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16 Getting the Skinny on Weight Loss from a Wheelchair

People might take one look at me and think I’ve never had a problem maintaining my weight, but honestly that couldn’t be further from the truth.

14 Welcome to Whitehorse

Eliza Yawney and her family hit the road to the Yukon.
Planning Strategically for Uncertain Times

Over the past year, the CPA (Alberta) Board of Directors and staff leadership have engaged in a series of activities consulting with our stakeholders and gathering data to inform our next strategic plan. Our last plan (2008-2012) provided a strong foundation for our annual planning and decision making processes. We identified priorities for core services as well as new priorities that reflected the political and economic environment in 2007 when the plan was developed. We had a very successful 5 years guided by that plan and achieved the majority of the desired outcomes identified in that document which can be found at www.cpa-ab.org/publications/strategicplan:

• expansion of CPA (Alberta) programs and services across the province with the staff team spread between 10 regions;
• successful project partnerships that allowed us to co-locate into the new Grande Prairie EastLink recreation center, a model for accessibility;
• launch of several affordable housing projects that increased the availability of wheelchair accessible suites based on our advocacy efforts in the planning stages;
• the completion of the Alberta SCI Action Strategy (nine projects);
• the development of a solutions model for community service delivery.

In creating a new strategic plan, we have required the full fiscal year to carefully monitor the economic and political environment in Alberta and Federally. Consultations took place in seven regions and an online survey was conducted with board, staff, volunteers and a random sample of sponsors, donors, health care providers, and clients of our programs and services.

A draft strategic plan for 2013 – 2018 will be presented to the Board of Directors for final approval at their meeting on April 20th.

The new plan identifies a Solutions Model that gives a visual representation of the priority areas of focus. It also identifies desired outcomes and key activities with a hierarchical order which allows us to prioritize program scope based on our fiscal reality – we know that we will have less financial resources to operate with in 2013/14 because of recently announced cuts in provincial and federal funding. The consultations reinforced the importance of our strategic directions to include: client solutions - our rehabilitation support and service coordination; community solutions - to reduce systemic barriers and enhance community capacity for inclusiveness; information; peer solutions; active living solutions; and individualized funding support. We recognize that in the next fiscal year not all solution focused activities can be realized because of funding changes but efforts will be prioritized to searching for the financial support to enable the scope of activities identified in the plan. The approved solutions model will be profiled in the next issue of Spinal Columns and the full strategic plan will be available on our website by the end of April.

Teren Clarke
Executive Director
Hi Guy,

My name is Carolyn Gratton and I recently conducted a research study about women in Alberta who are wheelchair users and use contraceptives. I was able to collaborate with the CPA to recruit volunteers and had a very positive experience. I want to say firstly, a big thank you for allowing me to work with your organization. I am wondering if you may have some statistics for Alberta and wheelchair users. Specifically, do you know how many women in Alberta are wheelchair users? If you have a recent figure of this, it would be very much appreciated if you could share it with me.

Thanks again Guy for everything.

Carolyn

It may seem like a long time ago now but I wanted to share with you a blessing that I received this past Christmas. It meant more to me than any present under my tree. I could not resist the opportunity to bless my new African family. You see, back in May 2012, my husband and I, along with my father-in-law, had the privilege of going to Africa to share my story of living life with a disability (see article in Summer 2012 issue of Spinal Columns called “Africa - a Life Changing Journey”). During that time, we stayed with a family, who had an orphanage with 20 children (Grace Children’s Home). The children stole my heart, and there was no question in my mind, that I wanted to bless them with presents for Christmas.

I was excited to be investing in something that would make such a great impact. I didn’t realize however, that I would also gain the support of friends, family, and co-workers. I shopped, wrapped, packaged and re-packaged until we finally had everything ready and in an “allowable” size mailing box. Included in the package were clothing, school supplies, toys and of course, no Christmas is complete without candy.

Three months later they received the package (what a relief) and were so overwhelmed with joy. With tears in my eyes, I looked at the pictures of their glowing smiles and written thank you’s. Once again, I was reminded of how truly blessed we are to be part of such a great country. I hope that as you read this, your hearts were touched as well. Remember to look outside of yourself often, because it is there that you will find the biggest blessings.

Vahen King
FOR STUDENTS WITH DISABILITIES

In 2011, the Alberta Committee for Citizens with Disabilities (ACCD) received funding from the TELUS’ Community Board Edmonton for a project titled Programs and Services for Students with Disabilities from Kindergarten to Junior High in Edmonton and Area. The purpose of this project was to educate school boards and decision makers about gaps in services and programs that exist for students with disabilities. This was accomplished by researching programs and services currently available to students with disabilities.

Many students with disabilities, from kindergarten to junior high, are isolated and do not have the necessary supports to access educational opportunities and activities that are available to their peers without disabilities. Students with disabilities need accessible schools, technology, equipment, wheelchairs, trained educators, speech therapists, personal care attendants, supplies, and accessible transportation to go to school and attend school supported activities.

ACCD produced a Resource Guide which provides information on publications directed toward students with disabilities from kindergarten to junior high. It includes a listing of programs offered and contact information on schools in Edmonton and area.

ACCD continuously advocates for enhancement of programs and services for children, youth, and adults with disabilities. Their aim is to raise awareness about and work towards improvement of necessary programs and services that enable full inclusion. A copy of the guide is available at www.accd.net/publications/Projects_and_Research/2012_Resource_Guide_Web.pdf.

NORTHERN LODGE NEEDS ASSESSMENT

The Alberta Abilities Lodges Society (AALS) has the goal of developing an accessible lodge in northern Alberta for persons with disabilities, caregivers, and seniors. This lodge will be modeled, at least in part, on William Watson Lodge in Kananaskis which has improved the quality-of-life of thousands of visitors each year for over 30 years. While AALS have justified a northern lodge from the experiences at William Watson Lodge, they also seek to show the degree of support from thousands of individuals and families that will support another facility.

AALS has hundreds of survey completions, but the more responses the better. If you and those you know have not yet completed the survey, simply go to www.surveymonkey.com/s/TFWK8TK.

The survey will take 15-20 minutes of your time. Consider it an investment in a worthy project that will improve the quality of life of seniors and people with disabilities in northern Alberta.

REGISTERED DISABILITY SAVINGS PLAN

The Registered Disability Savings Plan (RDSP) is a savings plan to help people with disabilities, their parents, and others save for the long-term financial security of a person who is eligible for the disability tax credit.

The Registered Disability Savings Plan is a savings plan designed specifically for persons with disabilities in Canada. The first of its kind in the world, it is expected to assist approximately 500,000 Canadians who are planning for their long term security.

You do not have to contribute to an RDSP to open an RDSP and take advantage of what it has to offer people with disabilities. Here are the basic facts:

For those under 49 and living on a low-income (less than $24,183), the Federal Government will invest $1,000 each year for 20 years ($20,000). To receive the full advantage of the $20,000 you would have to start by the age of 29. This is the Canada Disability Savings Bond. People living on income between $24,183 and $41,544 can still receive a partial bond.

For every $1 put into an RDSP account, the Federal Government will match up to $3 (if your family income is below $83,088) to a maximum of $3,500 in matching grants in one year, and up to $70,000 over the beneficiary’s lifetime. You would have to start by the age of 29 to take full advantage of this matching grant. This is the Canada Disability Savings Grant.

Anyone can contribute to the RDSP, including family and friends with permission from the plan holder (the person with the disability or the guardian).

RDSPs offer great return on your investment that will allow your money to grow. Contributions to an RDSP are not tax deductible and can be made until the end of the year in which the beneficiary turns 59. Contributions that are withdrawn are not included in income for the beneficiary when they are paid out of an RDSP. However, the Canada Disability Savings Grant, the Canada Disability Savings Bond, and investment income earned in the plan are included in the beneficiary’s income for tax purposes when they are paid out of the RDSP.

For more information on the RDSP and its potential to help people with disabilities save for the future, go to www.cra.gc.ca/rpd or contact ACCD for a presentation at accd@accd.net.

HEALTH COUNCIL OF CANADA HIGHLIGHTS CPA (ALBERTA) PRACTICES

A report by the Health Council of Canada called Empathy, dignity and respect, creating cultural safety for Aboriginal people in urban health care is available through the Health Council of Canada. The report also includes information about CPA (Alberta)’s practices that have made its program more specific to the Aboriginal population. The report can be found at www.healthcouncilcanada.ca/tree/Aboriginal_Report_EN_web_final.pdf.

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Modeste Zankpe has been working with CPA (Alberta) since May of 2011 and is one half of the Aboriginal Services Team for Calgary and area. Originally from British Columbia, Modeste has been living in Calgary for the past nine years. Modeste says she really enjoys travelling to the reserves in her region and appreciates the opportunity to be involved with the various communities in the Treaty 7 areas. “CPA (Alberta) never fails to impress me with its constant innovation; it is truly an inspirational place to work” says Modeste. In her free time Modeste loves to travel as often as she can and attends Mount Royal University. She also has an artistic side that she likes to indulge whenever possible.

Kelly Nitchie is the Specialized Fitness Coordinator working in the SCI Fitness and Wellness Centre in the Calgary office. They are currently administering and facilitating a 36 week SCI research program to see if an “intense repetitive exercise program will result in clinically meaningful improvements in the respiratory function of adults with spinal cord injuries.” Kelly also trains clients with a variety of disabilities at CPA (Alberta). Kelly Nitchie is a graduate from the University of British Columbia with a degree in Human Kinetics, majoring in Health and Fitness (BHK). Kelly’s extensive sports background includes playing Junior A hockey in the Alberta Junior Hockey League, as well as a variety of other sports. Kelly is certified as a Strength and Conditioning Specialist through the National Strength and Conditioning Association. He is certified and insured through the Canadian Society of Exercise Physiology as a Certified Exercise Physiologist and registered as a Kinesiologist through the Alberta Kinesiology Association. Kelly’s 2013 goals are to complete a few triathlons, 1/2 marathon and participate in the Tough Mudder race.
The Canadian Paraplegic Association (Alberta) has been working diligently on a number of projects that could enable individuals who have disabilities to live more independently in a barrier free environment. Some of these projects are listed below.

**BOYLE RENAISSANCE PROJECT**

Phase I of this project is now complete. This phase contains an apartment building that includes thirty adapted suites intends for individuals in need of affordable housing. This project is headed by the YMCA. Units are small, one bedroom at 650 ft.². Also included in this project is a barrier free community center. A large courtyard separates the housing units from the community center. This courtyard will include shaded areas and lots of space to relax and enjoy the summer gardens. CPA (Alberta) can also take your application and forward them to the YMCA. Contact your Client Services Coordinator for more information.

Phase II of this ninety suite Edmonton apartment building started in August 2012. Thirty-three units will be wheelchair accessible. The project is progressing on schedule and it is hoped that tenants will be moving in by late November of 2013. Prospective tenants are now being encouraged to make their applications to Métis Housing Corporation. Applications can also be made through the CPA (Alberta) Edmonton office by contacting Ross Norton at 780-424-6312 or ross.norton@cpa-ab.org.

**STATION POINTE PROJECT**

Discussions are continuing to take place with Communitas, a non-profit housing development group that would like to develop a property in Edmonton, close to the Belmont LRT station. CPA (Alberta) is still giving consideration to the development of the apartment buildings into an accessible affordable housing project.

**EDMONTON NGO OFFICE PROJECT**

CPA (Alberta) continues to meet with a number of organizations that represent persons with disabilities to work towards the development of a non-profit center for agencies. Fifteen agencies are interested in this initiative and a business plan and functional assessment have now been completed. This information will be presented to Edmonton City Council in the Spring of 2013. We will continue to meet with politicians, bureaucrats and other possible funders and supporters over the next few months.

**BUILDERS AWARD**

CPA (Alberta) continuous to work towards development of a Builders Award for housing developers and builders. This award will bring interest to the need for accessible housing and hopefully encourage developers to build more accessible housing. We are continuing to seek additional sponsorship and support for this worthwhile initiative.

**ACCESSIBLE PROPERTIES WEBSITE**

An online assessment tool for landlord/developers and individuals looking to rent/buy housing is being reviewed and further developed by CPA (Alberta). As soon as the revised system is online we will be seeking additional input and evaluation as to whether the system will meet the needs of individuals with disabilities throughout Alberta.

**SUPPORTIVE LIVING MODELS**

The evaluation of Alberta supportive housing projects for younger adults with physical disabilities has now been completed. This document describes and reviews many developments across Alberta providing affordable, accessible housing that has some form of care or support attached. Best practices have been reviewed and it is hoped that this document will lead to additional projects across Alberta. The document is available on the CPA (Alberta) website at [www.cpa-ab.org/publications/supportivelivingmodelsforyoungadults](http://www.cpa-ab.org/publications/supportivelivingmodelsforyoungadults).

**ACCESSIBILITY AUDITS**

CPA (Alberta) staff continue to provide building assessment services to various companies and groups in the community, including hotels, fitness centers, businesses and so on.
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Inappropriate housing for people with disabilities is a major social problem. While it is important that a home be physically accessible, it is equally critical that it support social inclusion. Homes located in unsafe or unwelcoming communities can lead to feelings of isolation and depression among their residents. Likewise, a lack of personal care severely limits independence. To avoid isolation, some people intentionally seek homes in settings where a sense of community is fostered through the use of shared space and group activities, and shared personal care attendants. For people such as this, there are various affordable housing options that would meet their needs.

Four options discussed here are group homes, housing cooperatives, subsidized rental units, and co-housing. Group homes, housing co-ops, and subsidized rental units have existed in Alberta for years, however few are now being funded, in spite of their advantages. Co-housing is new to Alberta but has definite potential as an innovative form of housing for people with disabilities, though affordability may be an issue. All three vary in terms of cost, privacy, and ability to create a supportive community for residents.

A group home generally consists of six to eight private bedrooms with common areas for eating and lounging. Bathrooms may also be shared. Meals are typically prepared by someone on staff. Staff may also be on hand to provide nursing and personal care. Group homes may be jointly owned by those who live in them, or owned by a third party and the rooms rented. In Calgary, Fourth Dimension Group Home and Foundation Place are two examples of the group home concept.

For people who enjoy a high degree of social interaction, and/or require a high degree of care, group homes are a good option. They are also generally more affordable than other forms of housing, making it possible for people with high needs but limited resources to live with a degree of independence. Group homes also have a smaller geographical “footprint”, meaning that they can be more easily integrated into residential areas.

A housing cooperative is the name given to a legal entity (corporation) that owns a piece of property (usually an apartment block). The housing co-op holds title to the property and is responsible for mortgage, taxes, and maintenance costs. People who live there purchase shares in the corporation and usually have a say in who is allowed to live there.

Most housing co-ops are set up as apartments. Residents have their own self-contained units with bedroom, bathroom, and usually a kitchen. Because of this, they are a more desirable option for people who prefer more privacy, are more independent, or who wish to live with a friend or family.

An elected Board of Directors, made up of members of the co-op, manage the building. Depending on the structure of the co-op, the price of shares may fluctuate with the market, or they may be controlled. Share prices that fluctuate with the market allow shareholder residents the ability to build equity, which may also be desirable for some.

Cooperatives have the advantage of pooling several people’s purchasing power so that services such as home care can be obtained more cheaply and efficiently. Examples are Artspace Housing Co-operative Ltd. and Abby Road Housing Co-operative Ltd. in Edmonton.

Subsidized accessible rental units also exist in Alberta, though demand is naturally high. Recent changes to legislation now require that any building receiving public funds for construction must have a certain percentage of adaptable units. The units themselves don’t necessarily need to be rented to people with physical disabilities, which means there is high demand for subsidized units. Alice Bissett Place in Calgary is an example of a supportive housing community for low-income seniors, individuals, couples and families, as well as people with physical disabilities, mental illness and brain injuries. It was designed...
for more independent tenants requiring less intensive supports.

While building social networks is not necessarily a goal of group homes or cooperatives, their configuration and the way they operate, offer opportunities for interaction amongst those who live there. In contrast, a new concept called “co-housing” intentionally sets out to create a sense of community among residents and this aspect is what makes it desirable for many people with or without physical limitations.

Referred to as “intentional communities,” co-housing developments strive to develop a sense of mutual interdependence and community among residents. The units may be built as apartments, duplexes, or detached homes, or a combination of the three. Regardless of the style of dwellings, emphasis is placed on configuring them to maximize social interaction. Large outdoor spaces replace fenced-off yards. Common rooms, often with kitchens, form a hub where members of the community can interact and share meals. How often they do this is up to the members of the community.

A major advantage of the co-housing concept is the ability of the original owners to design a space that meets their needs. Laura-Belle Robinson, who is involved with an Edmonton co-housing startup group (called Glenwood) describes co-housing as “a process that results in a product.” It is the process of creating a co-housing development that draws people together and seeds the sense of community.

All co-housing developments determine their own ownership structure. Some operate as “continuing cooperatives” where homes are owned by the cooperative and residents pay a monthly fee to cover mortgage and operating costs. Others are “ownership cooperatives” where each family owns their own home, similar to a standard condominium development. To date there is one co-housing development in Alberta. Called “Prairie Sky”, it is located in Calgary.

What is striking about the evolution of all the housing models mentioned here is that they all required the active involvement of their residents to ensure the building and the social environment met their needs. This should be seen as a call to action for people with disabilities, their family members, and other concerned advocates, and a reminder to all, that it is essential that people with disabilities be involved in the process of initiating new building projects and remain involved right through to final construction. To begin, there is a wealth of resources on these housing models on the internet. Contacting your local Community Development Coordinator at CPA (Alberta) is another important step to finding out what is happening in your community to increase the variety and stock of accessible, affordable housing. It also takes communication with government leaders to see that it is worthwhile to fund housing cooperatives, group homes and other non-institutional types of living for adults with disabilities. The bottom line is that a wider variety of housing options are required to meet the variety of needs and desires of adults with disabilities.

For more information on best practices in supportive living and models of supportive living that may work in your neighborhood or community, look for the publication “Supportive Living Models for Younger Adults with Disabilities: A Review and Proposed Best Practice Models” on the web at www.cpa-ab.org/publications/supportivelivingmodelsforyoungadults.
From Lethbridge to Edmonton to Calgary to Taber, back to Calgary, back to Lethbridge then to Stettler, back to Lethbridge again and now...Whitehorse, YUKON TERRITORY! Never in my wildest dreams did I think I would move nine times in my first five years of marriage and be living in the Yukon. Even more of a shock is that after a week long road trip, 32 hours of driving and seeing 22 bears…I really like it here. And an even bigger shocker, I now eat fish!

When my husband, Davis, and I married over four years ago he was working on his undergraduate degree at the University of Lethbridge. He wanted to become a doctor. We are now only months away from his dream becoming a reality. When Davis graduated from medical school and started the rural family medicine program, I knew we would be moving around a lot, but 32 hours north of home is a little more than I expected.

We have always talked about being more adventurous with our lives. When the opportunity came up for Davis to do a four month rotation in Whitehorse we thought, why not? I made a phone call to the library in Whitehorse and asked all kinds of questions about what programs they might have for my two little boys, what the city was like and what kind of shopping they had. I was told they had a Walmart and a Superstore but no “real” mall. My response was “so is there a bigger shopping center near by?” Yes, I’m one of those Canadians who didn’t know a thing about the north. But now…I’m a local!

We (mostly my husband) decided it would be a fun family vacation to drive the 32 hours from Lethbridge to Whitehorse. I wasn’t so keen on the idea. Why? Because (a) I use a wheelchair and (b) we have two kids under the age of three! But, I do love my mattress, so driving it was, trailer and all! We didn’t make it too far the first day. We stayed in Edmonton at the Holiday Inn on Gateway Boulevard and it had one of the nicest wheelchair accessible bathrooms I have ever seen. It was big and spacious and the shower seat was actually comfortable. We stayed two nights to visit family and then we hit the first bump in the road-literally. We (actually my husband…sorry honey) left my wheels leaning against the car and started driving. The trailer ran over one of my tires bending one of the rims. Thankfully we were able to continue albeit with a slightly bent rim.

Next stop, Jasper. It has become tradition to camp (in a tent) on my husband’s birthday. What better place than Jasper. We stayed at the Whistlers’ campsite where we’ve stayed before and love their wheelchair accessible bathroom and shower. The accessible bathroom is in its own little heated building with a wheel-in shower and heat lamp. The Ritz of camping! I noticed this time that they have little cabins you can reserve and there was a one room cabin with a ramp. Maybe next time. The next day we rode the gondola to the top of a mountain. It has been a long time since I’ve been that high on a mountain.

We were then on our way to Prince George. I should mention we decided to take the Stuart Cassier Highway instead of the more traditional Alaska Highway route. It’s a bit more scenic and I highly recommend it if you are traveling in the summer months. The views were amazing. Some reviews online say it isn’t a very good highway but we found it to be fine with only a few stretches of gravel. As it turned out, we were unable to stay in Prince George as there were no hotels available so we drove on to Vanderhoof, BC and stayed at Riverside Campground, a feature by Eliza Yawney

Eliza, Davis and their two children in Whitehorse, Yukon.

by Eliza Yawney
nice local place. The site was great, but unfortunately, the door handle on the wheelchair accessible bathroom was broken and there was no way to get in. The main bathroom was separate and the doors on the stalls were not big enough for my chair. One stall at the end however was big enough for a wheelchair and looked like it was meant to be a handicap stall, but the door was a standard size. Why do they do things like that? Fortunately, I'm pretty good with transfers and I was able to make things work. The campsite was next to a beautiful lake with lots of birding (for my husband).

We then drove to Smithers, BC and decided to stay for two nights at the Sunshine Inn. They have a wheelchair accessible room but we were told the honeymoon suite might work well. It was HUGE! There was no wheel-in shower but the bathroom was really big and the kids loved the Jacuzzi.

We then drove to Stewart, BC which was a little out of the way, but so worth it. The drive was absolutely beautiful. It was one of my favorite places during our trip. We saw blue ice glaciers so close to the road. The town is situated on an inlet. We stayed at the Ripple Creek Inn. When you drive up to the place you think it must be abandoned. It is such an old building that I wasn’t even sure if I wanted my kids staying there. I was pleasantly surprised. The front office has stairs but there is a ramp into one of the buildings. It’s rustic and full of antiques. I loved it! I could see the ocean from our window and there was a little deck out back (with a bit of a lip to get in and out). It had a beautiful backyard full of greenery. Just down the street was a boardwalk into the estuary, another great place for birding. I’m not sure if I will ever go back as it’s in the middle of nowhere but it’s such a neat little town.

After enjoying one night in Stewart we were off to Dease Lake. There were two places to stay in town - neither had a vacancy! We were running out of gas, it was late at night, we were driving through some really remote places, and there were no gas stations open!! I know, it sounds like a cheap horror movie. We drove 20 km out of the way to the larger town of Watson Lake in hopes that they would have accommodation and a gas station. No vacancy. No gas. Were we really going to have to set up camp at 11 pm with two sleeping kids in car seats? We turned north again hoping for a miracle.

After finding a motel that reminded us of an abandoned storage unit and parking for two minutes at a campsite to debate setting up the tent, we headed north on fumes and an empty jerry can. We hit gold in Nugget City (aptly named) where we found a 24 hour self-serve gas station. We were saved! Since the kids were sleeping we decided to drive through the night. We were pretty far north at that point so the days were getting longer and it didn’t ever get completely dark. We pulled over once to get a little sleep and my three year old moved to the front seat, curled up on my chest and fell back to sleep. Not the most comfortable three hour nap. Not to mention we were parked in the bush and I was terrified that a bear was going to come along. We had seen a few already.

When morning arrived we drove all the way to Whitehorse. It felt so good to know the drive was over! We had arranged housing ahead of time with a doctor in the town who said the place should work for a wheelchair, but you never really know until you get there. Thankfully, it worked well.

I’ve really enjoyed my time in Whitehorse. For the most part, the town is wheelchair friendly with the odd shop and restaurant on Main Street that has steps. Most buildings are old and that’s to be expected. Many have back entrances that are more accessible so be sure to send someone in to ask. They have a new library that is great for kids and a fairly new recreation center called the Canada Games Center (CGC). We quickly became regulars. The CGC is a remarkable building for such a remote city. It has an aquatic center, track, gym, field house, ice rink, indoor playground and more. The entire building is wheelchair accessible so be sure to send someone in to ask. They have a new indoor basketball court and they even have a healthcare supplier, MediChair.

The town of Whitehorse is great but what you really need to do is go sightseeing. Even a 20 minute drive out of the city will bring you some amazing scenery. We have been to Alaska a few times and have a few more trips planned before we leave. I am sad to know this adventure will come to an end. When we first arrived there was 24 hour sunlight and now the sun is going down at 9 pm. We have made some really good friends and memories and it has been a fun adventure for our kids. Even though my three year old, Karsten, is still a little disappointed that “there are no white horses in Whitehorse”!
People might take one look at me and think I’ve never had a problem maintaining my weight, but honestly that couldn’t be further from the truth. I love, and I mean love, food. It has brought me comfort like nothing else and even preparing it brings me joy. In fact every aspect of food, from finding recipes, procuring my ingredients, preparing my meals, and of course, eating them, is my most treasured thing to do in the world. Now you can probably see why my weight might become an issue at times right? If you’re like me and have an insatiable appetite to seek out new and exotic foods or flavors, this can become dangerous, but it doesn’t have to.

Having been in a wheelchair for over 13 years, I’ve learned a few things that I’m excited to share with you. Sorry to burst your bubble but there is no one, easy, magical solution for those of us in chairs to quickly lose those unwanted pounds. That sucks right? We are all very different and so we must remember to first pay attention to our genetics and lifestyle. They are a great starting point. People who are genetically prone to obesity or lead sedentary lifestyles will probably struggle to lose weight more than those who don’t. Those of us in wheelchairs have a few more issues to consider and therefore it takes a combination of actions to ensure positive results. Here are just a few of those things we folks in chairs must pay attention to.

Oddly enough, one of those things is our bowel routines. What goes in must come out, and since, for many of us, our system works differently, we must really pay attention to this. Having a bowel movement at least four of the seven days of the week would seem about right. It’s never a good idea to go too long between your routines; this means your body holds onto toxic waste that is terrible for your health and could lead to other problems as well. “Get it out of there” is what our bodies are saying to us. I cannot stress enough the importance of having a regular, healthy bowel routine. Our bodies will thank us and we will feel less sluggish and have more energy daily. Feeling better starts on the inside, literally.

Obviously, food still follows the same digestion path as that of an able bodied person, although for those of us with a spinal cord injury, it might take a little longer or be slower. Here is a simple solution. We must keep things moving through our body, which is why fiber and water play such a crucial role in our lives. How much fiber and water you ask? Personally, I’m a huge fan of choosing food over pills for fiber, but the best way to ensure success is to start off slow, as I’m sure no one wants to feel particularly bloated and uncomfortable because of a heavy dose of fiber. Keep it simple and try eating an apple or an orange a day, or sprinkle one tablespoon of ground flax or chia seeds on your cereal or yogurt for breakfast. Ultimately try to incorporate more fruits, vegetables and whole grains into your meals and snacks everyday and perhaps, eventually, even progress to having a green smoothie once a day. Here’s a tasty Green Smoothie recipe:

Combine ingredients and blend for one minute, makes 2-3 servings
- 2 cups water
- 2 handfuls of spinach
- 1 apple seeded
- 1 banana
- 1 cup of fresh or frozen berries

Now let’s talk about water. Everyone should be drinking at least 2 liters of water a day but aim for more (3 liters) if you are very active. I know this may seem like a lot and the last thing we want is to be in the bathroom every other hour but our bodies are primarily made of water and function optimally if properly hydrated. Our bowels will thank us but it doesn’t stop there. Water also helps oxygenate our cells to reduce muscle spasms, stiffness and sometimes even back pain.
One simple way to track your water and hit your consumption goal each day is to start your day with a full 16 ounce bottle of water and place 4 bands at the bottom. During the day when you finish the bottle, move a band to the top. At the end of the day, your bottle should be empty and your bands at the top of your bottle. Go ahead, drink up!

Now that we have the bright in color and full of nutrients like fruits and vegetables.

**GET MOVING!**

Whether you prefer exercising or weightlifting, getting your body moving is absolutely necessary in order for your body to burn calories and lose weight. There are so many sports/recreation and exercise programs available in our community. Why not try wheelchair basketball, quad rugby, handcycling, sit-skisking, cross country sit-skisking, tennis, athletics, adaptive curling, disabled sailing, or rock climbing. In case you were wondering ladies, don’t worry about getting “big” from lifting weights, as studies have shown significant weight loss will result.

Check out these websites for contact information and activity is only an email or phone call away. The sporting community in Alberta is always looking for new participants and will definitely make you feel welcome. As long as you give it your best effort, regardless of your ability, people will always be willing to help you succeed in your activity of choice.

Wheelchair Sports Alberta (WSA)

www.abwheelchairsport.ca

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www.cadsalberta.ca

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www.cpa-ab.org/programs_services/adapted_adventures

Get In Motion – SCI Action Canada

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Don’t be fooled by any “fad diets” out there. Anything that sounds too good to be true probably is. “Fad diets” are trendy methods to lose weight. Here a few you may have heard of – the Atkins, Low-Carb, South Beach, Cabbage Soup, Bernstein’s, HCG, etc. Some of these may yield short term results but can typically be unhealthy, dangerous, cost a lot of money, or are quite drastic. The only real way to shed pounds and keep them off comes directly from modifying our behavior toward healthy eating and exercise. FACT!

Ultimately the secret formula to weight loss is hard work and determination – in other words WILL POWER. Thankfully, we all possess it. We have the power to make healthier food choices and we also have the power to choose to be active, whatever that might be for you. Make the right choice and do things that leave you feeling great and full of clean energy. No one else is going to do it for you, so believe in yourself because YOU CAN DO IT!

Over the Christmas holidays I read a quote that I have to share with you. It said “It doesn’t matter what you eat between Christmas and New Year’s, it matters what you eat between New Years and Christmas.” Remember not to be so hard on yourself, no one is perfect and eats healthy 100% of the time, not even nutritionists. Aim to eat healthy about 80% of the time and don’t go too crazy with unhealthy food for the other 20% of the time. Food can take you on some pretty amazing adventures, so be brave and try something new. I know you want to! ☺

*If you have any questions or would like to give me feedback, I’d love to hear from you. Email me at kasey.holberton@cpa-ab.org.*
Universal design eliminates the need for special features and spaces for persons with disabilities. It promotes design for people with disabilities, children, and aging population without considering each as a separate group requiring specialized design features. This concept is very important to me, because I grew up travelling around the built environment with my father, who used a wheelchair. He never liked being reminded that he used a wheelchair to move about. However, he often was, because he needed to be carried up so many stairs to so many buildings. In addition to encountering difficulties in public places, we were also less likely to visit his friends at their homes. Helping my father up to the front door from a set of exterior stairs, especially in the winter’s icy conditions, was both dangerous and a reminder that he had less independence than so many others. Even when we did visit someone’s home, our stay was usually a short one because my father was unable to access and use the bathroom.

It was only when I was working as an architect that I learned of the concept of Visitability, which is one of the simplest and most economical approaches to universal design that can address homeowners’ and community needs over time, contributing to a more flexible and sustainable built environment. Visitability ensures that everyone—regardless of mobility—will be able to at least visit someone else’s home and use the bathroom. Visitable homes are constructed to be more accessible by having: one entrance into the home with no steps; a 32 inch wide clear passage through all main floor doors and hallways; and a useable bathroom on the main floor. Visitability found its way into my new home and home renovation designs even before I learned of the word. I very much like this concept, because we can make everyone travel in the same way to enter a building. Visitable features can easily be incorporated with other building innovations such as affordable design, green architecture, and energy efficiency. Resale value of a home with visitable features should not be negatively affected as the features are invisible in the design.

All of this is much easier to accomplish in new home construction than in home renovation work. I have been involved in almost one hundred home renovations for persons with disabilities. Creating Visitability that is invisible and beautiful can be a tremendous challenge; and there is no repetition as every home entrance is so different.

I was asked to make an existing home visitable for a former president of the University of Alberta. The family held many functions at their home and wanted to make it visitable. There were several options that we could look at. A new ramp leading from the public sidewalk to the front door would be too steep! To add a vertical outdoor porch lift would look unsightly. To construct an addition to provide a new entrance to house, and a vertical porch lift inside would be expensive. Instead, I took advantage of the site and the fact that the house sits on a corner lot. From the driveway, I proposed to re-pour a concrete sidewalk to gently slope from the attached garage driveway around the side of the house to the front door. The homeowners did a new landscape plan with low maintenance planting, to allow the new sidewalk to aesthetically blend into the house. Overall, the style and look of the house did not change. The Visitability aspect of the home is invisible.

Many of my clients show concern when it comes to designing an accessible home. Renovations are especially difficult when someone is recently injured. For 12 years I was a home modification consultant for the Worker's Compensation Board. A typical major concern of clients was that the renovated home would look institutional and “ugly”. There was also concern that a ramp located at the front of the house would not only look ugly, but also reduce property value and raise safety concerns that the home owner may be more vulnerable to home invasions.

For one home renovation, I kept the existing sidewalk leading from the public sidewalk to the stairs at the front door. We constructed a second sidewalk leading from the public sidewalk to run alongside the house to the backyard. From this sidewalk, one can turn 90° to move up a ramp running parallel with the house up to the existing stairs with a second 90° turn to the front door. At the top of the ramp, a solid wall finished in cedar was constructed as the guardrail. The height of this wall stays consistent to the bottom of the ramp. In this way, the ramp is completely hidden from view. Vegetation could be added later.

Visitiable housing promotes safety by reducing stair related injuries for residents and visitors. Residents could also live at home if they were ever to suffer a temporary or permanent injury as a result of an accident; this would reduce the length of stay in a hospital environment. Visitable housing is more adaptable and flexible for persons with disabilities as well as persons carrying groceries into the home, transporting a stroller or moving furniture. Today, there is a rapid increase of Visitability legislation in the US which demonstrates a growing awareness of the need for housing with specific features that afford all individuals, especially those with disabilities, independent and safe access. Disability groups and advocates have been very successful in getting Visitability legislation passed, and they played a significant role in the promotion and monitoring of this legislation. Such activism and promotion has led to a positive development for Visitability in the US Green Building Council’s Leadership in Energy and Environmental Design (LEED) program. A LEED point is now given in the Neighborhood Development Section when designers incorporate basic universal access into single family homes. My personal quest is to help other architects learn more about universal design more generally and Visitability specifically. Frank Lloyd Wright stated that “form and function are one.” To me, this means that architecture involves making buildings and spaces as accessible to as many people as possible, in the best way possible.
FROM MY PERSPECTIVE

by Larry Pempeit

It seems that the older I get, the crabbier I get! My gripe this time is winter, which I’m sure is a gripe of many of us who use wheelchairs. This winter has been a real pain in the butt for me. This year I decided I would take transit to work and to most of my other trips that didn’t necessitate me driving my van. Well, that plan was only as good as when the weather was good. After the snowfall in October, my transit experience came to a dead halt.

First problem was getting to the transit stop located down the sidewalks that were sometimes not shoveled. And then there are those who shovel only the width of a shovel, making it impossible for me to get through without getting stuck. I also found that sometimes the only area that was shoveled was the transit landing area. A lot of good that did me!

However, when I did get down the sidewalk, I would get to a curb cut full of piled up snow from the graders filling the curb cut with packed ice. And when I did get onto the street they were often full of ruts and I would get stuck in the middle of the street. Luckily there are good citizens out there who stop their vehicles and push me through to the sidewalk.

Since I couldn’t use transit most days, I had to drive. Now driving itself is a real challenge because often I can pull into a parking lot, lower my ramp and then find that I am stuck in the snow getting to the sidewalk. I remember one time getting stuck in the middle of a parking lot in a snow storm and getting covered in snow. I looked like a big snow pile!

Parking on the street is nearly impossible because the graders push the snow into snow rows which won’t allow my ramp to come out of my van. I have missed more than one meeting because of this. And since I’m complaining, I might as well talk about my lovely van which has a problem where when it gets really cold, the ramp won’t come out or the doors won’t open. And of course there are all the other mechanical issues that come with a cold vehicle.

I could go on and on about my least favorite season, winter. You would think I’d be used to living in a country with six months of winter. It seems that I never do.

Of course I could always take the advice of my fellow workers and use the Disabled Adult Transportation Service (DATS).

However, I prefer my solution which is to move to somewhere in the southern United States or a wonderful Caribbean destination and live there for six months. Problem is, I have no money! However, if any of you out there feel generous and want to contribute to my happiness, please do.
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In early 2011, my life was perfect. I was 26 years old. My husband and I had been married for a year and a half and I had just given birth to our first child, our daughter Casey. I had always wanted to be a mother, and now my life felt complete.

But things quickly came crashing down on February 22nd when Casey was 3 weeks old. It started with a tingle in my finger tips, a pain in my neck, and a weakness in my legs that made me think I had a pinched nerve. But when I stood up in the middle of the night to nurse my daughter, and fell to the ground when my knees buckled, I knew this was not a pinched nerve, and I went to the hospital. I was lucky that the doctors knew what they were dealing with. I had a spinal tap and its results led my doctors to officially diagnose me with Guillain-Barré syndrome, a rare autoimmune disorder. Basically my immune system was attacking my peripheral nervous system, paralyzing me. Within 12 hours I could no longer walk. By the third day the paralysis had spread, and I could no longer breathe on my own. I was admitted to the ICU and hooked up to a ventilator. Then, things got even worse. When inserting the catheter that was meant to deliver my medication, my femoral artery was ruptured and I started bleeding internally. Emergency surgery to repair the artery followed. My family was told I might not make it.

I spent almost 3 months in the ICU, completely paralyzed from the neck down. At one point, all I could do was blink. I communicated with my family using a communication board. I was fed through a tube in my stomach. But worst of all for me was that I couldn’t be with my daughter. I barely had the strength or energy to even look at her. Even the idea of having her on my lap made me claustrophobic and gave me severe anxiety attacks. I couldn’t think I had a pinched nerve. But when I stood up in the middle of the night to nurse my daughter, and fell to the ground when my knees buckled, I knew this was not a pinched nerve, and I went to the hospital. I was lucky that the doctors knew what they were dealing with. I had a spinal tap and its results led my doctors to officially diagnose me with Guillain-Barré syndrome, a rare autoimmune disorder. Basically my immune system was attacking my peripheral nervous system, paralyzing me. Within 12 hours I could no longer walk. By the third day the paralysis had spread, and I could no longer breathe on my own. I was admitted to the ICU and hooked up to a ventilator. Then, things got even worse. When inserting the catheter that was meant to deliver my medication, my femoral artery was ruptured and I started bleeding internally. Emergency surgery to repair the artery followed. My family was told I might not make it.

I spent almost 3 months in the ICU, completely paralyzed from the neck down. At one point, all I could do was blink. I communicated with my family using a communication board. I was fed through a tube in my stomach. But worst of all for me was that I couldn’t be with my daughter. I barely had the strength or energy to even look at her. Even the idea of having her on my lap made me claustrophobic and gave me severe anxiety attacks. I couldn’t be the mom I had always wanted to be. Thankfully, my husband was able to take paternity leave and took a leave of absence from work to care for her, and to be at my bedside every day.

I was dealing with pain and nausea, and found it hard to believe I would ever make it out of this alive. Severely depressed, I wanted to give up every single day. My family continued to pray for me. After being completely paralyzed for 6 weeks, their prayers were answered when I moved a finger. Slowly, the paralysis started to fade and I started to recover. After 4 weeks my lungs were finally strong enough so that I could breathe on my own again, and the tracheotomy was removed. I was released from the ICU. Without the tube in my throat, I no longer felt nauseous. I could finally talk again, although my vocal cords were damaged which left my voice low and scratchy. But my hands were getting stronger every day, and the muscles in my legs were showing signs of movement. Now that I could actually see myself recovering. I regained hope, and I started fighting harder than ever.

And then therapy began. Because I was immobilized for so long, I lost 30 lbs. of muscle and, although by that point I was no longer paralyzed, I was extremely weak. I spent time squeezing stress balls strengthening my hands, and eventually they were strong enough for me to hold cutlery, and drink from a cup. I spent hours each day lifting my legs up in the air and pushing against my physiotherapist’s hands to rebuild the muscles in my legs.

The weeks went by, and eventually, I was strong enough to stand, then strong enough to take a few steps, and then strong enough to practice walking with a walker. After 6 weeks, I was transferred to a rehabilitation hospital for more therapy. I spent 3 weeks focusing on my fine motor skills, and learned how to type and write again, and also on my leg strength, where I ultimately learned how to walk with a walker all on my own. After over 4 months in total, I was released and returned home to my husband and daughter, who was now 5 months old.

Although I was home, I still had a long road ahead of me, including learning how to walk with a cane, and ultimately, how to walk on my own. I was still severely weak and every little thing took more energy than I could ever have imagined. But as the months went by, and with the help of physiotherapy three days a week, I regained my strength and mobility. I could do more and more every week, and I reached each of my goals as time went on.

It has been almost 2 years since I was diagnosed. I am back at work full time, and my daughter is almost two years old. I have a few lingering effects, but they don’t affect my life. My ankles are weak, I walk flat footed, my balance is lacking and my muscles are always very stiff. But considering how far I have come, I am extremely grateful as I know it could be worse.

After I was released from the hospital, I was constantly asked what it was like to go through what I did, and it was impossible to share that with people in just one conversation. But I really wanted to share my story, so I started writing. And 9 months, 200+ pages later, my book, Happily Ever After: My Journey with Guillain-Barré syndrome was complete. I am determined to share my story as much as I can and help create awareness on this devastating disorder.

Even though it was the worst experience of my life, I absolutely would not take it back. I am a different person now and I appreciate life so much more. I am grateful that I can walk again, I am grateful that I can be the mother I always wanted to be, and I am grateful to be alive. I live my life so differently now; I live life to the absolute fullest, I get out and do things that I’ve always wanted to do, and I spend a lot more time with those I love. 

To learn more about Holly and her experience with Guillain-Barré syndrome go to www.hollygerlach.com.
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A right to die decision by the British Columbia and Quebec Courts appears to be on its way to eliminating prosecutions of physician assisted suicides. The debate over assisted suicide and euthanasia, however, is not a new one. As far back as the 1940s, C.B. Farrar, a prominent Canadian psychiatrist published an editorial suggesting that severely disabled children be humanely killed at age five. Numerous Bills have been debated in Parliament advocating assisted suicide or euthanasia from that time to the present. Supreme court decisions such as the Sue Rodriguez case in 1993 and the Robert Latimer case in 2001 intensified public debate.

Some people have viewed the legalization of physician assisted suicide and euthanasia as a potential benefit to people with disabilities and or terminal illnesses. After all, if other Canadians have a right to end their lives, shouldn’t those who may lack the physical capabilities to carry out suicide have the same right?

This logic may seem straightforward, but, in my opinion, it is deceptive. I believe that the legalization of assisted suicide and euthanasia will do much more harm to people with disabilities than any benefit it might hold. Here are some of my concerns.

**THE RIGHT TO DIE**

Much of the argument in favor of legalization is based on the right to die and the right to commit suicide. Of course, we all have the right to die; sooner or later everyone dies. So, the real issue is about the right to commit suicide, and we need to ask whether there is a right to commit suicide in Canada? It is true that attempting suicide was a crime in Canada until it was decriminalized in 1972, but decriminalization does not make something a protected right. Parliamentary discussions leading to decriminalization never considered suicide as a right. Decriminalization was based on the belief that suicide was a mental health problem rather than a crime. Decriminalization was intended to encourage people to get help so that they would not kill themselves. In fact, suicide remains a major problem in Canada, and we continue to try to prevent suicide, not assist it in the case of most Canadians.

**AUTONOMY AND RATIONAL SUICIDE**

Making an argument that assisting Canadians with disabilities to kill themselves while we try to prevent Canadians without disabilities from killing themselves is somehow equal treatment, does not make sense. Autonomy refers to a rational individual’s right to make his or her own decisions. Words like rational suicide and autonomy are frequently used to try to explain why we would assist some people and not others. Thus, proposed assisted suicide laws assume that people with severe, chronic disabilities and terminal illnesses are rational when they want to commit suicide, unlike others who want to die, therefore, assisting suicides of people with disabilities while preventing everyone else makes sense. There are two problems with this. First, people with disabilities are not typically any more, or less, rational than anyone else. People decide to commit suicide for many different reasons, such as being unloved, abused, disgraced, impoverished, facing prison, and a multitude of others. For example, we often hear about “suicide-by-cop,” when someone is about to be arrested for a crime, would be disgraced by a public trial and face most, if not all, of his remaining years in prison. Is this a rational, autonomous decision? Should we simply ask this person if he is sure that he wants to die and then assist him or her? Why do we think that illness and disability are the only circumstances that guarantee that a decision to commit suicide is a rational one?

**IRREVERSIBLE CONDITIONS AND FREE CHOICE**

One argument for seeing illnesses and disabilities as valid reasons for allowing assisted suicide or euthanasia and seeing other reasons as irrational, is that quality of life issues related to disability and illness are not likely to improve. People tend to think the young adult who thinks that life is not worth living after being jilted by a lover will get over it, but those facing challenges related to spinal cord injury or terminal disease will not. Society tends to think that problems like poverty, disgrace, loneliness, etc. are solvable, but disability and terminal illness are not. A number of studies, however, tell us four important things. First, people with disabilities do not generally rate their quality of life as being lower than that of people without disabilities. Second, people with acquired disabilities, such as spinal cord injuries, often feel life is not worth living during an initial period of adjustment. However, after this initial period of adjustment, they typically rate their quality of lives as being much the same as people without disabilities. Third, people without disabilities commonly assume that people with disabilities have miserable lives. Fourth, while disabilities and illnesses may not go away, the conditions that make some people with disabilities report poor quality of life can certainly change. One important example was American, Larry McAfee. McAfee, a mechanical engineer who was paralyzed in a motorcycle accident, petitioned the courts for the right to die and won. A special switch was constructed that would allow him to turn off his respirator, but...
Larry McAfee never used it because his life improved. His paralysis did not get better, but his life did. It seems, that what was making McAfee’s life miserable was not actually his spinal cord injury; it was the fact that he was sent to an out of state nursing home, far from friends and without a television, computer, or anything to occupy his time. McAfee’s quality of life improved because he moved to a better facility, closer to home and eventually to a community residence with support. The miserable life that led to McAfee’s death wish was not the result of his disability; it was the result of inhumane services and inadequate supports. Giving people with disabilities the right to die if they are dissatisfied with their living conditions, is a poor substitute for helping them to improve their lives. Giving them the right to die simply promotes the myth that disability inevitably results in miserable lives, regardless of the nature of supports, services, and relationships available to individuals with disabilities.

**COMPASSIONATE HOMICIDE AND EUTHANASIA**

Another common argument asks, if I can humanely kill my family pet to end suffering, shouldn’t I be able to show that same mercy to my child or loved one? This may appear to make sense until we look more closely at animal euthanasia. Yes, some animals are put down to end inevitable suffering but, easily available statistics tell us that this is not the most frequent reason. They are euthanized because they are unwanted. They are euthanized because they have unacceptable behavior, ranging from barking, to scratching, to messing up the house. They are euthanized because they have an easily treatable condition but the owner does not want the expense of treating them. They are euthanized because they are considered unattractive and hard to place in adoptive homes. In many places throughout North America, more than half of dogs and three-quarters of cats who enter animal shelters are killed because no one wants them. Ironically, animal rights advocates want to curtail the practice of euthanasia with dogs and cats, while right-to-die advocates want the practice extended to humans with severe disabilities.

**THE BOTTOM LINE**

Considering all of these things, here is my conclusion. Assisted suicide and euthanasia will have few benefits for people with disabilities. Perhaps there are some individuals who would be better off to die sooner rather than later, and there may be some others who will feel better knowing that the option is available to them, even if they never choose it. However, any law that will assist suicide for people with disabilities or illnesses but attempt to prevent it for everyone else, only reinforces the myth that people with disabilities cannot live worthwhile lives. It will inevitably result in the deaths of some individuals with disabilities who might otherwise go on to live better lives. If Canada is not willing to euthanize or assist the suicide of anyone who says they want to die, regardless of disease or disability, it should not offer up death as a solution to the challenges faced by Canadians with disabilities.

The opinions expressed in this article do not necessarily represent the views of the Canadian Paraplegic Association (Alberta).

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It is not news that when you have a spinal cord injury (SCI) you experience a number of physical, emotional and lifestyle changes as well as changes to your nervous system like paralysis, loss of sensation, spasms and nerve pain. There is also the emotional impact, not only to you, but to those who are close to you. And lifestyle changes as simple as how you go to the bathroom and how you take care of yourself. Until recently, information on how to deal with these changes has been scarce. Research has shown that learning from peers (other people with spinal cord injury) is a very impactful way to help you, and those close to you, get the information needed in order to enjoy life to the fullest. You can now get some of the information you need by taking the SCI-U Courses.

SCI-U (the U is short for: University, Understanding and You) is a series of 10 multimedia courses designed to give you research-based information, delivered by people living with SCI. It is recommended that you begin with the ‘SCI and You’ course and then, at your own pace, move on to your choice of: Bowel, Bladder, Nutrition, Skin, Sexuality, Fertility and Parenting, Pain, and Physical Activity. Each of these courses, having been developed by people from the SCI community, university researchers and health care professionals, bring together evidence-based facts with real world knowledge.

It has never been easier, and more user friendly, to learn about how you can take charge of your new life. And we are very confident that you will find that healthy living starts at www.sci-u.ca.

MAMMOGRAM TESTS

Mammograms are recommended every year after the age of 40 and every 2 years after the age of 50. It is sometimes difficult however for women with disabilities who use wheelchairs to access the equipment needed in order to have a mammogram. Mobile units in remote sites are not low enough to be able to do the mammogram while sitting in a wheelchair. In Edmonton, mammograms for individuals in wheelchairs can be done at the Kingsway Garden Mall location. A doctor’s referral is not required.

When booking your appointment, let the booking clerk know you are in a wheelchair so they can book two technicians for the test. You will need to provide your Alberta Health Care number and the date and location of your last mammogram if it was done in the past five years. A branch of the Alberta Breast Cancer Screen Testing Program is located at 311 Kingsway Garden Mall and the phone number is 780-643-4678.

In Calgary, the Central Booking Line is 403-777-3000. They ask all individuals to indicate if they use a wheelchair and to bring someone with you if you require assistance in transferring.

Additional research regarding access to mammogram clinics and equipment needs to be conducted for other areas in Alberta.

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The Assured Income for the Severely Handicapped (AISH) provides financial and health related assistance to eligible adults with a disability. If you are receiving AISH benefits, you may want to check out their website which has lots of important information. Check it out at humanservices.alberta.ca/disability-services/aish-program-resources.html. The links for health benefits and personal benefits may be of particular interest. Below are a few examples of personal benefits that persons on AISH may be eligible for. Contact your AISH worker for more information.

WHAT ARE PERSONAL BENEFITS?

Personal benefits assist clients with specific one-time or ongoing expenses over and above the monthly living allowance or modified living allowance. Personal benefits are available to AISH clients who:

- have non-exempt assets of $3,000 or less or have exceptional circumstances of financial hardship;
- have an identified need; and
- are not eligible to receive the benefit from any other program or source.

EQUIPMENT MAINTENANCE

To assist with the costs associated with maintaining equipment that is essential to manage a medical or disability related condition. Rate: actual amount of the least cost alternative up to:

- $450 per 12 month period for manual wheelchair repairs
- $600 per 12 months for power wheelchair or scooter repairs
- $570 per set of two batteries per 12 month period for batteries for power wheelchairs or scooters

MEDICAL SUPPLIES

Medical supplies that are for one time use or disposable products. Rate: actual cost up to $150 per month.

LARGE MEDICAL EQUIPMENT

Rate: To a maximum of $2000 per item for large medical equipment and must be considered medically essential.

SPECIALIZED CLOTHING

Specialized clothing for AISH clients who require additional or adapted clothing related to their disability. Rate: up to $300 per 12 month period.

There are some instances where AISH recipients who receive personal benefits have been able to offset the costs of medical supplies not covered by AADL (for example rubber gloves and lubricant). Contact your AISH worker and ask if you are eligible. For more information, call your local CPA (Alberta) office using our toll-free number at 1-888-654-5444.
Keep your dreams realistic. You are not going to be running the Boston Marathon.” That’s what Morrie Ripley was told while rehabilitating from an incomplete C5 spinal cord injury (SCI) in 1999. Considering that not many people without a SCI run the Boston Marathon, it’s a fair assumption that most people wouldn’t set their sights this high after an injury. Morrie isn’t like most people however. Incurring a SCI apparently lit one hell of a fire under Morrie’s behind as he didn’t ONLY run the Boston Marathon. By the time you read this, he will have completed all 5 marathons that make up “The Big 5” in the Marathon world, which include all of the following: New York, Berlin, Chicago, Boston, and London (England), and did I mention he will have run Boston twice? The list doesn’t end there. He started with the Hawaii marathon in 2009, only 10 years after his injury, and has also completed marathons in Phoenix, Edmonton, Las Vegas, and Paris, in addition to three half Ironman Triathlons, and one full Ironman Triathlon. And, he became a runner only after his injury!

For someone who has accomplished so much, you’d think he’d have a head the size of, well, Boston, but the exact opposite is true. He didn’t even want me to print the races he’s yet to complete at the time of writing, but I did anyway because I’m 100% confident in his ability to complete them. I haven’t known Morrie long but already have a tremendous amount of respect for him and his current goal of using his abilities to swim, bike, run and give back in a huge way. He’s so thankful for the opportunities that he has been given, physically to complete all of these events, but also to CPA (Alberta) for the services he received when he was newly injured. He wants to help give others opportunities as well. If you are familiar with the story of Rick and Dick Hoyt, a father and son team from the United States who complete marathons and triathlons with Dick pushing his son Rick, who has spastic Cerebral Palsy, the length of the course, then you will have an idea of Morrie’s next goal.

Morrie Ripley and Chandra Round are set to do what many of us could only dream of doing, completing a ½ Ironman Triathlon. Using Rick and Dick’s inspirational idea, Morrie will swim, bike, and run a total of 113 kms with Chandra as his partner in crime (it should actually be a crime to self propel that far). Morrie will need custom equipment for every stage of this race, which Morrie and Chandra will use to train together, starting as soon as the snow melts. Morrie is not only giving back by giving Chandra the opportunity to race, he is also purchasing all of the equipment himself and making it available afterward to others who want to do races with their friends and family. He is turning his goal into a fundraiser for the CPA (Alberta) Adapted Adventures program so that more people have the opportunity to get active.

Chandra just about leaped out of her chair when she was presented with the opportunity to be Morrie’s team mate. Chandra is the perfect role model for her motto “Life after Wheelchair” as she participates in more activities than many non-wheelchair users. Downhill and x-country skiing, canoeing, trail running with a trailrider, you name it and Chandra has done it. She passes both of the pre-requisites to become a member of the ‘KwadSquad’ which are, to have an extreme sense of adventure as well as mobility limitations in all four limbs. Chandra will be the brain child behind the KwadSquad blog where she will share her experiences online. She’ll keep us up to date on training with Morrie and the bumps they experience along the way to completing the Great White North ½ Ironman Triathlon taking place on July 7th, 2013 in Stony Plain, Alberta.

Chandra and Morrie have more than just two things in common though, both incurred injuries around the same time, with Chandra acquiring a hypoxic brain injury in 2001, just two years after Morrie’s SCI. They also both love pushing the limits of what others think they can accomplish. This is clear from the big smile on Chandra’s face and the violent nodding of her head in agreement as Morrie tells us his motto comes from a quote by Walt Disney “It’s kind of fun to do the impossible.”

For more information or to follow the progress of the “KwadSquad”, please visit their blog at www.kwadsquad.com. To find out how you can do the impossible through the Adapted Adventures program, or how you can donate to the KwadSquad cause, please visit www.cpa-ab.org/programs_services/adapted_adventures.
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In November of 2011, I was approached by a colleague with the Canadian Paraplegic Association (Alberta) who asked if I would like to take part in an Adaptive Bobsleigh School. I accepted and my personal entourage and I set off for Park City, Utah where training began against 15 other drivers from around the world. Throughout the next week we managed to stay in the top three.

Returning to Canada, we trained with even more dedication at Calgary Olympic Park. By the end of the season, I was not only in love with the sport but also felt a need to push even harder in my hopes of succeeding and growing the sport further.

With the driving school located in Calgary and me residing in Edmonton, I was fortunate to be able to make arrangements to work from the CPA (Alberta) Calgary office. This allowed me to participate in training sessions Tuesday through Thursday nights. Alternating between the two offices meant late night drives and lots of early morning coffee. Despite the grueling schedule, it is most definitely worth every second; not only for me personally, but for Canada and most of all, for persons with disabilities.

The bobsleigh is a two man vessel of speed with the disabled driver in a seated position and a pusher who is typically a single leg amputee. This sport is in its infancy stage in the disability world and there is always room for more competition. I’m glad to say we were successful in finding an able bodied pusher who is just as supportive and excited for the sport as I am.

The beginning of the year started with completion times of 1:12. After fine tuning our equipment and becoming even more focused, we are now averaging runs of 1:02 to a personal best of 1:01.32! The times we are achieving are nipping on the heels of our able bodied counterparts, even though they have the distinct advantage of an additional pusher.

Through the generosity and commitment of Finning Canada, I have the great honor and opportunity to be able to represent my country by attending the 2012 bobsleigh school in Innsbruck, Austria. I will be the first athlete with a disability in the world to have not only represented Canada but to have driven on three separate tracks internationally.

The next step will be testing a single man bobsleigh designed by the Swiss. With the knowledge I have garnered as a driver with the two man sleds, we are excited to share our ideas, techniques, and future goals. We are optimistic about potentially showcasing the sport at the 2014 Paralympics in Sochi, Russia and then debuting at the 2018 Paralympics in PyeongChang, South Korea.

Canadians with disabilities no longer ask the question “What can I do?” but instead “How can we do it?” Finning Canada has clearly stepped forward to provide an answer.
How does a person with a disability find the reliable assistance they need in order to live independently with the dignity and care they deserve? After two years in the making, the Rick Hansen Community Living Attendant Training Pilot Project has been tested. Starting in October 2012, the project was finally underway! It began with three weeks of theory based classes and two weeks of hands on experience in consumers’ homes for practicum training. All classes were taught using a set of tools and written curriculum developed by volunteers with disabilities and/or community health professionals working with people with disabilities. This training has provided the newly graduated caregivers with the skill sets and sensitivity training to provide a flexible array of supports to potential employers living with a disability.

Students heard first hand experiences about how attendant care affects the lives of consumers. Zachary Weeks, a volunteer instructor for the program and a power wheelchair user with Cerebral Palsy, says “This program is long overdue and offers a unique learning model. I now have greater peace of mind. I have full confidence that graduates have been taught by those who may have experienced challenges similar to my own in finding that special individual who allows you to live with the independence and dignity that we all deserve.”

One student had this to say. “I found out about the program through the CPA office in Grande Prairie. I was interested in taking the course because my sister has a spinal cord injury and I wanted to help her relocate to Edmonton. I thought it would be beneficial to her as she would then have family support living in the same community. The course gave me a great deal of experience through the in-class material and the practicum training.”

The Canadian Paraplegic Association (Alberta) and partnering stakeholders are extremely happy with the quality of instruction from the volunteers and the experiences the students received in the practicum placements. With the continued support of volunteers, we will strive to maintain our goal of increasing the number of well trained attendants for people who are utilizing Self Managed Care.

Congratulations to our first time graduates of this program and many thanks to our volunteer instructors who took the time to participate in this valuable program. We are happy to announce that we will be facilitating another session in Edmonton in April 2013. Many students have already applied for this session and we foresee a waiting list for the following session.

If you would like further information, contact CPA (Alberta) at 780-424-6312 ext.2248 or 1-888-654-5444.
FINDING SOLUTIONS
by Heather Lissel

In 2007, in honour of the 20th Anniversary of Rick Hansen’s Man in Motion World Tour, the Government of Alberta made a five-year, $12 million contribution to support research innovation, community services, leadership and collaboration in the field of spinal cord injury in Alberta. Activities supported by this investment were known collectively as the Alberta SCI Initiative (Initiative). Funds were shared between The Alberta Paraplegic Foundation ($9,655,000) and the Rick Hansen Foundation ($2,345,000). Secretariat support was provided, in Alberta, by the CPA (Alberta).

Many accomplishments and successes came about as a result of the Initiative such as the creation of a Solutions Fund to assist individuals and organizations in meeting their priority needs. Over a period of four years, $2.37 million was disbursed to individuals and organizations ($1 million to individuals; $1.37 million to organizations). The maximum grant available to individuals was $5,000. Organizations were able to apply for grants up to $30,000. The dollars were used in a variety of ways to improve quality of life and access to services. Here are just a few examples of the kinds of things the Solutions Fund helped individuals to purchase:

- Equipment (not covered by Alberta Aids to Daily Living): specialized beds and mattresses, scooters, standing frames
- Home adaptations: bathroom and kitchen renovations, upgraded flooring, automatic door openers, ramps, porch lifts, stair lifts
- Sports and recreation equipment: hand cycles, rugby wheelchairs, fitness equipment and facility fees
- Transportation: vehicle repairs, lifts, driver controls, bumper to bumper conversions
- Communication devices: computers, specialized telephones

The Solutions Fund also helped a number of organizations expand programming or update equipment. Recipients included the Alberta Northern Lights Wheelchair Basketball Society, the Canadian Association for Disabled Skiing Alberta, Delburne Futures Committee (for the creation of an accessible downtown park), Mount Royal University, Foothills Medical Centre, the Glenrose Rehabilitation Hospital, Stage Left Productions Theatre, and many others across the province.

As coordinator of the Solutions Fund, Ross Norton reviewed all applications received, coordinated the Solutions review team and corresponded with funding recipients. Norton had this to say: “The Solutions Fund closed the gap for individuals with spinal cord injury in many areas where funding is not available.”

March 2012 marked the completion of funding under the Initiative. With that, the Solutions Fund was also brought to a close. CPA (Alberta) and its agency partners have approached the Government of Alberta with a request to renew funding for another five years. Doing so would enable them to continue the great work started under the Initiative and renew the Solutions Fund as well. A grant proposal was distributed to Conservative MLAs and government officials in early November, 2012. CPA (Alberta) Board members followed up with MLAs to encourage their support for the proposal. We will keep you posted on the results of these efforts.

In the meantime, we are collecting “success stories” from past Solutions Fund recipients for our annual report. If you have a story you’d like to share, contact Heather Lissel at 780-424-6312 or heather.lissel@cpa-ab.org. Here are a few success stories:

Thanks to Solutions Fund grants, Alberta is now recognized as a world leader in adapted bobsledding. In partnership with the Southern Alberta Institute of Technology, the Alberta Bobsleigh Association utilized Solutions funds to design an adapted bobsleigh that can be operated entirely by athletes with disabilities. They are now in the process of conducting training camps for several men, including CPA (Alberta)’s Brian McPherson. Alberta also headed up the application to the Paralympic Committee to accept the sport into the 2018 Paralympic Games in South Korea. At present, Canada would likely be one of five nations participating, with competitors coming from the USA, Austria, Germany and Latvia.

Martin Rondeau has been the beneficiary of several CPA (Alberta) services, as well as the Solutions Fund. Solutions grants helped him to purchase a seat elevator for his wheelchair which allows him to reach kitchen cupboards and his freezer. He also received funds for a portable track lift which he now takes on camping trips and overnight stays away from home. Most recently, Marty participated in the Adapted Adventures program coordinated by CPA (Alberta). His wilderness adventure in Nordegg rekindled his passion for the outdoors and gave him a chance to try quadding and canoeing. The net result is that Marty is a happier, healthier, more independent person who is now giving back to CPA (Alberta) through volunteerism.

David Friesen is one young Albertan who has combined his “can do” attitude with the Solutions Fund to come up with an innovative way to increase his independence. Raised on a ranch in Worsley, Alberta (two hours north of Grande Prairie), David had always been involved in raising cattle. After his injury 10 years ago, he had to stop this activity. “It was getting depressing just sitting around,” he says. Upon hearing of the Solutions Fund, David made an application to purchase 10 bred heifers and a second application to have a custom saddle built so that he could ride horse and care for the cattle more effectively. By the end of this year, he hopes to have grown his cattle herd to 20 head. “It’s (the Solution Fund) been really helpful. I now have extra income, I’m doing things I used to do and it’s put me back on a horse without getting (pressure) sores.” David’s plans for the future include taking over the family farm with his brother and expanding their grain operation.

David Friesen in his adapted saddle.
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Peer Events
The Calgary office continues to hold peer activities, including the annual peer conference, twice a month restaurant reviews, Casino Fun Night, a Christmas celebration as well as many other events.

On October 22, 2012 peers met at the Carriage House Inn for the annual Peer Conference, where 15 vendors showcased their products and actively interacted with those in attendance. Topics and guest speakers included SCI Fitness and Wellness Centre by Toby Redfern and Kelly Ritchie; EMS Foundation by Adam and Lisa; Nutrition by Barb Riley; and Motivational Speaker by Marc Ross. Main presenter at the conference was Cory Parsons, author of “Cooking with Cory”. As the result of a diving accident, Cory sustained a C5/6 spinal cord injury and is now a sports advocate and motivational speaker. Guests were able to join him in cooking during the afternoon and then continued to show his own cooking skills later in the evening. This event would not have been possible without the generous support of CanWest Elevators & Lifts and Motion Specialties.

Thank you to Pipella Law for sponsoring a portion of the cost of the Restaurant Review evenings. Information about upcoming events are posted on the CPA (Alberta) website at www.cpa-ab.org.

For more information, contact Marilyn Erho at 403-228-7434 or marilyn.erho@cpa-ab.org.

EDMONTON
Lions Club of Devon Donates Two Power Wheelchairs
In January 2013, the Lions club of Devon, Alberta donated two power wheelchairs to CPA (Alberta). The hope was that they would go to two deserving clients who required new wheelchairs and who wanted to become more independent in the community. Long time members, Gordon Akinneah and Freda Deacon were chosen as recipients.

Gordon has expressed interest in returning to school and work in the community, “having a power wheelchair will benefit my family in many ways” he says. “Rather than relying on others to push me around, I can be more independent. I will be able to go shopping on my own, and attend therapy without any assistance.”

Freda received her new chair and immediately noticed a difference in her life, “Since receiving the chair barely two weeks ago, I feel safer in my own home and I’m feeling more independent; my ability to clean the house is much easier. With the power chair, I will be able to take the bus to work when I find a part time job.”

The Lions club has also generously agreed to provide lifetime maintenance on the chairs for its users. CPA (Alberta) would like to thank the Lions Club for their generosity and work with the disability community. For more information on Lions Clubs in your area, please visit lionsclubs.org.

Peer Events
The Edmonton Peer Program has been movin’ and shakin’ with a number of different events including general peer meet and greets, bowling, poker nights, catching the Oilers game on-screen, education on tax services such as the RDSP, and much more. In addition to Wise Wheelers, Heels on Wheels and Young Guns groups, we have recently expanded to include a family mentorship group. Thank you to Classic Health for their ongoing support of the Edmonton Peer Program.

Be sure to keep up to date on upcoming 2013 peer events at www.cpa-ab.org or on Facebook and Twitter. If you would like to know more about the Edmonton Peer Program or if you would like to join a peer group, contact Brian McPherson at 780-424-6312 or brian.mcpherson@cpa-ab.org.
International Day of Persons with Disabilities (IDPD)

Since its beginnings in 1981, the International Day of Persons with Disabilities (IDPD) celebrates the accomplishments and challenges of living with a disability and is generally celebrated on December 3rd of each year. Once again, CPA (Alberta) actively participated in IDPD celebrations in various communities throughout Alberta, including Edmonton, Calgary, Medicine Hat, Red Deer, Grande Prairie, Lethbridge and Lloydminster. Events across the province included school presentations in Medicine Hat, a performing arts and theatre theme in Edmonton, community information and networking gatherings in Fort McMurray, Red Deer, Lethbridge and St. Paul.

Discovering the Power in Me (DPM)

Discovering the Power in Me (DPM) is a powerful program about discovering the resiliency we all have within. CPA (Alberta) was able to host DPM workshops in Grande Prairie and Edmonton, with upcoming workshops in Calgary and Medicine Hat. Our thanks go to Apache for their sponsorship of the DPM Program. One participant had this to say after taking part in the two day workshop, “It was like everything faded away and I felt a sense of tranquility. With this I was able to further accept me for who I really am, knowing that I have much to offer; not only to myself but to those around me.”

DPM workshop information will be posted as it becomes available at www.cpa-ab.org and on our Facebook and Twitter pages.

The Spinal Cord Injury Community Survey

The SCI Community Survey is the largest study of its kind to ever be done in Canada among people with spinal cord injury (SCI). The primary intent of the SCI Community Survey is to confirm the most important SCI-specific needs of Canadians with SCI. It is also intended to determine how successfully the Canadian health and social services systems are meeting those needs. Ultimately, it will create a clearer picture of where in Canada’s support systems there is opportunity to improve so as to truly minimize disability and maximize the quality of life of Canadians with SCI.

We are pleased to share preliminary analysis of the data. This participants’ report is also the first activity within a comprehensive knowledge translation plan. In addition to academic journal articles, knowledge translation activities include providing data and support to SCI advocacy groups and its Canadian branches to ensure that results from the survey can be used for advocacy, nationally and in provincial jurisdictions. Find out more at rickhanseninstitute.org/en/publications/sci-community-survey.

WHAT’S ON

Sid and the CPA (Alberta)

Sid talks about how the CPA (Alberta) assisted and supported him since his spinal cord injury in 2008 when he was going through rehabilitation at the Foothills Hospital. Sid talks about some of the feelings he went through after his injury and how CPA (Alberta) has been able to assist him. “CPA has also helped me with funding and housing and they gave me a lot of resources in the community.” To find out more, go to http://bit.ly/16d01Tm.

Calgary’s First Wheelchair Accessible Showroom

Stepper Custom Homes

CPA (Alberta), among other disability organizations, was invited to the opening of the first accessible showhome in Calgary this past summer. Murray Danyluk, Marketing and Communications Coordinator with Stepper Custom Homes says “Stepper Custom Homes started building accessible housing for the simple reason that it’s needed and there aren’t any new home builders out there that are currently doing it. Visitability, accessibility and aging in place homes are going to be needed. We decided that we wanted to be a leader and innovator within that industry.” To find out more, go to http://bit.ly/16TCSX.
I was welcomed to the Black Forest in southwest Germany in October 2012, as the leaves were turning colour and winter was just around the corner. Thanks to Air Canada carrying the Alberta Abilities Lodges Society TrailRider free-of-charge as my second piece of luggage, it was possible to display the equipment. I landed in Frankfurt where friends were waiting to carry me 200km south to the Baiersbronn area. The first problem was a Mercedes trunk that was too small for the TrailRider. Fortunately, the driver carried a set of tools, so we broke down the TrailRider into several pieces and, with the pieces sticking out of the trunk, hurtled down the Autobahn at 130 to 150km per hour while cars sped past us as if we were standing still. Germans like to fly at low altitudes!

Germany’s Black Forest rises 1,000m from the Rhine Valley and France on the west and from Switzerland on the south. This is a forested land supporting cultures that date to the Stone Age, and then the Iron Age, Bronze Age, Roman Age, Medieval Age, and Industrial Age. Evidence for all of these cultures is found hidden in the valley bottoms and on hills. Cities, villages, and roads rest on these historical cultivated and forested landscapes today, while tourists hike along the thousands of kilometres of trails.

The diversity of nature has survived better here than in many other parts of Europe. The lynx, wild cat, wild pigs, and capercaillie (a giant grouse) hide among the trees that earlier produced the masts of sailing ships, the pine tar for protecting the ropes of these ships, the wood and charcoal that was needed to smelt glass, iron, bronze, silver, and other metals.

This is the traditional land of the Swabish people who certainly enjoy their pretzels and beer but they usually prefer Black Forest ham and rye bread, schnitzel and spaetzle, kucken (especially Black Forest cherry cake) and coffee, as well as apple cider and wine. German is the language here but visitors with English and/or French are enthusiastically welcomed. The EURO is embraced in any language; it is widely known that the Schwabs lived in Scotland until they were kicked out for being too thrifty.

Mountain environments of the Black Forest have long been recognized for many health benefits. Today, magnets for tourists are the historical sites, the peacefulness, the clean air, the hot mineral springs and spas, and, of course, the special foods. Above all, the benefits of hiking along trails through forests and agricultural meadows are well recognized by many hiking
clubs, tourist associations, promoters of nature reserves, and local families.

Baiersbronn is a mecca for hiking organizations, who have liberally labeled trails that range from squirrel paths among the giant spruce and fir trees to the forest harvest access roads. Many of these trails are paved or covered with fine crushed stone that provides a suitable surface for wheelchairs. The trail themes range from flower garden explorations, to castle tours, to farm stays, to stream and forest ecology. Take your choice.

There is a special set of trails at the highest elevations of the northern Black Forest that especially interested me. Members of the Ruhstein Nature Centre and partners have been making outdoor opportunities for individuals with disabilities for some years. They have been making trails accessible and also encouraging the development of specialized outdoor mobility equipment. I was impressed by their progress.

Five trails above the treeline now include suitable parking at the trail head, accessible pathways and trails, clear signage, and nearby hotels with accessible restaurants and washrooms. The trails are a few kilometres in length with elevation changes of only a few tens of metres. Trail surfaces are well maintained soil, gravel, pavement, and boardwalk in a few wet areas. Trails lead through forests in the valleys and at higher elevations there are scattered shrubby pines and meadows. Animals of the areas include deer, red squirrel, badger, and wild boar. If you are very fortunate, a European wildcat might cross your path. As for birds, the capercaillie is the most iconic (but rare), and largest grouse in the world. Most of time on the trail one experiences silence, except for the sighing of the wind. One of the most spectacular features of these trails are the high elevation views. To the west, one can see the Rhine Valley and Strausburg, France. In the distance to the northeast, one can see Stuttgart. To the southwest rise the Swabian Alps.

In planning your trip to this part of the world, here are some valuable resources:

Baiersbronn Tourism. www.baiersbronn.de
Black Forest. Wikipedia. en.wikipedia.org/wiki/Black_Forest
Hike Society. www.hike-society.com
Naturschutzzentrum Ruhstein im Schwarzwald. www.naturschutz.landbw.de/servlet/is/67496

Remember that the electrical system is 220 volts so check to ensure that you can charge power wheelchairs and other electrical equipment safely. Even summer mountain weather can change quickly, so be prepared for sun, wind, and rain. Be prepared for the unexpected as any Scout will tell you. But, you can always count on assistance from a very generous people and some of the most generous people will be found on these mountain trails. Happy travelling! 🌿

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Karen Darke is one tough individual. T4 paraplegic after a rock climbing accident in the mid 1980’s at the age of 21, she has since undertaken any number of adventures that most able bodied people have not and would not attempt. The two books I’ve read so far chronicle her life up until recently. A third book, entitled Cranking, will soon be published and will deal with her successes in the London Paralympics.

In her first book, If You Fall, Karen describes her accident and rehabilitation process. She then continues to describe some of her early adventures, including a major long distance cycling trip through Uzbekistan, Tajikistan, and into Pakistan. I enjoyed reading this book, although as a C4 quadriplegic I found it a little hard to relate to what she is able to attempt; my boundaries are much narrower. Still, it felt familiar to read about her recovery and rehabilitation process, as that is something that I have gone through as well.

Boundless, her second book, begins about ten years after her accident. During that time her skills as a writer have improved, and she seems more willing to share some of her feelings. This was more of what I wanted to see in the first book. In this second book, she takes on even bigger adventures than she did in the first, such as crossing Greenland by sitski. Given how strongly I feel the cold, I find it almost unimaginable how a person who is paraplegic could take on such a challenge. It was fascinating to read how she did it.

The next big adventure in the book was her climb of El Capitan in Yosemite. This showed her great mental strength, in addition to her physical strength. Once again, her abilities are far beyond mine, but still, I find myself wondering what I could attempt in the way of adventure, with the assistance of friends. For that reason alone, it was worth reading these two books. I can’t wait to read her upcoming book, Cranking. Go to www.karendarke.com to find out more about Karen and her books.
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