoba

#### **Community Recognition Award**

##### **Mr. Richard Jones**

*Owner:* MOVE Mobility, FRS Group Winnipeg

*- Reprinted with permission*





ADVERTISE IN  
**PARATRACKS**

ADVERTISING RATES  
for photo ready copy

FULL PAGE - \$160

HALF PAGE - \$87

QUARTER PAGE - \$55

ONE THIRD PAGE - \$70

BUSINESS CARD SIZE - \$33

CLASSIFIED ADS FREE

To place your ad in the next issue  
of ParaTracks e-mail  
[aconley@canparaplegic.org](mailto:aconley@canparaplegic.org)  
or Phone: 786-4753 ext. 222

Circulation 850 copies  
Estimated Readership: 5,000

ParaTracks publishes  
three times a year

## FOR SALE:

I will be selling my dream car—2011 BMW 3 Series 2 Door Coupe 328xi AWD equipped with hand controls installed by Rehab Engineering. Low mileage 35,000 km, female owner. Certified warranty until December 15, 2017. Many options including power driver's seat with memory, sport steering with paddles, heated steering wheel, sun-roof, etc. Car will be available this summer. I would prefer to sell it to someone who needs hand controls. If you are interested, email me at: [happyzzzplace@gmail.com](mailto:happyzzzplace@gmail.com).

### Did you Know....

That if you have something to sell, trade or give away, and you are a CPA member, you can place a classified ad for free in ParaTracks? For information, contact Adrienne Conley at [aconley@canparaplegic.org](mailto:aconley@canparaplegic.org) or 204-786-4753, ext. 222.



*Ron Burky, Executive Director, and Maria Cabas, Rehabilitation Counsellor, Aboriginal Services, were both presented with 10 Year Service Award Plaques at the Annual General Meeting held on June 21, 2016.*

Return undeliverable Canadian addresses to: \_\_\_\_\_

PM 40050723

Canadian Paralegic Association (Manitoba) Inc.  
825 Sherbrook St., Winnipeg MB R3A 1M5

## MEMBERSHIP APPLICATION

**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%).

I wish to select the following category of Membership:

- |  |   |
|--|---|
| <input type="checkbox"/> \$15 - \$24 - Member              | <input type="checkbox"/> \$250 - \$499 - Charter Member |
| <input type="checkbox"/> \$25 - \$99 - Supporting Member   | <input type="checkbox"/> \$500 and over - Patron Member |
| <input type="checkbox"/> \$100 - \$249 - Sustaining Member |   |

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

**\*\* IMPORTANT \*\*** According to Canada's Personal Information Protection and Electronic Documents Act, commencing January 1, 2004, all businesses and organizations are required to obtain an individual's consent when they collect, use or disclose their information. **Unless you indicate otherwise by checking the box below, signing and returning this form to CPA, you are providing a form of consent that permits CPA to use the information you provide on this membership form for the purposes of sending out membership receipts and cards, reminder notices with membership applications and newsletters as noted above. You are also consenting to having your name listed in CPA's Annual Report (Sustaining, Charter and Patron members).**

**CPA (Manitoba) Inc. does not sell or trade personal information and does not rent out mailing lists. Personal information is provided to a third party only for the purpose of sending out CPA's newsletters.** If you have any questions, please call the CPA office.

- I do not consent to CPA using my personal information as noted above and I understand that
- I will no longer receive membership receipts, cards, reminder notices or CPA newsletters.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Mail to: 825 Sherbrook Street  
Winnipeg MB R3A 1M5

For more information:  
Phone: 204-786-4753  
Toll-free within MB: 1-800-720-4933  
Fax: 204-786-1140  
Email: [aconley@canparalegic.org](mailto:aconley@canparalegic.org)

PLEASE ENTER A MEMBERSHIP FOR:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**(providing your email address will help save on mailing costs)**

\_\_\_\_\_ New \_\_\_\_\_ Renewal