

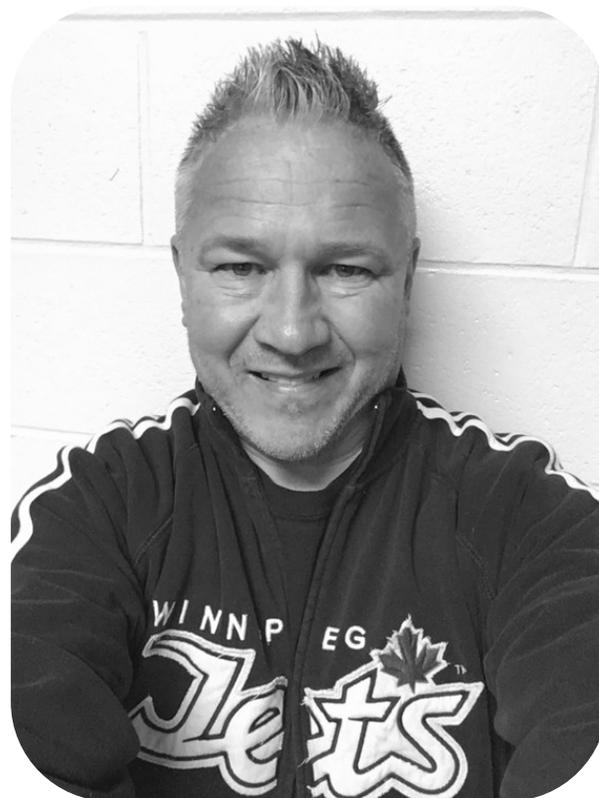
May 2018

Spring Issue

PARATRACKS

Newsletter of the Canadian Paraplegic Association (Manitoba) Inc.

Work: Routine, Purpose and Structure



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**spinal cord injury*

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this practice, we need your help. Without feedback from
CPA members, we can't always be sure that we're provid-
ing you with the information you require.

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What did you like about this issue of ParaTracks? What
didn't you like?

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The Basics of Medical Cannabis

By Evan Loster, National Access Cannabis

What is Cannabis?

Cannabis has been used by many cultures for thousands of years as a healing plant, medicine, shamanic tool, and resource. Cannabis is believed to have been used up to 12,000 years ago and has been historically used in Japan, Romania, China, Egypt, Greece, India, Persia, and North America.

There are both male and female Cannabis plants and breeding the two different sexes of Cannabis has produced 100s of different variations or genotypes of Cannabis called “strains”.

Strains are typically classified into 3 categories:

Indica, Sativa, and Hybrid.

Indica based Cannabis strains are short and bushy plants that originated in the Hindu Kush Mountains of Afghanistan. Indica’s have full body sedative and calming effects and tend to be used at night to help treat insomnia, chronic pain, anxiety, appetite, and more.

Sativa based Cannabis strains are tall and stringy plants that originated on tropical islands. Sativa’s have uplifting and cerebrally-focused effects that are typically felt more mentally. Sativas tend to be used during the day to help treat chronic fatigue, depression, ADD, mood disorders, and chronic pain.

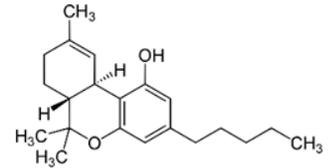
Hybrid based Cannabis strains are a combination of a Sativa based strain that is crossed with an Indica based strain. The effects of Hybrid based Cannabis strains can be both physically sedating and mentally cerebral, making them a versatile strain for patients. The overall effect of a Hybrid strain is based on its terpenoid profile, which is explained in more detail below.

What Causes the Effects and Therapeutic Properties of Cannabis?

Cannabinoids are produced in the **trichomes** of the plant. They produce both **medicinal and psychoactive** effects. There are over **200 Cannabinoids** in Cannabis. The most studied/known Cannabinoids are: **THC, CBD, CBG, and CBN.**

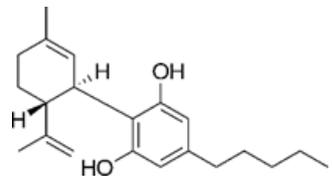
THC is the most abundant and common Cannabinoid

in various Cannabis strains. THC is what produces the psychoactive effects or “high” that Cannabis can elicit. THC has analgesic, antiemetic, appetite stimulation, and sleep aid therapeutic properties. THC can help treat chronic pain, neuropathic pain, cancer, PTSD, nausea, insomnia, and more.



THC is best used in small doses; Start low and go slow.

CBD is the second most common and abundant Cannabinoid in Cannabis. CBD does not produce the psychoactive effects that THC produces and can reduce the psychoactivity of THC. CBD has anti-inflammatory, antiemetic, anti-convulsant, analgesic, and anxiolytic therapeutic properties. CBD can help treat inflammation, seizures / epilepsy, anxiety, depression, cancer, skin conditions, Alzheimer's, liver conditions, schizophrenia, and potentially more.



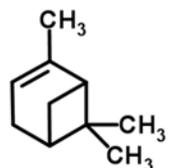
Terpenes or Terpenoids are essentially the **essential oils of Cannabis**. Terpenes produce the **smell / aroma and taste of Cannabis**. Terpenes are the reason that different strains of Cannabis produce **different effects**. Every strain of Cannabis has a different **terpene profile**.

The most common Terpenoids in Cannabis are **alpha-pinene/beta-pinene, linalool, beta caryophyllene, myrcene, and limonene.**

Indicas tend to have higher concentrations of myrcene and caryophyllene, whereas Sativas tend to have higher concentrations of alpha-pinene/beta-pinene and limonene.

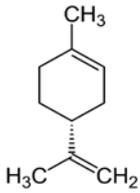
Alpha-pinene / Beta-pinene

- Piney aroma
- Anti-tumor, anti-inflammatory, may help short-term memory
- Found in pine needles



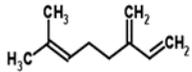


Limonene



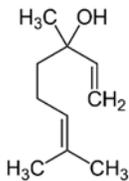
- Citrus aroma
- Antidepressant, anti-inflammatory, anti-tumor
- Found in citrus fruits

Myrcene



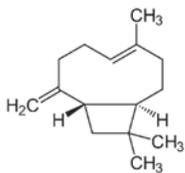
- Earthy / hops aroma
- Antioxidant, muscle relaxant, potent analgesic
- Found in hops

Linalool



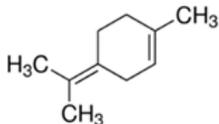
- Floral aroma
- Analgesic, anti-anxiety, sedative, and anesthetic.
- Found in lavender

Beta-caryophyllene



- Black pepper aroma
- Strong anti-inflammatory
- Found in black pepper

Terpinolene



- Lemony / piney aroma
- Anti-tumor and antibacterial.
- Found in tea-tree

Cannabinoids are the **engine** and Terpenoids are the **steering wheel**.

What can Cannabis Help Treat?

Cannabis can be utilized to help treat a condition or help manage singular or multiple symptoms.

Cannabis has the potential to help treat a multitude of symptoms:

- *Insomnia*
- *Headache and Migraine*
- *Coping with Trauma*
- *Depression and Anxiety*
- *Muscle Spasms Seizures*
- *Weakness and Exhaustion*
- *Inflammation and Associated Symptoms*
- *Generalized Pain*
- *Neuropathic Pain*
- *Nausea and Vomiting*
- *Mobility*

How Can Cannabis help with Spinal Cord Injury (SCI)?

Cannabis can help treat many signature/secondary symptoms of SCI including pain, depression, anxiety, spasticity, and insomnia. Cannabis can also potentially help improve bladder and bowel control.

Because there is such a diversity of Cannabis strains, there is the potential for Cannabis to help treat multiple symptoms that are associated with a condition such as SCI.

The treatment of multiple symptoms, potentially without unwanted side effects, can truly help improve one's quality of life.

What are the Methods of Administering Cannabis?

Method	Onset	Peak	Duration of Effect	Bioavailability
Vaporized	5-10 min	10-30 min	2-4 hrs	~ 40-90% depending on the vaporizer.
Oral	60 – 90 min	2-4 hours	6-12 hrs	~30-60% when paired with a fat (lipid). Bioavailability varies due to GI metabolism.
Sublingual	5 - 30 min	45 min – 2 hrs	3 – 4 hrs	Similar bioavailability to Oral ~30%.

How does Cannabis Interact with the Human Body?

All mammals have an internal biological regulatory system called the Endocannabinoid System. First discovered in the 1990s by Raphael Mechoulam and William Devane. We produce chemicals in our bodies called endocannabinoids that are like phytocannabinoids that come from Cannabis.

Anandamide and 2-AG are two endocannabinoids we produce in our body. There are two types of endocannabinoid receptors in the body: CB1 receptors and CB2 receptors.

The endocannabinoid system's purpose is to **regulate physiological functions or processes** inside of your body.

Some of the processes that the endocannabinoid system is believed to be involved in are:



<p>Neural development</p> <p>Immune function</p> <p>Inflammation</p> <p>Appetite</p> <p>Metabolism and Energy Homeostasis</p> <p>Cardiovascular function</p> <p>Digestion</p> <p>Bone development and bone density</p>	<p>Synaptic plasticity and learning</p> <p>Pain</p> <p>Reproduction</p> <p>Psychiatric disease</p> <p>Psychomotor behavior</p> <p>Memory</p> <p>Wake/sleep cycles</p> <p>Regulation of stress and emotional state</p>
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Cannabis works by bringing your body to balance or homeostasis through regulation carried out by interactions with the endocannabinoid system, and other internal biological systems. Most conditions and symptoms have a correlation with deregulation in the human body. Some researchers believe that humans can have an endocannabinoid deficiency (e.g. Dr. Ethan Russo). Consuming Cannabis in turn supplements your endocannabinoid system with phytocannabinoids, potentially restoring regulation.

Is Cannabis Addictive?

The risk of becoming addicted to Cannabis is **low**. **Psychological dependency** can occur with chronic overuse of THC based Cannabis strains, due to THC and the euphoric sensation it elicits.

Cannabis is addictive in **less than 9% of people**^{1,2}. There are no reported cases of overdose and/or death

from Cannabis use.

¹ American Psychiatric Association

² Budney, A. J., Roffman, R., Stephens, R. S., & Walker, D. (2007). Marijuana Dependence and Its Treatment. *Addiction Science & Clinical Practice, 4*(1), 4–16.

How can I try Medical Cannabis as a treatment in Canada?

Medical Cannabis is currently regulated by Health Canada and the Federal Government of Canada under the Access to Cannabis for Medical Purposes Regulations (ACMPR). Patients can be authorized a certain amount of dried weight (grams) per day for a duration of up to 12 months. This authorization is in the form of a Medical Document that is then securely faxed or mailed directly to a Health Canada regulated Licensed Producer. All medication is then ordered through the Health Canada Licensed Producer, online or over the phone, and mailed directly to your door.

The first step to see if Cannabis is right for you is to ask your Health Care Practitioner or specialist if Cannabis is a treatment option. If your Health Care Practitioner feels that Cannabis is an acceptable treatment for their patient and is comfortable with prescribing Medical Cannabis, they can authorize a medical document which is then sent to a Licensed Producer. If your Health Care Practitioner is not comfortable authorizing Medical Cannabis; they can refer you to a Medical Clinic or Cannabinoid Specialist that specializes in Medical Cannabis.

Work: Routine, Purpose and Structure

In the article below, Laurence Haien, Senior Rehabilitation Counsellor, Vocational Services, interviews Brent Daurie regarding his return to work.

Tell me about yourself? Where were you born and raised? Are you married? Do you have children? Do you have any hobbies?

I was born in Moose Jaw, Saskatchewan and lived there with my parents until about age 3, and then we moved to Winnipeg where I've lived since. I've been married for about 12 years. I have a 7 year old daughter, Shayla. I enjoy hockey and golf. I began skating when I was about 3 and played tier 1 hockey most of

my life, that is, until I was diagnosed with a spinal cord injury. I'm still able to skate recreationally, but I don't play competitive hockey any longer because I don't want to run the risk of injury. I still play golf and played a bit last year. I have 2 titanium rods and 12 screws in my neck to stabilize my spine and this restricts my mobility. I look forward to continued improvements in my game.

When were you diagnosed with a spinal cord injury?

Well, this happened over time. Several years before my diagnosis, I experienced numbness and tingling, partic-



ularly in my left forearm and hand while I was performing overhead work but was able to eliminate this by vigorously shaking my arms and hands. I thought it was unusual but carried on with my life. This persisted, and I eventually discussed it with my doctor. I underwent testing for carpal tunnel syndrome but the results were inconclusive. I also had a CT scan, but the results were also inconclusive.

I began to fall on the ice while playing hockey. I'd been a sure-footed skater my whole life. Occasionally my teammates would comment on my falling. I also noticed when I reached for and held my hockey stick that I experienced numbness and tingling in my arms and hands. I reported this to my doctor who asked me to monitor what I was doing when this occurred. Eventually, my falls on the ice increased and the intensity of the numbness and tingling progressed from my left arm and hand to my right. I went back to my doctor and was referred to a neurologist.

The neurologist performed a balance test and did pin prick testing to assess my ability to feel sensation and referred me for an MRI. The neurologist said that he suspected that I might have multiple sclerosis. When the results from the MRI came back, he told me the good news was that I did not have multiple sclerosis but said he had referred me to a spinal surgeon. During this time, I continued to work. The spinal surgeon told me to stop working immediately and scheduled me for surgery.

I was diagnosed with a C-04, incomplete spinal cord injury secondary to spinal stenosis (a narrowing of the spinal canal). I underwent surgery which included the installation of rods to stabilize my cervical spine. I remained in hospital for about a week after surgery. I experienced issues with my bowel and bladder functioning which resolved over time. I was very cautious about walking, initially. I attended outpatient physiotherapy and worked on balance, core strengthening, and walking. Today, I continue to experience numbness and tingling in my hands, especially in my thumbs and index fingers. I also experience numbness in my calves and feet and reduced sensation to heat and cold in my feet. I walk unaided but continue to have issues with balance.

Were you employed at the time that you were diagnosed with a spinal cord injury? How long were you employed and what did you do? How long were you away from the workplace? When did you realize you wouldn't be able to return to your previous job?

I had been employed with the City of Winnipeg for approximately 27 years at the time of my diagnosis. At that time, I was classified as a Building Servicer 2,

which essentially meant I was responsible for building maintenance. This involved performing minor plumbing, carpentry, replacement of light bulbs and filters, and maintenance of HVAC (heating, ventilation and air conditioning systems) for City of Winnipeg buildings. Physically, I was required to climb ladders, get onto roofs, crawl into tight, confined spaces, lift 40 – 50 pounds, and perform lots of overhead work. I was probably away from the workplace for about 15 months from the time of my diagnosis. I realized very early on that I would not be able to return to my previous job and this became more evident as I came to understand the effects of my spinal cord injury and to accept that some of these would likely be permanent.

How did this affect you and your family and how did you cope?

I think it was particularly hard for my daughter who would have been about 5 years old at the time. She noticed when I wasn't able to do the things I did previously and probably didn't understand this. It was hard for me and my wife, too. We lived with a lot of uncertainty about the future. I was told by doctors that it would take about 2 years for me to recover some of my abilities. My progress was slow and took longer than I anticipated. I remembered what I was like before I was diagnosed and the things I could do easily versus the things I now found physically challenging to do. The diagnosis was life changing and required a lot of adjustments. One of the best things I did, when I was physically able to do so, was to go to the gym and to leave the house to take walks and get fresh air. This helped me psychologically and physically. It also gave me a routine and structure that was missing since my participation in the workplace was interrupted. Thankfully, we also had a lot of family support and practical assistance with things like yard maintenance and snow removal which I could not do.

Tell me about your return to work?

Well, of course I wondered about the kind of job that would be available to me when I returned to the City of Winnipeg workplace. You and I met with my physiatrist and discussed the possibility of return to work and you described to her my previous job and the physical demands associated with this, including lifting 50 pounds or more, climbing ladders, etc., and it was mutually decided I could not safely do this. You and I also had several discussions with the Disability Case Manager Consultant, Civic Employees' Benefits Program who advised us that it was her role to facilitate my return to work. She was friendly and nice and I recognized her primary function was to get me back to work.

You and she also discussed the possibility of a functional capacity evaluation, and she made the referral. It



occurred over 2 days and involved an assessment of my manual and finger dexterity, lifting tolerance, stair climbing ability, my ability to get from a seated or squat position to a standing position, and my balance. It was very physically demanding, and I suspect that had I not been attending the gym regularly I would not have been able to perform everything that was asked of me during that evaluation. I was quite sore a few days afterwards. My physiatrist's report along with the results of the functional capacity evaluation confirmed that I was able to return to the workplace in some capacity. You encouraged me to request a copy of the assessment as it was about me and I did so.

I returned to work on what they call a graduated return to work basis around September or October 2017. This meant that I worked 4 hours daily for the first week and gradually increased my hours of work by one hour per week until I was working 8 hours/day. The position was that of a janitor. This required some adjustment, as the rate of pay was not the same as the job I had previously. Additionally, I had started my work career with the City of Winnipeg as a janitor about 28 years prior and had worked my way up. I spoke with management and related my concerns. I was advised the person who held the position previously was retiring and this was the only position that was in keeping with my physical restrictions at that time.

I did my job, but I continued to review the City of Winnipeg job postings to see what other opportunities existed. After about 3 or 4 months, I spotted a posting for a Building Servicer 2 classification. I knew I could do the job which entailed testing boilers at various locations and adding chemicals as required.

I spoke with the Human Resources Manager and informed her of my interest in and ability to perform the job duties. I began the job around January 2018 and had 2 weeks of on-the-job training with the previous job holder. I'm responsible for the maintenance of about 30 boilers in several locations throughout the City of Winnipeg. I spend about an hour daily driving to different locations. Today, for example, I will test the water of about 8 boilers and add required chemicals. I work independently and have occasional contact with City of Winnipeg employees. Now, we are entering the cooling season, and so I will be responsible for adding chemicals to air conditioning units/towers. I will be responsible for about seven sites. City Hall has a huge cooling tower.

What is the best thing about returning to work?

It has given me the purpose, routine and structure that were missing while I was away from the workplace. I think it's easy to fall into a rut while being away from the workplace, that includes not eating properly, going

to bed too late, and getting up late.

Do you have any advice for those who are more recently injured and whose participation in the workplace has been interrupted?

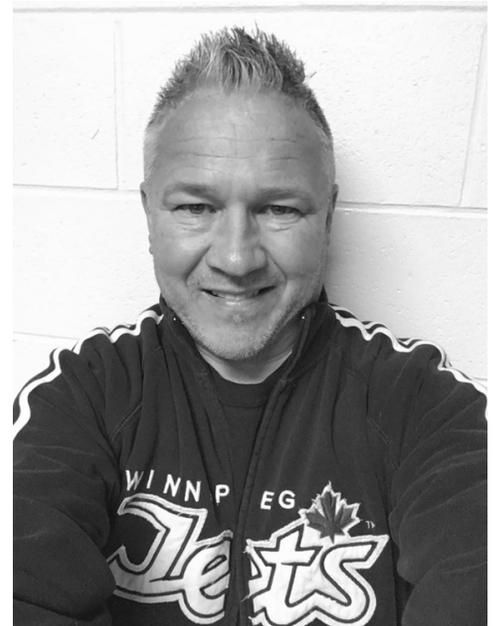
I think it's important for them to know that things will get better. Also, they need to stay motivated. For me, this meant going to the gym and establishing a workout routine and, before I could do this, just getting out of the house and going for a walk.

It's also important for people to know their physical limitations when working out. I had to adjust to the fact that what I could do in the gym before my spinal cord injury was no longer realistic. My body was not the same as it was. You have to be patient with yourself.

Another thing is that people should be familiar with their short term and long term disability benefits at work. Don't assume that the employer, the human resource specialist or whomever is going to be on top of this. You need to know about your benefits, when they begin, when they terminate, and what the processes are. You may also need to follow up with your human resource manager or employer regarding your benefits.

Any final thoughts?

On a slightly different note, I want to say that I have a family member who has struggled with addiction for many years. This experience sensitized me to the addictive potential of some of the medications that are prescribed for pain management. I came to realize early on that I would likely have to deal with some degree of pain associated with my spinal cord injury and declined physician offers to prescribe pain medication. I found that I was able to achieve an acceptable level of pain management by taking extra strength Tylenol alone but, I know this may not work for everyone.



Brent Daurie



Staff Introductions

My name is **Artem Dolia**. I became a part of the wonderful team at CPA as a Rehabilitation Counsellor Assistant in March 2018. My first contact with CPA happened last summer, right after my arrival to Canada from Ukraine. I am a quadriplegic with 20 years of experience using a wheelchair. For many people dealing with disabilities, living independently or securing a job can be almost impossible because of emotional and physical hurdles they have to overcome. People with disabilities can get the services of Rehabilitation Counsellors to learn the skills they need to cope with their disabilities and live independently. My role is to assist the counsellors to provide individualized services to members, help with day-to-day activities, including scheduling and managing appointments, and follow-up with families or other human service agencies.

My educational background includes a Bachelor of Social Work from Zaporizhzhia State University. I have worked with the Mennonite Central Committee for 12 years as a Program Coordinator. I was responsible for the development and implementation of projects to assist with community and social development. I also used to manage, monitor, and evaluate complex international projects in Ukraine with up to one million dollars in funding. This has provided me with analytical and project management skills and an ability to communicate ef-



Artem Dolia

fectively with diverse audiences and social groups. As a leader, I oversaw more than 10 partnering organizations and monitored their projects in community development. I supervised report writing, budgeting, and ensured the consistent implementation of project strategies and goals.

I am very happy to join the great CPA's Rehabilitation Services team and to provide assistance to adults with spinal cord injuries to establish meaningful goals and reintegrate into society.

Hey everyone, I'm one of the newest staff members here at CPA. I came on board in February 2018 in the role of Rehabilitation Counsellor Assistant, and will be helping out here as much as possible. I actually became a member of CPA back in 1992 when I had a car accident that left me as a C6 quadriplegic. Since then I've kept pretty busy in life. While in University, I met a beautiful woman and she was crazy enough to marry me and we now have 3 beautiful kids.

Besides my family, one of the events in my life that I'm most proud of was being a three time Paralympic medalist playing for Team Canada Wheelchair Rugby for 13 years. I have had the opportunity over the years to represent various organizations and help educate people on the role of fitness and sports and the benefits for individuals with a disability.

This role at CPA is new to me, but I have been helping people with disabilities through public outreach and educational programs for a while using my sports background, and feel with my 25 plus years' experience as a person who uses a wheelchair, I think I have a lot to offer to CPA.



Jared Funk



Living With A Disability in Canada

By Artem Dolia

Hi, my name is Artem Dolia and I work as a Rehabilitation Counsellor Assistant at the Canadian Paraplegic Association. I moved to Winnipeg from Ukraine in 2017. I am a quadriplegic with 20 years of experience using a wheelchair and would like to share my experience living with a disability in Canada.

My life changed completely in June 1999. During an unsuccessful dive, I injured my spine in the cervical section and couldn't move my arms and legs right away. I started to sink and lost consciousness. When my friend saw what happened, he pulled me out of the water and began to provide first aid but I could not move and lost consciousness because of a fracture. My friend called an ambulance, and I was taken to the hospital. I had surgery the next day. Since that day my life has changed. I had to learn how to eat, dress, shave and write all over again. It was not an easy thing to start everything from scratch again.

It is hard to live in a country that is not accessible for people with different needs. That's why I decided to immigrate to Canada.

My first adventure started at the airport in Winnipeg. I was surprised when I noticed that all of the sidewalks are with ramps and are really accessible for people. Compared to my home country, it is absolutely different. Here in Canada for the first time since I was injured, I could go outside without any help. I experience that freedom and independence on the street when I just go outside for a walk. I can go all over the place in the city without barriers and I think we have to appreciate that. Many people in other countries don't have this opportunity. Of course, we still have stores, banks and small restaurants without automatic opening doors, and usually people are nice and ready to help. My second highlight was using the public transportation (bus). It is an incredible feeling when you can jump on the bus and go to any part of the city by yourself. You can go to any mall, store or the movie theatre. For the first couple of months, I got the chance to see more movies than in all my life before. I went in almost every direc-

tion and explored the city by myself for a short period of time. It is so good to be independent.

When I learned about the special transport service "Handi-Transit", I was surprised that such a thing exists. This service makes the person who uses a wheelchair absolutely independent, in combination with public transportation and the regular accessible taxi.

Talking about things like health care, home care and different organizations which help people – is absolutely unique. Having someone who will help you dress, get ready for work, cook a meal for you – is such a blessing for me. There are so many different agencies who will help you with finding a job, accommodation, entertainment, etc. I find all of these services so helpful.

Yes, all of these services are not perfect, but they exist and they work. There is still some work needed to improve on. Those of us who have a disability can help and bring our wishes to the authorities to make changes and improvements.

I also noticed that many playgrounds are accessible and you can go and play with the kids. I have two nephews with whom I like to play outside. We spend hours on the children's playgrounds together. It is true happiness when you feel absolutely free and independent.

This is my short story about living in Canada. Please, value what we have and enjoy your life.





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Knowing the Rights of Women In the Workplace

By Melanie White

On March 22nd I attended an event hosted by Manitoba Employment Equity Practitioners Association (MEEPA) in honour of **International Women's Day 2018**. This half-day event consisted of a keynote presentation by Speaker Isha Khan of the *Manitoba Human Rights Commission*, as well as a presentation by Speaker Ellen Smirl of the *Canadian Centre for Policy Alternatives Manitoba Office*. The information provided was very informative and highlighted many of the inequalities still faced by women in Canada today.

The *Manitoba Human Rights Commission* receives 4,000 complaints per year, of which approximately 300 are registered. Human rights legislation is not punitive but remedial, often resulting in compensation for lost wages or injured indignity. A large number of complaints are related to workplace harassment and discrimination.

- *Harassment* involves behaviour that could reasonably be expected to make a person feel offended, humiliated or intimidated.

- *Discrimination* involves treating a person differently on the basis of a protected characteristic (i.e. age, race, gender, disability), without reasonable cause, or failing to reasonably accommodate the needs of a person where those needs are based on a protected characteristic.

Gender discrimination is not a thing of the past; it is still prevalent in the workforce today just as it was 20 years ago (as evidenced by the following human rights cases):

- *British Columbia (Public Service Employee Relations Commission) v. BCGSEU*, [1999] is an example of *failure to accommodate* in which a female fire fighter's employment was terminated after three years when she failed to meet the standard of a physical fitness test (that unintentionally excluded women) implemented by the employer. The Supreme Court of Canada ruled that if a workplace policy systematically excludes women or other groups it must be scrutinized to ensure whether it is truly required to



determine job performance. The woman's employment was reinstated.

- Szabo v. Dayman (c.o.b. Take Time Home Clean & Life Style Services), [2016] is an example of *differential treatment* in which a Winnipeg cleaning company discriminated against a pregnant ex-employee. The adjudicator determined that the employer considered pregnancy and the need for time off as factors in termination of employment; as a result the company was ordered to pay the woman \$5,000 dollars in damages.

The *Canadian Centre for Policy Alternatives Manitoba Office* is currently working on a project called ***Making Women Count***, which looks at the unequal economics of women's work through a gender lens in order to help us 'see' more clearly the default gender-related assumptions that underlie our own thinking by:

- Providing an annual snapshot of gaps in men and women's access to economic security, personal security, education, health and positions of leadership
- Measuring gaps between men and women in a given community
- Capturing inequalities that can be attributed, at least in part, to discrimination based on gender

Findings

- Winnipeg ranks 17th overall out of 25 metropolitan areas in Canada on the gender equality index (2017)
- Inequalities within groups include:
 - ◊ Immigrant women have higher levels of education than non-immigrant women; however, employment lags 7% behind Canadian-born women and 14% behind immigrant men
 - ◊ Indigenous women's employment rates are 5% below indigenous men and 11% below non-indigenous women
 - ◊ Young women are less likely than young men to hold full-time jobs and young women with post-secondary education earn 12% less than their male peers
 - ◊ The wage gap increases for indigenous, visible minority, and immigrant women with university degrees
 - ◊ Indigenous women with university degrees earn 24% less than indigenous men and 33% less than non-indigenous men with the same level of education

- ◊ Occupations traditionally held by women tend to pay less
- Truck drivers (97% of whom are men) earn an average salary of \$45,417 v. early childhood educators (97% of whom are female) who earn an average of \$25,334 annually
- Wage gaps also occur across all sectors and all levels of education
- Women with university degrees earn 10-30% less than their male peers (depending on their age cohort)
- Persistent myths about pay gaps include:
 - ◊ The gap is closing rapidly
 - ◊ Pay gaps don't exist within sectors
 - ◊ Women earn less because they don't negotiate well
 - ◊ Women earn less because mothers choose to work less

Unfortunately, gender discrimination is still alive and well in the workplace. Women are often overlooked for job advancement, or for positions that they are more qualified to fill than their male competitors, because employers fear that they will not be as committed to the company as they are to their families, or that they will miss time due to children, family obligations or future pregnancies.

This type of attitude can cause women to have to work harder for more years before they can reach the same positions as other co-workers.

There is often also an attitude or opinion that women cannot be as 'hard-nosed' or 'unemotional' when in a position of power. Even though there is no proof or research to back it up, there is a fear among some male executives that women will not be able to fire someone or make the tough decisions when they need to.

Although there have been improvements in recent years, such as Domestic Violence Leave introduced in Manitoba (2016), we still have a long road ahead. Hopefully, the continued efforts of organizations such as the provincial Human Rights Commissions and Canadian Centre for Policy Alternatives offices will continue to advocate for the rights of women in order to eliminate some of the barriers and challenges that still exist for women today.

For more information regarding the ***Making Women Count Project***, please visit:

www.policyalternatives.ca/projects/making-women-count



Summertime Fun

By Jared Funk

So I'm not going to lie to you – I'm not much of a writer, and to be honest, I'm the furthest thing from a writer. I'm more of an action kind of a guy, but then again writing is a form of action just a different form than I'm used to. Before joining the CPA team, I was lucky for the last couple years to work for a company that did a lot of community relations throughout our province and I was able to attend a lot of festivals and events all around Manitoba and Winnipeg. These experiences led me to write this article on what to do in Manitoba in summer time. Well first let's start off pretending that summer is coming (knock on wood... hard) and when it does come here, it is such a short time and there's so much to do in



Leif Norman

our province. There are a lot of recreational opportunities out there for us to enjoy – Manitoba's Provincial Parks currently have 56 accessible campsites, 5 accessible cabins, and 20 accessible Yurts that you can access. But if you're not into making friends with squirrels and roughing it in the great outdoors, there are other events to attend including the many different fairs that are in the small towns of rural Manitoba. If you're interested in fairs,

check out this link:

https://www.gov.mb.ca/jec/invest/busfacts/qu_oflife/ql_festivals.html

Here's a list of the top 13 festivals you can experience this summer.

Winnipeg Folk Festival - July 5 to 8, 2018 at Birds Hill Park

<https://www.winnipegfolkfestival.ca/>

Often called *the* festival of the summer, [The Winnipeg Folk Fest](#) attracts tens of thousands every year. Bringing together emerging and well-established artists; the Winnipeg Folk Fest is at its core, a celebration of folk music. Drum circles and fire dancers are all but common in this 4 day party where you can wander around barefoot, grab a bite to eat from a food truck, visit the famous trading post or catch a show. Winnipeg Folk Fest is so committed to hosting an accessible festival that they have a page on their website dedicated to what they offer, everything from the accessible seating, port-a-potties, to filling out a form to receive a complimentary ticket for an assistant/support worker/family member if you need assistance at the festival. Check the page out:

<https://www.winnipegfolkfestival.ca/festival-info/accessibility/>

Dauphin Countryfest - June 28 to July 1, 2018 in Dauphin, Manitoba

<http://countryfest.ca/>

Dauphin is a 4 hour road trip away from Winnipeg, and at certain times of the year, thousands make the trip up. [Dauphin's Countryfest](#) is one of those occasions. Country-lovers from across the province and the country flock to Canada's longest running country music festival. The festival gets 14,000 attendees per day and boasts over 4000 campsites. Dauphin's Country Fest has disability parking spaces, shuttle services and wheelchair-

accessible washrooms are available. So dig out those old boots and don't forget your cowboy hat (our summers are hot)!

Fire & Water Music Festival - August 4-6 2018 in Lac du Bonnet

<http://firewater.ca/>

Heralded as Manitoba's fastest growing music festival, [Fire & Water](#) is a family-friendly gathering where you will hear everything from roots to country to metal. See artists from Manitoba and beyond on three stages or take part in an artists workshop. There are trade shows, children's programming and plenty of camping spaces so that you can enjoy the gorgeous Lac du Bonnet area, located 1 hour away from Winnipeg. Oh, and did we mention it also won last year's Festival Madness competition?

Manitoba Stampede - July 19-22 2018 in Morris, Manitoba -

<https://manibastampede.ca/>



Manitoba's only Pro-Rodeo! Come check out some of the top names on the Canadian Tour Circuit in bull riding, bronc-busting, tie down roping, bareback riding, steer wrestling, ladies barrel racing and team roping. There's also fast paced chariot and chuckwagon races, and fun for all ages with the popular Kid's Muttin Bustin and Buckaroo Roping....and of course the Rodeo



Clown! Check out the rides at the midway, grab some food from the tasty vendors, or visit the petting zoo and watch some great children's entertainment. Adults can enjoy a refreshing beverage at the Scratching River Saloon while they take in some great local talent on the free stage! There is a designated accessible seating area at the main rodeo stage and handicap bathrooms throughout the venue.

Red River Ex - June 15 to 24, 2018 in Winnipeg, Manitoba

<http://www.redriverex.com/>



Countless memories are made at the Red River Ex each year, and it has long been a staple of Manitoba summers. Go for the rides, stay for the food...or is it the other way around? The Red River Ex is jammed packed with rides for all ages, carnival games, a petting zoo and plenty of food vendors. As for accessibility the website says there are pathways and ramps throughout the Park to assist with wheelchair access. North American Midway Entertainment is committed to provide all guests with disabilities the same opportunity to enjoy and benefit from the services and attractions just as any other guest on the Midway. Midway guests with disabilities are required to be able to place themselves in the device seat or attraction by themselves or with the help of an attendant or support person. During the course of the ride, disabled guests must also be able to hold themselves in the ride without assistance and remain

properly secured within the restraints. North American Midway recognizes the Access 2 Program in Canada and provides Access 2 guests attendants or support persons complimentary admission to their attractions. Accreditation for the Access 2 program is available at NAME Guest Services. Red River Exhibition and NAME also produce a private event during The EX called "Special Kids' Day." Each year, 800-1,000 children with a variety of special needs are invited to experience midway rides and enjoy a complimentary hot dog lunch. This event is run to ensure that children, who might not be able to attend The EX due to their disability, are able to participate and enjoy their own special day at The EX.

Scooters and wheelchairs are available for rent immediately outside the west entrance. Rental prices: Scooters: \$40; Wheelchairs: \$15. All public buildings at the Park are accessible. Find your thrill at the **Red River Ex!**

Canada Day Festivities

It's the most celebrated birthday of the year! Join in the Canada Day festivities (July 1), where live bands, fireworks, and parties are happening all around the city. Here is a selection of Canada Day Events happening around the city:

[Osborne Village Canada Day Street Celebration](#)

https://www.tourismwinnipeg.com/events/upcoming-events/display_event/6558/osborne-village-canada-day-street-celebration

[Canada Day at Oak Hammock Marsh](#)

<http://www.oakhammockmarsh.ca/events/2889/>

[Canada Day at The Forks](#)

<http://www.theforks.com/events/signature-events/canada-day-at-the-forks>

Winnipeg BBQ & Blues Festival - August 17 & 18, 2018 on Smith Street in front of the Burton Cummings Theatre

<http://winnipegbbqandblues.ca/>

The Winnipeg BBQ & Blues Festival features local, national, and international blues performers both inside the historic Burton Cummings Theatre and outside on Smith Street against the beautiful skyline of downtown Winnipeg. This lip smackin' hip shakin' street party boasts free admission to non-stop live entertainment on the outdoor stage along with multiple barbecue-themed food stations, food and product demonstrations, retail vendors, and more! The BBQ and Blues site is wheelchair accessible and so are the porta potties.

Folklorama - August 5 to 18, 2018 in Winnipeg, Manitoba

<https://www.folklorama.ca/>



Heralded as one of the best festivals in Winnipeg, **Folklorama** is the largest multicultural event of its kind in the world. Have you ever wanted to travel to Croatia? How about Ireland, Germany or the Caribbean? For 14 days in August, Folklorama offers just a small taste (but oh, such a good one) of cultures around the globe. Over 40 pavilions are scattered around the city in the two week period, and with incredible vibrancy, energy and delicacies – you will definitely want to fit in as many as possible! You can book a fully accessible experience! Treat yourself to a night of entertainment with a show at both pavilions, domestic alcoholic beverage and meal at the first stop and dessert and a non-alcoholic beverage at the



second. Wheelchair accessible transportation will be provided throughout the evening. Most venues are accessible but check with the website when you wish to book tickets to make sure. The travel guide will be released in July and the venues will be clearly indicate which Pavilions are accessible, also on May 23rd the Vip tours will be up online for you to choose. The pavilions held at the RBC Convention centre are fully accessible.

Icelandic Festival - August 4-6, 2018 in Gimli, Manitoba

<https://www.icelandicfestival.com/>



To get a taste of Icelandic culture as it once was, attend the 127th annual [Islendingadagurinn](#), or Icelandic Festival of Manitoba. Catch a fashion show of traditional Icelandic garments, enjoy Icelandic horse demonstrations, watch reenactments of Viking weapon and warfare tactics, and last but not least, [get "dinged"](#). It all happens in the gorgeous and quaint Gimli, Manitoba, located 1 hour north of Winnipeg. There will be Viking roars.

Fringe Festival - July 18 to 29, 2018 in Winnipeg, Manitoba

<http://www.winnipegfringe.com/>

Every summer, the streets of downtown Winnipeg come alive with the [Fringe Festival](#)! Characters from over 180 theatre companies roam the streets and perform for adventurous audiences. Shows take place daily from noon to midnight at more than 30 venues, covering every genre in the book (and a few that simply can't be classified). This year's festival will have 179 performing companies from across Canada and around the world performing in 30 indoor per-

formance venues (1 Kids Venue, 12 main venues and 17 Bring Your Own Venues). Out of these venues 24 are wheelchair accessible and range from having 2 to 30 seats available for these patrons.

For the past two years, they have also asked the performing artists to let them know if their production is suitable for patrons with reduced vision, hard of hearing or for whom English is a second language. This year there will be over 50 plays that have selected one or more of these options and they will be including the list of these shows on our website once tickets go on sale on May 19.

ManyFest - September 7-9, 2018

<https://www.manyfest.ca/>

This massive event on Broadway and Memorial has more events than you can imagine and has something for all ages! Join in the food truck wars, sip and savour in the wine and beer garden, play in the kids' zone, listen to live music, watch the giant movie in the park and much more. Not only is this an all age all ability event, you can finally play on the streets legally.

Indigenous Day Live - June 23, 2018 at The Forks, Winnipeg

<http://indigenousdaylive.ca/winnipeg/>

APTN's *Indigenous Day Live* is the nation's largest event in recognition of National Indigenous Peoples Day, bringing Canadians together in cele-



bration of Indigenous Peoples' unparalleled contribution to Canada. Enjoy a free day long program of cultural activities and music from the First Nations, Inuit, and Métis communities. Make the most of the long-

est day of the year with a free live evening concert featuring award-winning, and on the rise, Indigenous musicians and entertainers.

Summer Entertainment Series at Assiniboine Park - Dates TBD at Assiniboine Park, Winnipeg

<https://www.assiniboinepark.ca/park-landing/home/plan-your-visit/summer-entertainment-series>

The Assiniboine Park Conservancy (APC) is excited to announce another fantastic line-up of musical acts, movies and art exhibitions as part of the Red River Co-op Summer Entertainment Series, running June through August at Assiniboine Park. The entire series is offered free to the public and made possible solely through sponsorship support. This year's schedule features more than 30 events including weekly musical acts at the Lyric Theatre, jazz in the Leo Mol Sculpture Garden. Both venues are fully accessible, and returning for its third season –

Movies in the Park.

Jazz in the Leo Mol Sculpture Garden (Presented by The Richardson Foundation)

Summer Music Series at the Lyric Theatre (Presented by Johnston Group)

Art in the Park Canada Day Picnic in the Park

Ballet in the Park (featuring Canada's Royal Winnipeg Ballet)

Movies in the Park (Presented by Scotiabank)

Ok, ok, I know that there are so many other events in Manitoba that you'd love to go to, and like I said, this is just 13 festivals that I chose (not being paid or getting kickbacks from....cough cough); but they were events that had accessible options. And this is just a glimpse of how many festivals there are within our Province this summer. Given that most of them are accessible, this gives you a wide variety of options for music, food, and adventure, to do this summer and enjoy your time outside because unfortunately our summers are short. So make the best of it and get out there and **check out these festivals**.



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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 injury.

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

- Funding was provided for the building of an exterior wheelchair ramp for a CPA Member who was unable to access their home due to stairs at both the front and back entrances. The ramp will allow the member to maintain their social activities and increase the level of their independence.
- Financial support was provided for the purchase of a platform lift, a bed and a mattress for a CPA member. The platform lift is required as there are seven steps to enter the member's house. The bed and mattress are required because the member will now need to live on the main floor of their home as they can no longer access their bedroom on the second floor.
- Financial assistance was granted for the purchase a backrest for a CPA Member. The backrest will allow the member to make the most efficient use of the equipment they currently have and provide for greater independence in their daily activities.
- Funding was provided for a custom Ride cushion for a CPA member who has been struggling

with pressure ulcers. This will help improve the member's quality of life by addressing the member's pressure ulcer/seating concerns.

- Financial support was provided for the purchase of a sound seat for a CPA member. Having a seat with a rigid backrest will allow the member to spend more time playing music, which has played an essential role in helping cope with the emotional trauma as a result of their spinal cord injury.

Visit MPF's website at: www.cpamanitoba.ca/mpf. Applications for assistance are available through the website or by contacting the CPA office at: winnipeg@canparaplegic.org or 204-786-4753.

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The Building Resiliency Workshop

By Gail Burnside and Jared Funk

Some people see the glass half full and are called Optimists. Optimists have a positive world view. Some people see the glass half empty and are known as pessimists. Pessimists see the world with a cynical and negative view. Which person are you?

This workshop is designed to help you learn more about yourself; identify the stresses and challenges in your life; explore how you have dealt with adversity in the past; develop resiliency skills and a resiliency mindset; and find better ways to use these newfound skills to deal effectively with whatever setbacks you encounter in life. Resiliency is the ability to:

- Deal effectively with stress and adversity
- Successfully handle changes in life
- Withstand grief and accept loss
- Creatively adapt to life changes

Everyone has a share of stressors and challenges. The most important factor is how you experience stress and face challenges. It is important to discover how you perceive them, how you think these experiences might affect your future, and how effectively you are able to cope. This is the true level of your personal resilience.

Resiliency can be learned. You can use this workshop to help you grow personally and develop critical resiliency characteristics that will allow you to deal effectively with adversity, change, stress and any other challenges that life throws at you.

The workshop will provide you with the opportunity to look at stress and adversity in your life, explore how you have handled stress and adversity in the past, and learn new ways to more effectively and positively deal with setbacks in your life.

Participants are encouraged to complete assessments, journaling activities and exercises. Because active involvement and “doing” is as important as learning theories, it is critical that you take time to complete all the skill-building exercises.

The Building Resiliency Workshop was recently trialed with a pilot group this past March 2018. The workshop consisted of five two-hour sessions that were held over

a 2½ week span.

The following article is a review of the participants’ comments and experiences following The Building Resiliency Workshop.

The Resiliency workshops helped participants deal with a wide variety of scenarios in life, from work to personal relations and all in between; these scenarios included past and present life experiences and ways that you had dealt with them.

Each of the five sessions began with a self-assessment scale based on the topic of that session. The scales consisted of sections in which each statement had a numbered response. Participant responses were then totaled. The total score reflects a profile interpretation of skills and attitudes. No matter how a person scored – low, medium, or high, they were able to see where their strengths lie. The pilot group who participated in this workshop were pleasantly surprised with the results in some of their profile interpretations, which helped them change their views and perspectives about their own resiliency. In turn, some of the results of the assessments helped the participants develop new ways to deal with challenges that may arise in their lives.

The second part involved exercises that dealt with the topic of each session. For example when reviewing “The Ability to Bounce Back” Scale, the topics discussed were “Victim Mentality”, “Learning from your Experiences”, “Staying in the Present vs. Dwelling in the Past”, and “Focus and Commitments.” The questions asked were geared to evaluate just what the participant’s current mindset was on the topic and then assist the person to develop tools to deal with situations that may come up in the future. These exercises promoted a lot of discussion within the group and it was great to hear each individual’s unique experiences and how they were able to overcome or effectively deal with different obstacles within their lives.

At the end of each session, the participants were given homework questions for the next topic which could include journaling. Preparing for the next session was very important so that participant’s questions or responses could be addressed in order for the group to be



able to get to the heart of each exercise. Time was always a factor during the sessions. At times it seemed that the exercises were a bit rushed due to the extensive conversations that came out of the activities. This issue, all be it a positive one, will be addressed for the next workshop. This demonstrates that participation in the sessions and exercises was high. Group members felt comfortable sharing personal situations in a safe and confidential environment.

Dodinsky* had a quote that said “Life will not always deliver your desired outcomes, It has to teach you that

your spirit will get its muscle by bouncing back and giving it all you can”, and this is resiliency. Building on these skills will help turn change and stress into opportunities and challenges, to live life zestfully, and to take positive actions in order to live our lives with less stress.

If you would like to participate in the next workshop or have any questions regarding this workshop, please contact Jared Funk @ 204-786-4753 ext. 235.

*(Dodinsky, Amanda Cass, (2013). *In the Garden of Thoughts*, Naperville IL., Sourcebooks)

My Journey with SCI

By Dhruv Kapoor

My name is Dhruv, I am 25 years old, and I live with a spinal cord injury. In December 2011, I was skiing with some friends and ended up hitting a tree on an unfamiliar run. I shattered the C5 vertebra in my neck and had a hairline fracture in my C1 vertebra. I don't remember the point of impact or the lengthy ambulance ride to the Health Sciences Centre, I just remember waking up a few days later in the surgical ICU. I was told that I underwent surgery to fuse together my C4 and C6 vertebrae. I became a quadriplegic and spent 7 months in the hospital trying to recover as much as I could and dealing with my new challenges. Afterwards, I spent 2 years travelling to different places in North America to further my recovery. Thanks to my family and the wonderful people of Winnipeg, I was able to fundraise for my treatment bills. In the end, I was able to use a walker and I no longer had to use my wheelchair while at home.

I was always extremely interested in school and was studying Physical Chemistry at the University of Manitoba prior to the accident. I wanted to be a Materials Scientist. Afterwards, I knew my plans needed to change due to my physical constraints. In summer of 2013, while I was away for treatment, I taught myself some programming. After researching computer science options, evaluating my university credit history, and acquiring funding from the Canadian Paraplegic Association, I joined back at the university in summer of 2014. I was going to study Computer Science and, luckily, my previous credits could be shifted to elective slots. I moved to Vancouver in November of 2014 in order to volunteer full-time at my family's not-for-profit physiotherapy clinic but continued my education through distance courses and classes at Simon Fraser University. I completed my BSc at the end of 2017 and almost all of my education after my accident was covered through a federal grant for

students with permanent disabilities.

I started looking for work as a software engineer in the summer of 2017 so that I could be set up somewhere right out of the gates. I had 8-10 interviews in that span. I never had any issues with the interviewers but I did feel as though I really had to emphasize my knowledge in order to make up for my obvious physical limits (even though I can use a computer perfectly fine). In the end, I had a few opportunities I could pursue and I accepted an offer in Vancouver. I've been working full-time since January of 2018 as a software engineer. I go to the office every weekday just as most people do, I have colleagues with whom I rely on (and they on me), and I enjoy tackling the daily problems that I encounter.

I spend my free time reading, watching hockey (Go Jets Go!), and programming small projects. My long-term plan involves me returning part-time to university in order to complete my MSc in machine learning and I'm targeting either Fall of 2018 or the beginning of 2019. I'm in the process of choosing the right university. I'm also looking at purchasing a car and have been keeping an eye on a few neighbourhoods that seem a suitable place for me to buy a condominium.



Dhruv Kapoor



Music in Recovery-Interview with Philippe Baudet

By Melanie White

Philippe Baudet is 54 years old and was born in France in “Neuilly sur Seine” (south suburbs of Paris). He also lived in Yerres, 17 km east of Paris, for 20 years before immigrating to Canada with his wife and two children in 2007.

Philippe came to Canada with a Master of Business Administration degree and several years of business related experience. One of the positions he held in France was Director of Sales and Marketing for two product lines at Yamaha Music. Since arriving in Winnipeg Philippe has been employed with CanWest Global Communications (News Paper Industries), CCFM (Centre Culturel Franco-Manitobain) as a Marketing and Communications Coordinator, and in the retail management field. Philippe has also taught at the college level as a professor in Business Administration. One of his marketing courses was entitled “New Technologies/Music/Photos” which became a very popular course at Université de Saint Boniface. His skills as a sound designer and engineer helped students embrace all aspects of music and the music industry, including a more specialized approach to servicing a designated client base.

Philippe’s love of music began at an early age and progressed into a real passion for studio recording. As a result, while still in his 30’s, he built his own home studio where he began recording, producing and learning all the new related technologies from the best artists and technicians that France had to offer.

Growing up with the explosion of Funk and R&B in the 80’s, Philippe transferred his knowledge and skills to creating the right sounds and atmosphere for the new era of dance music. Besides handling all the keyboard duties in his band, Philippe is also the band’s soundman.

In July 2016, Philippe went on vacation to France for a three week visit with his family. On July 4th, he crashed into a cliff while paragliding. The accident resulted in injuries to his hip, a broken pelvis, 3 vertebrae fractures at the lumbar level, and cauda equina syndrome. After 8 hours of surgery, involving 12 screws, Philippe spent 15 days in hospital before enduring the 19 hour flight back to Canada. When he arrived in Winnipeg, Philippe was then admitted to RR5 at Health Sciences Centre where he remained for 6 weeks of intense rehabilitation and physiotherapy.

Since his SCI, Philippe has endured struggles with his mental health and music has played a very important role throughout his recovery journey. His mother was a concert pianist and instilled in Philippe a love for music and the arts at a very young age, passions he has embraced all of his life.

M: What instruments do you play?

P: Piano, Organ, Electronic keyboards, and Synthesizers. I started when I was 6 and bought my first ‘Synth’ at the

age of 15, hiding it under my bed because my dad was not a big fan of music other than Classical...

M: What made you choose the instruments you have now?

P: Well, even if red is my favorite colour, I just chose the Nord Stage 2 because at that time it was the best keyboard ‘performance/stage oriented’. I could have chosen any big ‘workstation’ where you have all in one but it was too complicated to deal with and it would have been a very steep learning curve. The Nord Stage 2 was also a good hammer action keybed, close to a real Acoustic piano- as I was taking lessons at the Conservatory in Winnipeg (to catch up a bit after 10 years of not playing due to the fact that I was too busy running my business), it was the perfect choice, expensive one though (\$4200 Can).

M: How old were you when you started playing?

P: 6 years old. I started playing classical first, then adding jazz and first garage band when I was 15. I did 2 years of parties/weddings with a band while in my 20’s, 2 years with a jazz band, and in my 30’s I took lessons- arrangements, jazz, improvisation and orchestration- at the Berkley Music School of Paris.

M: Is your family musical?

P: Yes. My mom came close to being a concert professional piano player but her dad, being a doctor, thought that she would be better off becoming a nurse. My dad was a big fan of classical music; he never completely supported my passion but I was a bit stubborn and made my own decisions in saving to buy what I needed to play music. It has to be said though, that my mom and dad have always considered that learning and instruments were part of the values and culture they wanted their kids to get. But I’m the only one who expressed enough interest to keep it going and paid for my own lessons when I was older. My mom was always with me when I was a kid to make me practice 30 min to 1 hour per day and I would never have this level in music (half pro/half amateur?) if it was not due to her dedication to me.

M: Do you remember the first song you learned to play?

P: Classic one, no, first tough jazz song, yes- ‘Misty’ by Erroll Garner. The score is still a bit “wrecked” as the “triplet of quarter note” was tough for me and I lost my temper on it, but with the help of an Iron, I was ok to re-start learning it...I still have the same score by the way...

M: What genre of music do you consider your work to be?

P: For the band I’m in right now, it’s pure dance/funk because it’s what the market demands. I created a strong marketing plan before deciding to launch this project, no need for another classic rock band - I was already in one



of the 200/300 acts you could find in Winnipeg - so, my project had to be unique and at least easier to sell/easier to buy from a customer perspective, thus the funk/dance vision/focus. My influences in modern music are more jazz, but I'm very eclectic- I have already few ideas for a personal album and the title is "Eclectik".

M: Who are your biggest musical influences?

P: If you look at my profile on Bandmix, I'm sure everyone could recognize themselves in some of my influences, but to name a few: The Beatles, The Rolling Stones, Genesis, U2, all Motown artists, John Coltrane, Santana, Bruno Mars, Grover Washington Jr., and Miles Davis. (Link to Bandmix):

<https://www.bandmix.ca/quai34/>

M: Who are your favorite musicians/groups?

P: It's tough to say (because I have so many) but the last concert I was at was the 'Roger Waters/Pink Floyd' concert and it was the best I've seen in my life. Prince would come second but I would say Mozart first...this is my dad's legacy with classical music.

M: How often, and for how long, do you practice?

P: Once a week, 3 hours, at my place, from 7-10 pm with my project, 'Jump Start Dance Band'; at my guitarist's place, same time, on Tuesdays with my second band, 'Thursday Night Riders' (the official band of The Harley Davidson Club of Winnipeg). But to practice my parts at home, it could be hours alone, in front of my keys, tweaking sounds/samples to make sure I will be ready for the band practices. You have to learn your part first before any practice you cannot count on the band practices alone to learn your part.

M: Tell me about your new band.

P: We have experienced some changes in the past two weeks as we are still looking for a drummer that could play on a click/metronome - yes, it seems obvious but you cannot believe how many drummers are not comfortable to play on a click! They're supposed to be the tempo keeper, right? The core of the band is done: one guitarist who has also been a producer for 30 years in Winnipeg, Ron Lamoureux; a bass teacher, Derek Hokanson; and an Alto singer, Krista Gerbrandt. We are looking for one or two Soprano singers, lead, as the particularity of the band is to be female front line singers only...well, not only does it look better but bands with female singers get bookings easier, I still wonder why???

M: Do you perform in public? Describe some of those occasions.

P: With TNR (Thursday Night Riders) we played at the Marion, outside gig in July, two private gigs a year in June, one private gig at the Harley Davidson dealer during a 'Show and Shine' event and our other biggest one is at the Oak/Nashville bar on Regent. Usually, we have 200 people attending but the one on Regent is 500/600 people. It's for fundraising but we are always paid decent money, I'm too old and too "broken" with my back to play anymore for free.

M: Do you ever get nervous before a performance?

P: Not really. A bit, but I do everything I can to be as ready as I can be so I can just play and enjoy...

M: What advice would you give to beginners who are nervous?

P: The 4 "P's" of the musician: Plan, Prepare, Practice, Perform. "Practice a lot and prepare for the worst" or "if you fail to prepare, you prepare to fail"...

M: Has your SCI (spinal cord injury) affected your ability to play music and, if so, how do you cope with this?

P: Pain is the worst - I cannot play/practice for 5/6 hours without being "dead" (full of pain after), but the adrenaline that flows into my body when I play/practice is a strong pain killer...

M: What role has music played in your recovery?

P: Honestly, if I wouldn't have been able to play music with TNR and to start my own project I'm not sure I would be here to talk to you...well, not exactly that but I had tough time in my life, laid off a few times, being unemployed or looking for jobs in Canada or working a crappy job just to get started - but this one is the toughest-so, mood/depression and mental health is what is the most difficult to cope with. Playing music and doing it regularly save my life, for sure, I have an almost normal life...I walk now a few times a week, I can bike again, I skied in December in France and I'm planning to redo paragliding...I can run enough metres to take off if there's a bit of wind in front of me to help me. The good part of this accident is that, due to my long term disability, I've never been able to play/practice that much in my life, so, good for me!

M: What are your musical aspirations?

P: I hope to get 10 concerts per year, high end ones, the first being on October 31st for a Halloween Party at the CCFM. Then, any social/weddings/corporate events that are willing to pay \$1500/2000 for a great 4 hour show. I'm putting on a show, singers will dance there will be choreography on few songs, I'm not planning just to do 'gigs'...

For the marketing aspect, I used my experience to do the marketing plan and all the research about the competition in Winnipeg and it has helped me to define the vision of the project. For promotion, a direct, face to face meeting with VIP's and Executives of the main companies in Winnipeg, as well as a strong presence online and a strict public relations approach will be the key to the band's success. I don't need any help on that aspect right now, I just need people to help me to build the "product" - well, the set list and to practice with me...

M: If someone is interested in booking your band how do they go about doing so (i.e. email, website)?

They can visit our website at

<https://www.jumpstartdanceband.com> or email me at: Philippe.baudet@yahoo.fr



Client Needs Survey: The results are in!

By Kelly Tennant

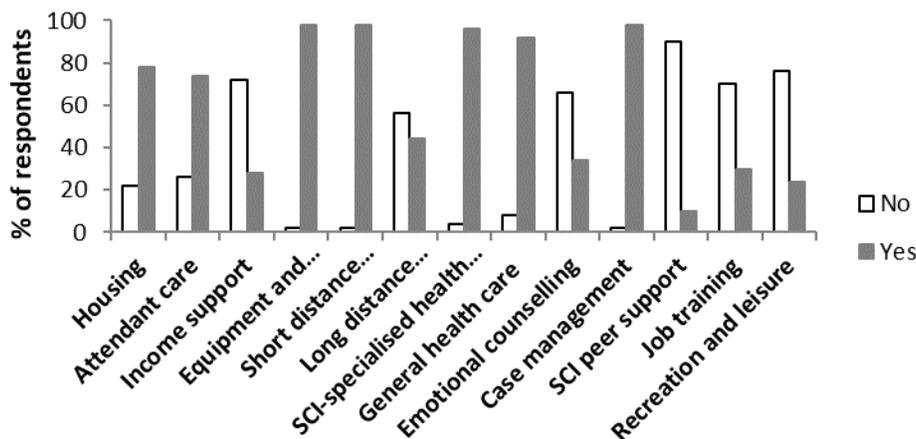
In the last issue of ParaTracks, Delcy-Ann Selymes thanked the 50 CPA members who provided their personal stories, experience, and expertise in answering the lengthy 13 sections of the Client Needs Survey. We would also like to extend our thanks to Dr. Frédéric Dumont, Scientific Project Coordinator at the Center for Interdisciplinary Research in Rehabilitation and Social Integration at Laval University, for helping us with the initial data analysis. Dr. Dumont has coordinated the delivery and analysis of the client needs survey for other provinces across Canada, and we wanted to make sure that our data was analyzed in a way that was consistent with other provinces. We thank Dr. Dumont for the quick turnaround time that has allowed us to start looking at the results of the survey questions, which we knew would be of interest to CPA members.

First, I'd like to give those of you who did not participate in the survey an overview of the questions that were asked, then I will highlight some of the most interesting findings. The survey was divided into 13 sections, each of which had 18 questions. Each of the 13 sections focused on a specific need that is common after spinal cord injury. These included housing, attendant care, income support, equipment and supplies, short distance transportation, long distance transportation, SCI-specialized health care, general health care, emotional counselling, case management, SCI peer support, job training, and finally, healthy living, recreational, and leisure programs.

Each section began by asking the participant whether or not they had needs in that given area. Areas in which most people (more than 50%) indicated that they had needs included housing, attendant care, equipment and supplies, short distance transportation, SCI-specialized and general health care, and case management. Fewer people had needs when it came to things like income support (28%), emotional counselling (34%), SCI peer support (10%), job training (30%), and healthy living, recreation, and leisure programs (24%).

For people with needs in a given area, the survey then asked whether they felt their needs were being met. Thankfully, across the board, most people felt their needs were being met either completely or to a great extent, except when it came to income support. Here, only 28% were satisfied that their needs were being met, with 50% of people indicating that their needs were only met to some extent, 14% said very little, and 7% indicated that their income support needs were not being met at

What are your needs?



all. Additionally, even though most people (78%) indicated that their emotional counselling needs were being met, at least to some extent, 17% indicated that their needs were being met very little or not at all.

Next, the survey asked people where they have gotten assistance with meeting their needs: family and friends, government agencies, community organizations, or other organizations. As expected, most people have gotten support or services from a variety of sources, depending on their needs. For example, family and friends were most likely to help out in the areas of housing, income support, and short distance transportation and least likely to help out in the areas of case management, SCI peer support, and job training. People were most likely to get help from government agencies for attendant care, income support, SCI-specialized health care, general health care, and case management. They were least likely to get assistance with long distance transportation. People accessed the services of community organizations (including CPA) for assistance with equipment and supplies, SCI-specialized health care, general health care, emotional counselling, case management, and job

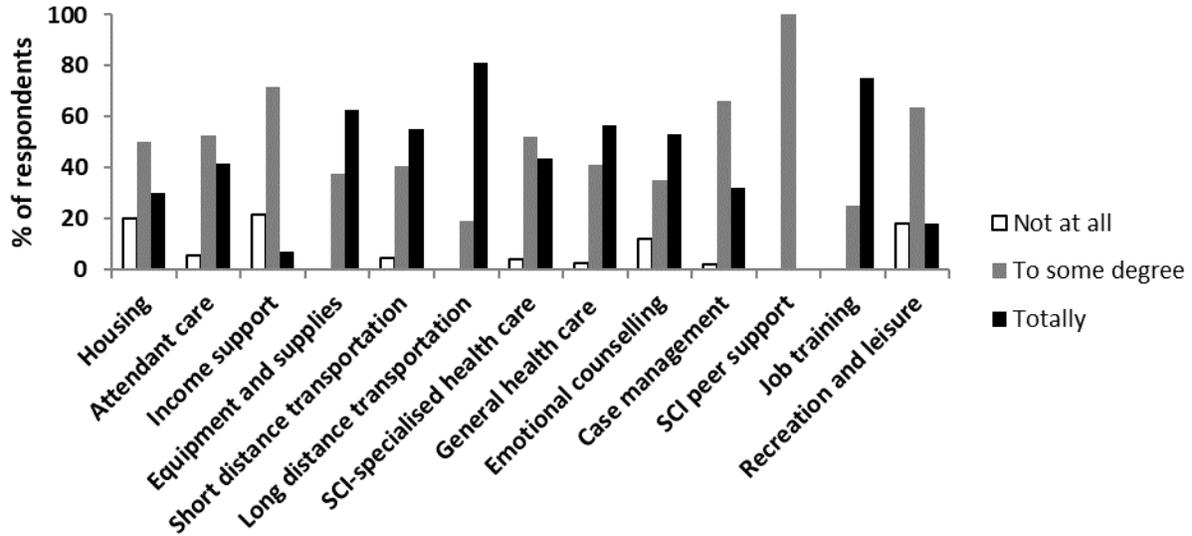
training. Community organizations were less likely to help with housing, attendant care, income support, and long distance transportation. Other organizations, such as benefits and insurance, private donations, and legal settlements, assisted with short and long distance transportation and SCI-specialized health care needs. They were least likely to help with emotional counselling, case management, SCI peer support, and job training. Most respondents indicated that they were satisfied with the help they have received from government, community, and other organization in all areas.

In many cases, regardless of the source, support comes in the form of financial assistance. Living with a spinal cord injury can be expensive, and many participants indicated that they struggle to be able to afford the cost of meeting their needs. Most people indicated that they are not at all able to afford expenses related to attendant care (77%), SCI-specialized health care (77%), general health care (95%), emotional counselling (56%), and job training (77%).

Interestingly, when we asked participants if they were aware



Is there enough support available to meet your needs?



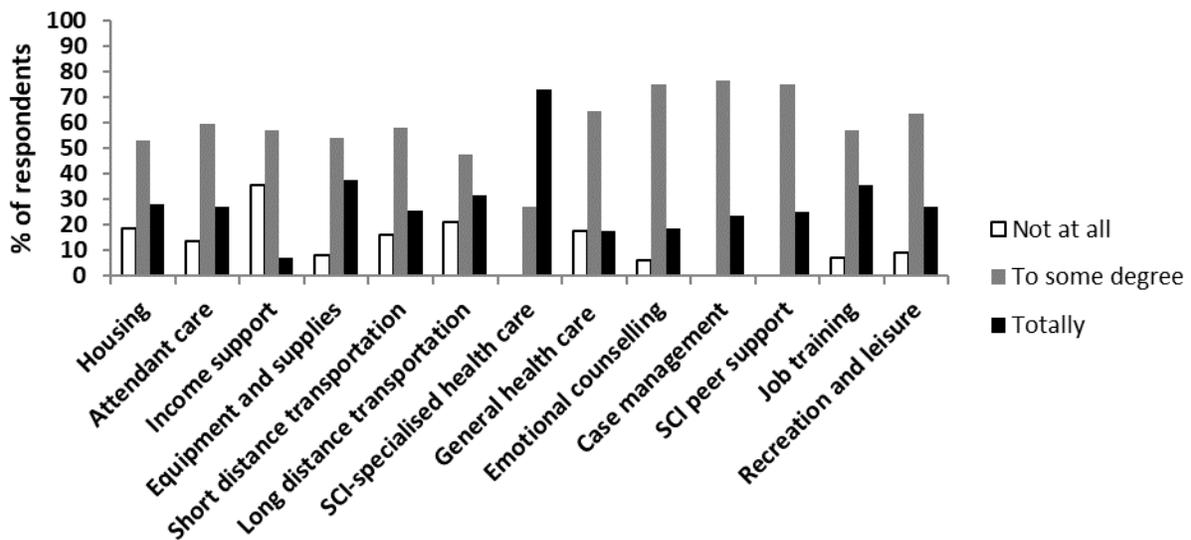
that supports to meet their needs exist, most people indicated that they were totally aware that supports exist in most areas. The two notable exceptions were case management, with 65% saying they were only aware to some extent or not at all, and SCI peer support, with 75% saying they were aware to some extent. Similarly, when we asked people if they knew how to find help with their needs, most people indicated they were totally aware, except for case management, with 79% not at all aware or only aware to some degree, and SCI peer support, with 75% only aware to some degree.

When we asked participants if there was enough support available to help them meet their needs, most people indicated that there was, to some degree or totally, in all areas. Four areas stood out where a significant proportion of respondents indicated that there is not at all enough support to meet their needs: housing (20%), income support (21%), emotional counselling (12%), and healthy living, recreation, and leisure programs (18%).

Next, we asked participants if the process of getting their needs met was easy. This question produced varied responses, with most responses split between the process being easy to some degree or totally easy. The two areas in which a significant number of people indicated that the process was not at all easy were housing (23%) and healthy living, recreational, and leisure programs (33%).

When we asked participants whether they felt that physical obstacles in the environment (poorly designed spaces, inaccessible transportation, or lack of ramps, elevators, and automatic doors) prevented them from getting their needs met, most people indicated that the environment was either totally free of obstacles or accessible at least to some degree. Another environmental feature that makes services difficult to access is distance. Many participants indicated that services and supports were not at all available where they live, particularly in the areas of income support, equipment and supplies, short and long distance transportation, SCI-specialized and general

Do the people providing services and supports have satisfactory knowledge of SCI?





health care, emotional counselling, case management, and job training. These people likely need to travel to Winnipeg or utilize services like TeleHealth to get their needs met in these areas. Notably, most people indicated that support was available in their area for housing (83%), attendant care (59%), and healthy living, recreational, and leisure programs (57%).

Even in the absence of physical or geographical obstacles, many people seem to deal with another type of barrier: lack of knowledge of spinal cord injury on the part of service providers. The lone exception where most people indicated that their providers had satisfactory knowledge of SCI was, not surprisingly, SCI-specialized health care (73%). Across all other needs, most people indicated that providers only had some degree of SCI knowledge. The biggest gaps in knowledge, where respondents indicated that service providers were not at all educated on SCI, were found for housing (19%), income support (36%), short distance transportation (16%), long distance transportation (21%), and general health care (18%).

Finally, we asked participants whether having their needs met was important to their ability to live a full life. It was no surprise that respondents indicated that in almost every area, it is very or extremely important to have their needs met. The one exception was case management, in which only 33% of participants considered it to be critical to their ability to live a full life, with 45% considering case management to be moderately important and 22% considering it to be a little important in living a full life.

We would again like to thank all the members who took the time to complete the survey. This information will be used to help shape the future of CPA service delivery so that we can continue to provide holistic services that meet the needs of Manitobans with spinal cord injuries.

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204-228-7662

whettell@mymts.net

Your
Item

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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 or 204-786-4753, ext. 222.

Staff Email Addresses and Phone Extensions

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

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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%).

I wish to select the following category of Membership:

- ___ \$15 - \$24 - Member ___ \$250 - \$499 - Charter Member
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___ \$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.

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Mail to: 825 Sherbrook Street
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For more information:
Phone: 204-786-4753
Toll-free within MB: 1-800-720-4933
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