

ROLLING INSPIRATION

The leading magazine for people with mobility impairments

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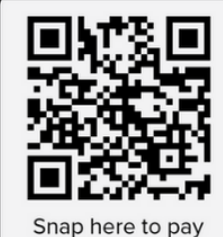
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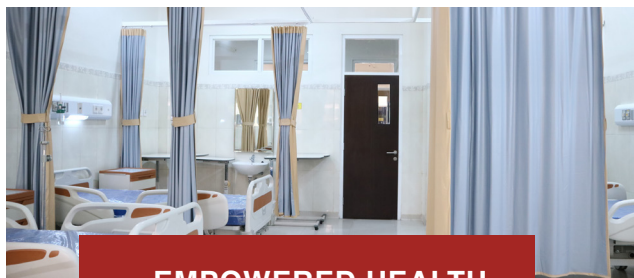
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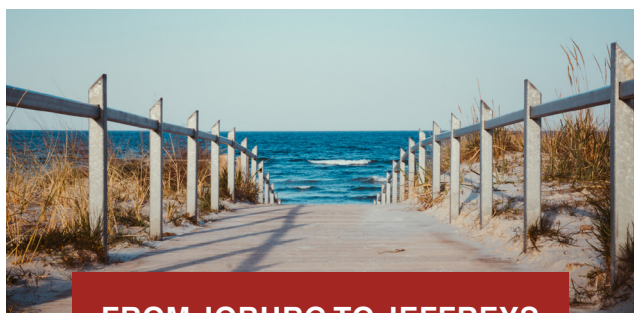
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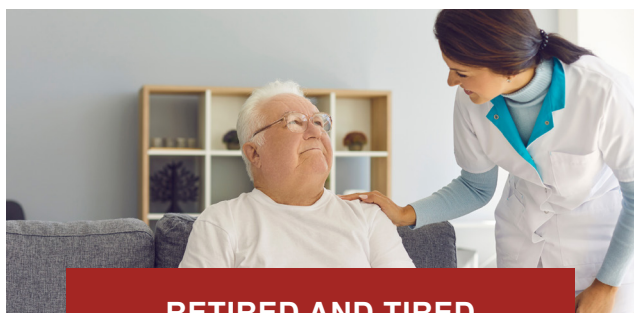
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CONSEQUENCES OF LOADSHEDDING DIRE

It is time to include quadriplegics in discussions around the impact of loadshedding on society

Loadshedding and the consequent blackouts have become our latest and most inconvenient occurrence. We thought it was only going to be a short-lived phenomenon a year or two ago, but now, it is part of our lifestyle. There is talk that loadshedding is going to be around for at least five years. I can believe that.

In that case, let's look at the consequences, and what we can do about it. I don't think that loadshedding has been written into any occupational health and safety manual, and I have no doubt that the consequences of loadshedding for quadriplegics has never been a topic on the agenda. However, it's time for it to get onto the agenda.

The consequences for high-level quadriplegics unfortunately are dire. Just recently, the media reported of a quadriplegic who died as loadshedding affected his ventilator (breathing device). It is an absolute tragedy, and if you had to note cause of death, it would have to be "LOADSHEDDING". I wonder if a case

against Eskom for manslaughter would be the way to go? Would QASA support this? I would hope so.

There are many quadriplegics who suffer from sleep apnoea and use continuous positive airway pressure (CPAP) devices. They too are suffering. Quadriplegics who use power wheelchairs need to charge them every day. This routine has been disrupted by the dreaded loadshedding. Many quadriplegics also use lifting devices that are dependent on electricity. They are now rendered immobile for a period of time.

Let's not discount the inconvenience of not feeling secure as your security system is compromised by loadshedding; so is your access to Wi-Fi, and the ability to charge your mobile device.

The new routine of working from home, enjoyed by many, has also been disrupted. So much so that quite a few people are losing their jobs, including quadriplegics, as they cannot afford inverters, generators or solar installations.




I guess when it comes to reasonable accommodation, we should now include “off-the-grid products” in our needs as quadriplegics. Can we expect the Department of Health to supply quadriplegics with inverters to ensure our health and wellbeing? Why not? Should we lobby QASA to investigate this? Why not?

Another consequence of loadshedding that I have recently been informed about is the risks of driving amidst loadshedding. A quadriplegic was driving his vehicle. The robots were out as a result of loadshedding. In such instances, an intersection is then navigated as if it is a four-way stop.

The quadriplegic took his turn to go through the intersection. At that very same moment, the power came on and the green light was against him. Unfortunately, he was T-boned by a vehicle coming in the opposite direction. His vehicle is a write-off and he was injured. He is an experienced driver and this is something he had not contemplated.

His crash was not his fault, but rather the fault of loadshedding with the traffic light system giving no indication as to when the power comes on again; a terrible consequence of loadshedding, and something of which we all, who self-drive, should be aware.

Loadshedding is not only an extreme inconvenience, but now life-threatening for quadriplegics. This must be acknowledged by Eskom, the Department of Energy and Department of Public Enterprises. A simple inverter supplied to quadriplegics by Eskom would help.

On behalf of the Presidential Working Group on Disability and the South African Disability Alliance, I have written a letter to the President about this matter. 

ABOUT THE AUTHOR

Ari Seirlis is the former CEO of the QuadPara Association of South Africa and, presently, a member of the Presidential Working Group on Disability. He is a wheelchair user and disability activist. Ari has recently published his biography, which can be found at www.wheelsoffire.co.za.

Happy 2023 from QASA!




We wish all our members and funders a happy 2023! With the start of the new year, we would like to remind our members to update their personal information and pay their annual membership fee of R20 – if they do not have lifelong membership. With an up-to-date membership, you will have access to all of the QASA services and programmes – and there is a lot!

[Read more](#)

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COVER STORY





NERISSA GOUS

Walking with no legs

A painful experience brought purpose that now helps others feel inspired and motivated

Almost exactly four years since my car accident, I look back and reflect on the course of my journey thus far. It hasn't been an easy road. As a personal trainer and life motivator, becoming paralysed was one of the greatest challenges, if not *the* greatest challenge, of my life.

Using my legs was very much a part of my daily life and career. The prospect of an active life was over ... or so I thought.

Going back to the day of my accident, I remember recording a video as an inspirational vlogger not knowing that only 40 minutes later I would be in a car accident that would change the course of my life forever.

I remember as the crash happened the words "peace be still" came to mind. Everything just happened in slow motion and before I knew it, I was looking up at my then husband as the medics positioned and stabilised me. I lifted my hand and motioned to him to follow me to the ambulance.

I took his hand and said, not sure of the extent of my injury: "Forgive me for everything; every sin that I have ever committed against you, and I forgive you for everything with all my heart."

Arriving at the hospital, I remember asking a nurse to take my shoes off. I kept asking as many people as I could until, finally, one nurse and a friend of mine said to me: "Nerissa, your shoes have been off all this time."

She shook my one leg, which I couldn't feel; looked at me and said, "My baby, you got hurt very bad."

I clearly remember hearing the doctor tell me that I will never walk again. The broken bones in my back cut through my spinal cord at the T12 vertebra and there was nothing to be done. I felt worried, anxious and cheated of a life I so desperately wanted to live to its fullest. I recall the shock of the news when I heard it. It felt a lot more paralysing than the legs that weren't moving.

“

I recall the shock of the news when I heard it. It felt a lot more paralysing than the legs that weren't moving.

However, I realised that my mental health and well-being will be a vital tool in dealing with my accident. I started regaining my strength. I didn't allow the state of my physical body to paralyse me mentally. The day that I decided to think "better" about my situation instead of being "bitter", was the day that I started reclaiming back my power as an individual.

I started to change the way I perceived life, people, situations, and myself. There was a time when I considered myself as not having value; nothing to offer myself, my



LEFT: As a personal trainer, using her legs was very much part of Nerissa's life and career before her injury. **RIGHT:** A car accident resulted in a spinal cord injury that changed her life.

family and society. I knew that this form of thinking would be detrimental. Something needed to change. I couldn't change my situation, or the way society thinks and behaves, but I could change the way I perceived things. This was the beginning of my journey to reclaiming my power.

TAKING BACK MY POWER

In the beginning, I found myself worried about everything. How will I get up that flight of stairs? How will I protect my kids in difficult situations? Am I in the way? Do people see me as weak and vulnerable?

This, I believe is something we all, as people with disabilities, go through. I was adamant in getting through this difficult phase. I looked at my wheelchair. It substituted my legs now. So, I decided that instead of worrying all the time, I would teach myself wheelchair independence.

I would do things for myself, speak louder and more confidently from my chair as I believe that my opinion and words counted just as much as those standing with legs.

My confidence in my wheelchair grew day by day. My "worry chair" became less of a worry when I spoke out more; allowing others to understand my situation. I spoke considerably to others with the understanding that those around you have to adapt to your situation too.

Our mind becomes either our greatest weapon for mass destruction or a tool that can help you navigate, reason and strengthen yourself. I wasn't going to feel sorry for myself and I wasn't going to ask "why me" anymore. I wasn't going to say no to social events. I wasn't going to stay behind.



With less worry and more confidence, my 'worry chair' became my warrior chair.

WARRIOR CHAIR

I decided from that day onwards that this is a battle. I am a warrior and my chair will be my horse. I was fighting daily battles and winning small victories. These small everyday victories soon add up. I stood for others who were too weak to speak or defend themselves; be it people standing on their own two feet or people with disabilities.

I now look at wheelchair and I don't see it the way I used to; an inconvenience, something that's always in the way. With all the battles I've faced in my wheelchair, I've built a relationship with my chair; acknowledging it for being there for me when my legs failed me.

I started to appreciate what my wheelchair means to me and how I have conquered so much with it. This perception changed the way I looked at my wheelchair from first a "worry-chair", then as my chariot in battle and now, ultimately, my throne. With less worry and more confidence, my "worry chair" became my warrior chair.

BROKEN NOT SHATTERED

Another battle that was to be fought was that of the mind. Daily will you go through challenges, not one the same as the other. Prepare yourself for this. Some days you will feel like giving up. Other days you will feel on top of the world. Feelings and emotions will come and go, let it pass. It will pass. The only pain we feel is the pain that we are unwilling to let go of.

I have fought many battles and there's still more to come. It's part of the refining process, I will not lose. I may be bruised and broken after a battle, but I'm not shattered. You can fix what's broken but not what's shattered.

FINDING PURPOSE AMIDST THE PAIN

I thought about how, over the past two years, I trained people physically. Now, it was the time to train them mentally. It was this moment that I knew my purpose in life was redirected from helping people physically to mentally. I decided to become a motivational speaker. You find your purpose in life amidst your pain. It is the corner-stone of growth.

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Over the past two years, I trained people physically. Now, it was time to train them mentally.

It is in those dark moments when you realise what others are going through. It qualifies you to fully understand every aspect of their situation. Motivational speaking is a tool I started using to mobilise myself as well as others; more specifically regarding the mental and emotional side of being a person with a disability. It also made me feel as if I was walking even though my legs are paralysed. This is what happens when you discover your purpose in life.

I found that speaking to people about what I had experienced not only helped them, but started healing me. Every single situation in our lives will show up as an opportunity



ABOVE: After changing her perspective on her injury, Nerissa Gous was able to find her joy. Now, she works as a motivational speaker to help others do the same.

to either refine us or break us down. It also depends on whether we choose to be better or bitter about the situation. These decisions could either cripple us or have us standing tall even though we're sitting down.

Overcoming frustration, anxiety and fear is important when dealing with any form of disability, it will also help you find your place in this world, because we all have one. Go find your quest and your purpose. Help whomever you can help. Be an inspiration to the world instead of being someone who the world pities.

Love yourself when you're broken. Love yourself when you don't feel loved. If you don't, who will? Love yourself through your vulnerabilities and embarrassments. Love yourself first, because you cannot expect someone else to love you when your personal love-tank is empty. Love and forgive yourself. Love and forgive those around you even when it's difficult. You are only freeing yourself.

Walking with no legs has nothing to do with me walking physically, but has everything to do with not being paralysed from the inside out. Let go of what no longer serves you. "Stand" your ground even when "standing" individuals are "sitting down", because they're not brave enough to do so. Be that brave person. Voice your opinion. Do not be afraid anymore. Chase your purpose. Follow your path and continue walking your journey, even if it means doing it with no legs. **R**



IDA'S CORNER



GEORGE LOUW

Assistive devices in action

A day-in-the-lives of two persons with quadriplegia

Advances in technology and the explosion of knowledge over the past decade together with innovation and creative solutions have impacted the mobility-impaired community, presenting us with a multitude of assistive devices of every shape and size, and for every imaginable function. So, when I was asked to write an article on these devices, my first thoughts were “where do I begin?” and “what to write about and what to leave out?”.

So, rather than a bland and boring “this is used for that” article, I requested two persons with quadriplegia to paint a picture of a typical day in their lives, emphasising the role of their assistive devices. Both participants chose to

remain anonymous so I've used pseudonyms: John and James.

JOHN

John is a C5 quadriplegic with spastic paralysis from his nipples downward. This leaves him with shoulder function and limited, partial function of his arms and hands. He describes his daily routine from sunrise to sunset as involving “a mixture of massage, movement, bathing, dressing, transferring, travelling, eating, and then returning to my peaceful place”.

His typical daily interaction with his assistive devices starts with a massage of his tummy, back, thighs and calves with a **Homedics** massage machine.

"This gives me a tingle on my skin and starts the circulation process after hopefully a good night's sleep," John says. "My faithful caregiver holds onto the device and with the volume at full ball, gives me my wake-up treatment."

This is followed by stretching exercises, a transfer with the assistance of a transfer board onto a shower commode for a quick wash and then a transfer back to his bed to be dressed by his caregiver.

Now comes the time for his favourite exercise of the day: "I hook my legs onto a passive exercise pedalling machine (from [Pro Mobility](#)) and set the timer for a 20 minutes cycle, which gives movement to my hips, knees and ankles. Be assured that I am grumpy if I miss this exercise".

Religiously, every day, John uses his standing chair for 20 minutes while doing some arm exercises. In his words: "I've always felt it is important to stand, allowing my feet to feel the pressure of my body as it should have. I just love standing in the morning. It gives me a perspective of how smaller things seem from a higher level."

John purchased his wheelchairs, standing frame, hoists, transfer boards and commode from a variety of vendors including [CE Mobility](#), [Chairman Industries](#) and [Pro Mobility](#). Following on a transfer into his power-assisted manual wheelchair, John sets off to his home office where he is able to work and have his meals independently. He describes a typical working day:

"Three essential items in my workspace are my headset with microphone, my two typing sticks (obtained from his occupational therapist) and voice-activated software (available from most computer stores). I type at about 30 words a minute with my typing sticks. That is as fast as it will get.

"Then, when I'm wanting to deliver lots of information to my e-mail or Word document, my headset, using voice-activated software, allows me to type at 100 words a minute with great accuracy. This is something I would recommend to every quadriplegic or someone with limited hand function.

"If I need to jump in my car and run an errand or attend a meeting, my transfer board and one person's help allows me to get seated. Then, my personalised hand control system (purchased from [Chairman Industries](#)) gives me accelerator, break and power steering turning."

John concludes: "Assistive devices and a good caregiver are an essential part of my life. Over the years I've managed to tweak the devices, reduce the number of them somewhat and, most importantly, invest in the well-being and capacity of my caregiver. With the right assistive devices and a loyal caregiver, I am as independent as anyone."

JAMES

James is a C4 quadriplegic. Although the lesion is just one vertebra higher than that of John, the difference in fallout is significant. James has a spastic paralysis from the shoulders down, leaving him with no function at all of his arms, trunk and legs. Despite the extent of his paralysis, James is gainfully employed, putting in a full day's work daily and then some.

His assistive device needs are extensive for his routine activities of daily life as well as for his workday needs. However, seriously-tongue-in-cheek, James admits that caregivers are probably the "ultimate assistive devices" without whom he simply could not function. They deserve so much credit for all that they do.

James's day starts with his alarm going off at 6:20 in the morning, followed by "Alexa, turn the alarm off". Alexa is not his caregiver. She is an electronic companion (virtual assistant) that responds to his commands, changes TV channels, turns the lights on or off, keeps his diary, is able to send emergency messages, sings him songs and even tells him jokes!

[Alexa](#) is Amazon's cloud-based voice service, available on a multitude of Amazon and other third-party devices. Alexa was customised for James's purposes by [CoralTech](#) through a product called [VoQal](#).

Once Alexa has done her thing, James blows into a thin pipe, which activates his nurse-call system, alerting his carer. There are numerous call systems on the market. [Wantitall](#), for example, sells a range of call systems.

With the help of his carer, James checks his e-mails and responds by using voice-to-text technology: [Dragon Naturally Speaking](#). He, however, points out that it is always a good idea to read through voice-created e-mails as the voice recognition is not always accurate, and, at times, can come up with some embarrassing alternative words!

Now, it is time for his daily shower and grooming routine. His carer places a sling under him and lifts him with an electric hoist (for vendors, refer to John's links above) and transfers him onto a commode and then into a roll-in shower for a wash and bathroom routine, after which he is hoisted back onto his bed to be dried and dressed. Thereafter he is hoisted onto his wheelchair.

Hoists are great, but not without problems. James tells of an incident where he hung in space for 25 minutes because of a power failure. So, in these times of loadshedding, time your hoist use well!

James uses a tilt-in-space power chair that helps to prevent pressure sores by shifting pressure points without needing to exit his chair. Tilt-in-space also assists with circulation if his blood pressure drops. James's chair is manufactured by [Vermeiren](#) motorised wheelchair solutions.

A trip to a meeting or the shops is done in his specially adapted vehicle, a Kia Sedona. The vehicle was imported from the United Kingdom (UK) with the adaptation already having been done. All persons with mobility impairments in the UK are given a new vehicle every five years, which means that the UK does not have a huge market for the second-hand vehicles.

[CAPEMobility](#) is a company that assesses each individual's unique requirements and then source a suitable vehicle in the UK before bringing it to South Africa. The floor of James's vehicle has been lowered and fitted with a wheelchair restraint system. In addition, the back bumper was cut away and fitted with a ramp that folds up and down to allow him to drive easily in and out of the vehicle with his wheelchair.

In the evenings, James has a date with Alexa who organises his TV for him, sings and tells him a few jokes. Half an hour before bed, James's carer switches on his pressure care mattress that allows him to sleep with fewer turns at night. Vendors include [CE Mobility](#) and [Primacare](#). Just before going to sleep, James asks Alexa to set his alarm for the next morning.



Hoists are great, but not without problems. James tells of an incident where he hung in space for 25 minutes.

CONCLUSION

John and James are both self-sufficient persons with reasonable incomes, but the reality is that many (probably most) persons in need of technology, cannot afford the needed devices and aids. So, I invite you to comment and let us know of your assistive device needs. QASA has programmes in place to assist with funding assistive devices. While we cannot guarantee a solution, we also cannot assist without knowing about your challenges.

In a similar vein, suppliers and manufacturers are invited to promote assistive device products on the [Rolling Inspiration website](#). Now that the magazine has gone digital, our exposure is increasing by the day. We've even reached international readership. A recent survey placed *Rolling Inspiration* as one of the top ten best [Disability Magazines](#) in the world. Contact me at yorslo@icloud.com or reach out to the *Rolling Inspiration* team at rollinginspiration@qasa.co.za for more information.

ABOUT THE AUTHOR

Ida's Corner is a regular column by George Louw, who qualified as a medical doctor, but, due to a progressing spastic paralysis, chose a career in health administration. The column is named after Ida Hlongwa, who worked as caregiver for Ari Seirlis for 20 years. Her charm, smile, commitment, quality care and sacrifice set the bar incredibly high for the caregiving fraternity. email: yorslo@icloud.com



The dark side of rehabilitation

While medical staff do everything they can for patients, they are often limited by the funds made available for the patient's treatment

Severe trauma or illness often translates into some sort of rehabilitation needed to recover. Amputation and paraplegia fall into these categories. But, let me explain the title of this article with a recent case study. A patient lost his limb below the knee. His trauma recovery, hospital stay, theatre costs and the fees for all the other medical practitioners who contributed came to a total of R2,6 million. This was the combined bill for a one-month treatment period.

Now, depending on the medical scheme, you will only get R20 000 to R110 000 for your prosthetic recovery. This is usually for treatment that stretches over a six-month period. So, in essence, one to five percent of the total funds is spent on life reintegration, which is, in my opinion, the most important part of the entire treatment regime. The lack of funds for proper age and activity-level-related equipment at the rehab stage of the fight is penny wise and pound foolish.

Let me explain. If a prosthetic socket is not refitted in time, or if worn-out silicone stump liners are not replaced timeously, then skin breakdown occurs. The chances of the skin then getting infected and the patient ending up in theatre for a surgical procedure are

very good. With theatre costs running at R400 a minute (not including the surgeon, the anaesthetist or hospital stay), it will quickly surpass the cost of the original treatment or product that was needed. The same applies to worn wheelchair cushions resulting in severe pressure sores.

How do we fix this? If the overall treatment focus is placed on favourable treatment outcomes instead of cost cutting wherever possible, then the best treatment protocols must surface. If medical professionals are forced to make treatment decisions based on cost limitations, the best outcome for the patient most certainly takes second place. And may I emphasise that this is usually not the practitioner at fault. They simply must make do with the funds available.

Maintenance of well rehabilitated patients are usually a very cost-effective exercise. We see this every single day. So, let's hope a proactive funder's risk assessor reads this article and decides to investigate! **R**

ABOUT THE AUTHOR

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MAIN PHOTO: Mandy Latimore visited Acropolis to find that it is quite accessible.



MANDY LATIMORE

Accessible ancient

After some renovations, the Acropolis is finally accessible, which gave Mandy Latimore the opportunity to tick it off her bucket list

In my planning to attend a family destination wedding in Greece earlier this year, I was made aware that the authorities had made the Acropolis accessible during the months of COVID-19 when everything was under lockdown. Naturally, I was really excited as I had always wanted to visit this icon from the past on the various occasions when I was in Athens; but had been unable to do so because of the access issues.

The Acropolis is the greatest sanctuary from ancient Athens dedicated to the goddess Athena. Dating back to the Neolithic period (4000 – 3000 B.C.), there are signs that this hill was inhabited in the 13th century B.C. A fortification was built around it, and it became the centre of the Mycenaean kingdom. Parts of this fortification can still be seen today.

The naturally fortified rock was only accessible from the western side and was approached through the Buele Gate or through a small door under the temple of Athena Nike.

Through the ages, various temples have been built but suffered damage from both natural causes and human intervention. The monuments that are currently on the site were all built between 447 and 421 B.C. The main building material was Pentelic marble quarried from the flanks of Mount Pentelikon, located about 16 km from Athens.

The Old Parthenon was the first temple to use this kind of marble. This has always amazed me: How ancient people managed to quarry and move huge blocks of marble long distances and then up a huge hill!

Of the monuments found at the site, the most renowned is The Parthenon also known as the Periklean Parthenon III on top of the older marble temple (Parthenon II).

Erechthion is on the north side of the sacred rock and was built as a replacement of the earlier temple called the “Old temple”.

Propylaea is on the west side of the hill where the gate of the Mycenaean fortification once stood. Propylaea (meaning gates) were built throughout the early years, but these structures were erected in 437 – 432 B.C. and never finished.

After the Greek War of independence the Medieval and Turkish editions were demolished and the site excavated with restoration taking place in the early 1900s, then in 1975, and again from 1982 to today.

The Temple of Athena Nike stands in the south east edge, which, in Mycenaean times, protected the entrance to the Acropolis. The first of these temples was a wooden structure erected in the mid-sixth century B.C., with the current temple built in 426 – 421 B.C. A frieze from this temple was moved to the Acropolis Museum in 1998.

The other buildings include the Temple of Rome and Augustus, the Brauronion, the Pedestal of Agrippa, the Chalkotheke and the Old temple of Athena

The Venetians besieged the Acropolis in 1687 and bombarded and destroyed the Parthenon, which was serving as a munitions store. Lord Elgin later caused more damage in



ABOVE: Mandy Latimore at the accessible access to Acropolis early in the morning to avoid the tourist rush.

1800 – 1802 by looting the sculptural decorations of the Parthenon, the temple of Athena Nike, and the Erechtheion.

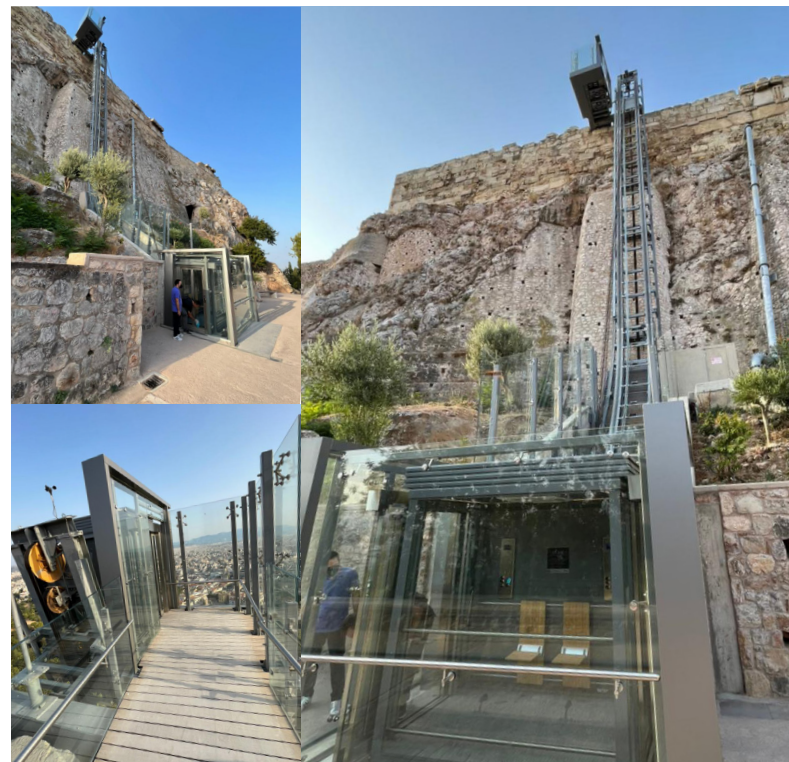
The Acropolis was eventually handed over to the Greeks in 1822 during the Greek war of independence. Since then, there has been concerted efforts to restore and renovate the site. So, there are always areas that have scaffolding and workings, but these don't detract from the amazing history and wonder at how the ancient people managed to erect these structures on top of this sacred hill.

The Acropolis Museum is a modern wonder built over an excavation of an ancient part of the city. The external access is via a large glass walkway that offers glimpses of the exposed dig site. The ground floor has a sloping floor that evokes the route taken by the ancient visitor as they ascend the Acropolis.

This museum houses many hundreds of artifacts that have been recovered from both the Acropolis site as well as the excavation below it. There are informative digital displays throughout the space that explain the various restorations and historical events that make up the wonderful history of this site.

So, here's what I did in order to make my visit possible:

- I looked for information on the official site and on www.disabledaccessibletravel.com. I found out that the newly added facilities include an accessible path of about 350 m from the (western) side gate to the elevator, which was also recently installed.
- I then went to my "go-to" site (www.getyourguide.com), which offers many accessible tours as well as various options of combination tickets with and without physical guides or audio guides. I chose the combo of site, museum and audio guide, and I downloaded the apps. There were reminders sent to confirm your date and time.
- I had booked the 08h00 start as I wanted to escape the heat and crowds. My companion also needed to finish early as he had a flight to catch.
- We took a taxi from our hotel right up to the gate and were able to get an amazing view of the sun rising over the site.
- The accessible route is through the exit gate, but the staff are extremely



LEFT TOP AND RIGHT: The accessible elevator that provides access to the ruins.

LEFT BOTTOM: A photo of the top of the elevator.



ABOVE: Mandy Latimore up close to the Parthenon ruins thanks to the accessible pathway.

accommodating. There is a golf cart for those who may not be able to get to the elevator along the 350 m pathway.

- This is a vertical glass elevator that offers a spectacular view of the city as you ascend to the upper station.
- Once at the top, there is a wide concrete pathway that covers about two-thirds of the route around the structures (which is the current official accessible route) with gravel areas surrounding the buildings. So, getting up close to these takes a bit of hard work or assistance. For those who want to attempt to see everything (like me), the last third has only gravel on the walkways and a really 4x4 section of uneven rock. So, you either have to turn back or have a strong assistant to assist you to “bump your way” over these rocks in order to complete a circular route of the site.
- The total time needed on the hill is about 45 minutes if you want to see all the sites that are accessible. Of course, I was there during peak tourist season, and decided to visit the site in the morning as it opened. This offered me an amazing

experience, as my assistant and I were the first people up onto the site. The other visitors had to climb up the stairs and so only arrived about 20 minutes after us; giving us a unique experience of being the only people on the site for this time!

- To get from the Acropolis site to the museum at the bottom of the hill, one has to gain access from the exit gate down a road with pavers that are a bit uneven. So, we asked a tour guide, who had dropped off his clients, how far it was and if we would manage with the wheelchair. He kindly offered to us a lift down to the museum.
- The museum is completely accessible with ramps and good signposts. The staff are again extremely diligent in assisting should you need anything.
- Once you have your ticket with your scan code, you just need to show the ticket and you are let in. There are dedicated counters should you need to purchase tickets onsite for persons with disabilities, and accessible toilets on each level of the museum.
- Access to the archaeological dig site is gained through a series of ramps on the outside of the museum and there are accessible walkways that extend over the ancient neighbourhood of people who lived in the shadow of the Acropolis rock for more than 4 500 years. This area, consisting of houses, courtyards, wells and water systems as well as impressive mansions with private baths, are accessible using the metal walkways, which take you over the sites that offer a much closer look at how people lived in these ancient times. We were able to see the museum and the archaeological site in about two and a half hours.

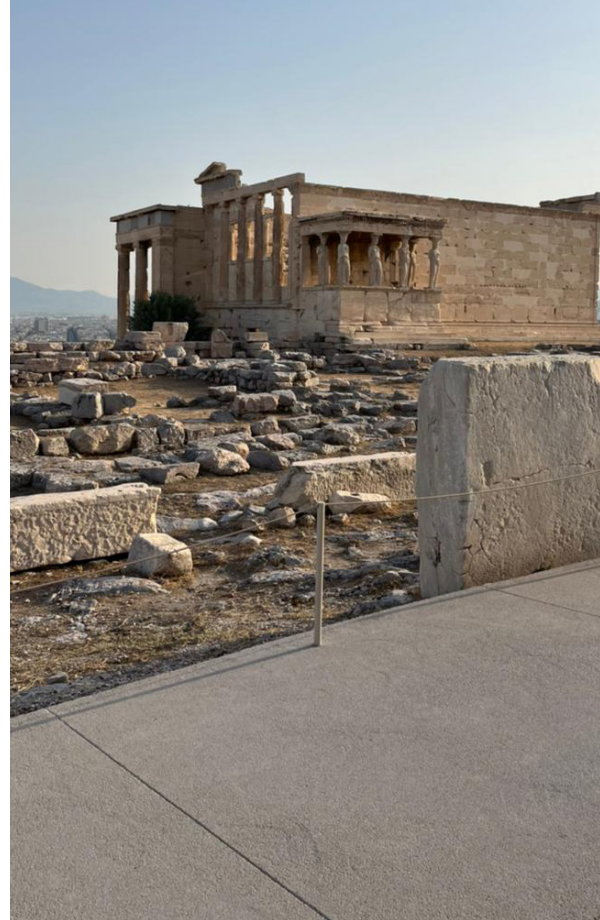
So, I was able to tick off another item from my bucket list, but we were not able to spend any time walking around the base of the hill to see the amphitheatre and other buildings. That is a site visit that I will keep for the next time I'm in Athens. Happy Travels! **R**

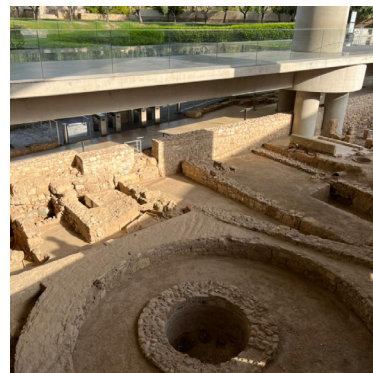
ABOUT THE AUTHOR

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MANDY LATIMORE • GALLERY





SABAT POWER WHEELCHAIR RACE



Ultimate battle of the power chair returns

With great excitement, the Sabat Power Wheelchair Race was welcomed back in July 2022 with several motorised wheelchair users battling it out to be crowned the fastest quad

The much-loved Sabat Power Wheelchair Race returned to the Zwartkops Raceway in July after lockdown regulations hindered it for the past few years. Hosted by Sabat Batteries during the Cars in the Park event, the race sees power wheelchair users battle it out on a karting track to be crowned the fastest quadriplegic.

While the race is the main highlight of the event, the day is also aimed at celebrating the relationship between Sabat Batteries and QASA, which has been going strong for over 31 years.

Sabat Batteries supports QASA and its members by donating batteries for motorised wheelchairs. This empowers members to be more mobile and independent.

One such beneficiary, Thulasizwe Dlomo, notes: "This has changed my life a lot. Normally, I would ask someone for assistance to go to the toilet or to the shop. Now, I'm able to go wherever I want to. I don't have to ask someone to push me."

Commenting on the long-standing relationship, Joseph Machweu, chairperson for the QuadPara Association of Gauteng South (QAGS), a regional association of QASA, says: "We appreciate Sabat Batteries because they have helped many of our members, especially those from the rural areas who use motorised wheelchairs.

"When you have a motorised wheelchair with a functional battery, your life becomes easier. Thank you, Sabat Batteries. You have been a real hero. I really appreciate the thought of you caring for those in need. People like

myself. Without the battery, I can't move around. Thank you a million times," he says. Joseph was in attendance with several other QASA members based in Gauteng.


“

We appreciate Sabat Batteries because they have helped many of our members, especially those from the rural areas who use motorised wheelchairs.

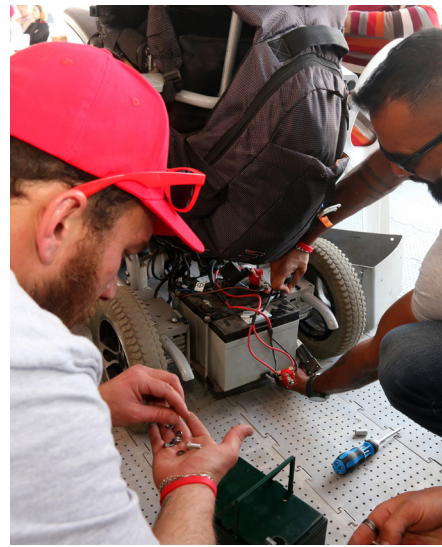
On this sunny weekend, decked out in bright red caps, 16 motorised wheelchair users set off to the cheers of an excited crowd to see who could reach the chequered flag first. There could only be one winner...

Sonika de Wit took home the trophy with second and third place winners also being awarded a small trophy to commemorate the race.

QASA **notes**: "We would like to extend our deepest thanks to Sabat Batteries for hosting this wonderful event that always brings joy, but also for its commitment to the organisation and improving the lives of our members.

"With Sabat Batteries, all our motorised wheelchair users can feel like winners, independent and fast moving. QASA is eternally grateful for such support. We look forward to many more years of partnership and many more races." 

SABAT POWER WHEELCHAIR RACE



Speedfreak
Fastnfurious



Liked by user and others

The excitement at the SABAT QuadPara Raceday was incredible!
Having a battery powered wheelchair is a freedom I will never
take for granted.

Fastnfurious



Liked by user and others

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THE *story* CONTINUES WITH SABAT


Wherever in life your journey takes you, SABAT is there to start your story. Like the story of the QuadPara Raceday, a day which celebrates the freedom that battery powered wheelchairs give quadriplegics to live independent lives. A day which culminates with quadriplegics lining up shoulder to shoulder in their SABAT powered wheelchairs for a race to see who is crowned, "The Fastest Quad." Just another way that SABAT creates memorable stories that will last forever.



www.sabat.co.za

SABAT®

BATTERIES



Bye bye UTI

With the right approach to managing your bladder health, you can say farewell to UTIs

Yes, people who rely on intermittent catheterisation are more prone to urinary tract infections (UTIs), but this is not a given. In fact, UTIs can easily be avoided if the person knows how to care for their bladder. Speaking at the My Bladder, My Rights webinar hosted by QASA in 2022, Dr Virginia Wilson shared some advice on how people can better manage their bladder health.

Hydrate

First and foremost, something that might feel counterintuitive ... hydration. It plays an important role in keeping the body and organs healthy. Dr Wilson recommends people drink at least two litres of water a day. When exercising, or on very hot days when a lot of water is lost through sweating, it is recommended to drink even more. Hydration during the night is not as crucial. When lying down, the kidney will produce less urine, which means there is less water required to replenish the body.

Regularly empty the bladder

Of course, the more water you drink, the more you will need to empty the bladder. By regularly emptying your bladder, you will ensure your bladder health and prevent bladder reflux, or vesicoureteral, during which urine flows back up the ureters to the kidney. How the bladder is emptied is also vital!

Wash your hands

It might seem like something obvious, but even after COVID, many people don't thoroughly wash their hands. When emptying your bladder through intermittent catheterisation, correctly washing your hands becomes even more crucial as you can spread bacteria that leads to a UTI. As Dr Wilson mentioned during the webinar:


"Sanitisers became essential during COVID. Everyone thinks it is the equivalent to washing your hands, it is not. You need to wash your hands." The same can't be said for the catheter.

Refuse to reuse

Individuals who rely on intermittent catheterisation are urged to make the shift to single-use catheters with the goal of disposing of a catheter after every use. Catheters can still carry bacteria or bio film even after being washed. It coats the catheter and bladder, and can lead to an infection. While catheters can be costly, individuals with medical aid can rest assured that this should be paid in full by their service provider. The My Bladder, My Right webinar discussed in more detail why medical aids should fund these catheters and how people can go about approaching their medical aid. Read the highlights of the webinar [here](#).

Consult your doctor

It can be very beneficial to speak to a urologist to have a Urodynamic test done. This test looks at how well parts of the lower urinary tract work to store and release urine. It looks at your bladder, sphincters, urethra and kidneys. It also checks for stones, tumours or reflux. This could assist with providing valuable information on how to better care for your bladder as each person's situation is unique.

Dr Wilson also recommended that people take roughly 500 milligrams of vitamin C twice a day for their general health. For more information on managing your bladder health, you can read the 2019 paper published by the Clinical Advisory Panel, titled: *Best practice recommendations for bladder management in spinal cord-afflicted patients in South Africa*. Read it [here](#). 



QASA Access to Health Project

The QASA Access to Health Project is a valuable partnership to ensure a gold standard in bladder management

QASA has a valuable project: the Access to Health (AtH) project in partnership with Coloplast. It has continued its pursuit of improving standards of care for those with spinal cord injuries in 2022 through its participation in the Clinical Advisory Panel (CAP) of the Southern African Spinal Cord Association (SASCA). The CAP published the South African clinical guidelines on the management of the neurogenic bladder in spinal cord injured people in 2019.

Over the last year, QASA hosted two member webinars discussing managing one's bladder efficiently (catheterisation) and how to navigate challenges with medical aids that do not pay for catheters and other care. These were presented by Dr Virginia Wilson, from Netcare Rehab Auckland Park, and Elsabé Klinck, a health law expert, respectively. They were well attended, proving the need for better health management for our members, which drives our commitment to continue our advocacy in this critical area.

We had open discussions and contributions from members on personal experiences. Members were encouraged to contact QASA directly should they be experiencing any challenges with either or both the above for assistance. Most importantly, where possible, they were encouraged to return to a specialised Spinal Rehabilitation Centres for any spine, bladder and bowel-related care. QASA may assist with contact details for these Centres.

QASA and CAP hosted a symposium at the South African Urology Association (SAUA) Conference where the Bladder Guidelines were presented by Dr Michelle van Zyl to Urology specialists and nurses. This was



ABOVE: Mark Brand (left) with Ari Seirlis (front) and Dr Michelle van Zyl (right) during the symposium held at the South African Urology Association (SAUA) Conference.

complemented by the sharing of the personal challenges and lived realities experienced by spinal cord injured people, presented by Ari Seirlis. The theme of the Symposium was “we refuse to reuse” and recommend that Urologists prescribe single-use catheters to their patients.

QASA also presented the guidelines to the Medical Advisors Groups (MAG) via a webinar. Medical advisors advise medical aid schemes on which medical benefits to cover and for whom. QASA is pursuing meetings with the regulator of medical aids to encourage them to ensure that, by law, appropriate benefits are covered for spinal cord injuries.

We will continue to expand awareness into 2023 and urge you to keep active in this area. You can do this by encouraging other members to join and support QASA, report areas of concern (or commendation), and increase the share of voice of civil society.

This project with QASA is a part of Coloplast global headquarter in Denmark. Despite the geographical distance, the company is supporting the project and being true to its mission of “making life easier for those with intimate health conditions”.

Contact QASA if you have any concerns about the funding of your catheters to ensure that you do not reuse and are adequately reimbursed. Contact QASA at info@qasa.co.za.



PLAYER'S FUND



QUINTIN VAN JAARVELD

Sink or swim: A journey of hard justice

Catastrophe on the rugby field meant Alwyn Nel had to overcome extreme trials and tribulations to earn his place in the justice system as a Candidate Legal Practitioner

On 22 July, 2006, a week before his 17th birthday, tragedy struck when a cluster of players clattered into the then-HTS Louis Botha first 15 lock and a player from Hoërskool Bloemfontein who he had tackled at a ruck.

"I could audibly hear my neck breaking. It sounded like three gunshots going off in my head," recalls Alwyn Nel.

The injury left him a C4/5 incomplete quadriplegic who uses a powered hand-

controlled wheelchair. The mental toll of such a life-changing incident is just as severe as the physical, if not more so, and requires remarkable resolve to overcome. For Alwyn, his lowest low was also his turning point, which came at home about a year after his arduous rehabilitation at Life Pasteur.

"I was sitting outside just tired of the same monotonous routine every day. I was feeling especially '*gatvol*' that day. All my peers had just finished school, were moving on with their lives and doing the most amazing stuff,

and here I was. I felt forgotten, unwanted and dejected. For the first time, I asked myself, 'Is this the sum of your existence? Is this really how it has to be for the rest of your life? You haven't finished school, you're disconnected from everything you ever knew or wanted. So, what is it you want now?'," Alwyn tells.

"I wondered if it was even worth wanting anything since I probably couldn't achieve anything worthwhile ever again. But then, an epiphany of sorts hit me. This deep, dark ocean of sadness has no bottom. If I wanted to breathe again, I'd have to start swimming. Even if I didn't know which way was up, I'd have to start doing something to stop sinking. The very moment I decided to demand more good things from life, life started giving them. There were many shut doors, but so many open ones started to be revealed."

With his newfound motivation, he finished school from home and set out to knock down the door of law. His road was littered with more challenges than any of his fellow aspiring attorneys faced, but he graduated with an LLB degree at the University of the Free State in 2018. He added an LLM degree from Australia's Bond University as well as an Executive Leadership diploma from Oxford University (both online). From there, he did his one-year internship with the Law Society of South Africa and this year joined JVK Attorneys as a Candidate Legal Practitioner at the age of 33.

"JVK have gone out of their way to make it possible for me to do my articles. While other law firms have this outdated mindset that 'if you can't adapt to us, you don't belong here' and 'if you can't climb the stairs to our offices that don't have a lift, too bad' (and that happened more than once). JVK's directors said, 'If you can meet our high standards and keep up with the pace, we'll make everything else accessible to you. If we go to see clients in another city, we'll make sure your hotel is always wheelchair-friendly, etc.' That forward-thinking has opened a world of opportunities to me denied to so many others," Alwyn says.

Many who suffer such a severe setback as he did, don't have the strength or belief that


they can go on to live a meaningful life, let alone strive for such a massive goal as he has managed to achieve. Asked where he got that strength from, Bloemfontein-based Alwyn notes, "Firstly, from God. Before my accident, I was not particularly religious, but once you've stared death in the eyes, you realise that nothing good is possible without God. Secondly, failure in my view hurts much less than not trying."



This deep, dark ocean of sadness has no bottom. If I wanted to breathe again, I'd have to start swimming.

He adds, "The nature of our goals doesn't matter; seeing them through does. Whether it's exercising a bit more each day, or getting a degree, as long as you can see it through, life will slowly start to feel meaningful again. Achieving one goal gives you the momentum to go for the next one."

Support is crucial, Alwyn emphasises. "My pillars of strength have been God, my family, the Chris Burger Petro Jackson Players' Fund and the South African Rugby Legends Association (SARLA). This is a lonely journey. People come and go and you somehow get lost in the fray. The Players' Fund helps you get back on your feet and is like that one friend who never left. And, when my medical aid ran out, SARLA threw me a lifeline. Without their joint support, I wouldn't be the man I am today."

He concludes, "Just because it looks like the end of the road doesn't mean it actually is. Life doesn't always work out as we imagined it would, but that's okay. No matter what I or others say, though, it's up to the individual to use what God gave them to get out of a hole." 

DONATE TO THE PLAYER'S FUND

If you would like to support the Chris Burger Petro Jackson Fund, visit their website at www.playersfund.org.za and select any number of the giving options available, which include EFT, payfast, Snapscan and Zapper.



HEALTH



CHRISTEL VAN EEDEN

EMPOWERMENT HEALTH

Empowerment health focuses on providing people with disabilities with the skills needed to overcome barriers and the tools to resolve challenges regarding their health

As a paraplegic for almost 20 years, I thought I have seen it all. Until I became pregnant three years ago and had to experience life as a pregnant woman, but from a wheelchair. What was almost shocking to me, was how ill-equipped the (private) healthcare system was to handle a paralysed person's pregnancy. I was not able to visit the gynaecologist alone since we needed a few sets of hands to lift me up to and down from the very narrow examination bed.

The inaccessibility of the hospital rooms in the maternity ward – from too narrow bathroom doors to no shower chairs – had me resorting to doing bed-washes and dry-shampooing my hair all three times I was admitted with

bladder infections caused by the permanent wearing of the foley catheter.

A year after my baby was born, I applied for a master's degree. My focus is on inclusivity of persons in wheelchairs in South Africa, starting with the healthcare system, looking at health promotion.

In earlier years, "disability" was not associated with terms like health promotion or wellness. The person with the disability was already viewed as "impaired" and "not well" and therefore no further effort was undertaken to better the health of persons with disabilities. When it became evident that a person with a physical disability could live as long as a person without a disability,

more focus was placed internationally on how persons with disabilities could improve their health by preventing diseases and secondary health conditions.

The term “Empowerment health” was used to explain the importance of health promotion programmes for persons with disabilities. Empowerment health focuses on training the person with the disability to develop skills to overcome perceived barriers and give them the tools to resolve challenges regarding their health, by means of exercise and diets.

Persons with disabilities thus gained the authority to increase control over the improvement of their health. Healthier lifestyles for persons with disabilities could, for example, be obtained by making better choices regarding nutrition, undertaking physical exercises three to four times a week, and taking vaccines and vitamin supplements.

A proposed model for “Empowerment health” suggests three key aspects to include for inclusive health promotion programmes for persons with physical disabilities:

- to reduce or prevent secondary health conditions,
- to improve functional health to enable the person with the disability to participate independently in community activities, and
- to advocate for accessibility to social and built environments.


There is also a reciprocal aspect to consider in making the environment accessible and ultimately empowering the person with a disability to lead a healthier life. An example is when a person with a disability wants to invest in a health promotion programme, but cannot access an accessible adapted fitness facility to exercise.

Thus, if the environment is not accessible, the person with a disability will likely not achieve an active, healthy lifestyle. Again, accessibility leads to inclusivity of persons with physical disabilities, which ultimately leads to the person in the wheelchair being able to lead an independent life.

In South Africa, the South African National Health Promotion Policy and Strategy (2015 – 2019) lists persons with physical disabilities as one of the target populations requiring health promotion interventions.

Although persons with physical disabilities are listed as a target population, it still seems that not enough has been done to better the health of these persons. It is not supposed to be an effort for a person with a physical disability to wait all day in long lines to see a doctor at a public hospital, or to access a clinic for basic medical services. Yet, it still is.

With my research, I am planning on proposing guidelines toward the inclusivity of high-functioning adults with paraplegia in South African health promotion programmes and I hope that I could at least empower one person with a physical disability to take charge of their health to improve it.

Persons with paraplegia who are interested in participating in my study can send an e-mail to 33023654@nwu.ac.za. 

ABOUT THE AUTHOR

Christel has been a paraplegic for 20 years and is a wife and a mom. She is currently busy with a Master's degree in Transdisciplinary Health Promotion and is passionately seeking for answers to everyday questions on accessibility, inclusivity and independence. She is also a wheelchair-accessibility consultant and registered trauma counselor.



Research participants needed

Adults with paraplegia and professionals in the field of paraplegia

What? Discuss positive experiences on the accessibility of gyms, park runs, studios, pools, community gardens etc.

Why? To improve a framework to make community health programs accessible for persons with paraplegia

Where? Online discussion on MS Teams

What will I gain?

Community health programs could be made accessible for persons with paraplegia to better their health

If interested, email: Ms Kea Senoge at 33023654@nwu.ac.za

For more information, contact:
Ms Christel van Eeden—018 299 1208
Dr Christl Niesing—018 299 1098

Study title: Proposed guidelines toward inclusivity of high-functioning adults with paraplegia in South African health promotion programs
Ethics number: NWU-00103-22-S1



From Joburg to Jeffreys

Moving to a small town is all about the sea, sun and rust-proofing your wheels

Almost a decade ago, I got the ball rolling on my driver's licence, buying a car and getting all the modifications needed. Where to start? To say that I procrastinated would be an understatement. What should have taken me a few months eventually turned into two years. It was a daunting task, but I managed to get in touch with the right people.

Living in Johannesburg means everything is within driving distance, from the driver's licence testing centre to tech-savvy companies doing modifications. In the end, I got all the help I needed. Finally, in early 2015, I passed my driver's licence and within a month had my car. The world of traffic jams on William Nicol Drive awaited me, and I loved it. Driving on the highways was another favourite of mine, listening to the radio all the way to Pretoria when visiting family on weekends.

Fast-forward eight years. Traffic-jams have lost their novelty and busy highways just don't have the same allure they once held. If you don't leave by 6 AM ... forget about it. People will look you in the eye as they drive over a red light and block your way. COVID came and went; taking my husband's job with it. Working from home, I put my shoulder to the wheel and got us through those years while he studied hard to further his career.

Then came the job offer. Did we really see ourselves moving to a small town by the coast? Oh yes, we did! As time ticked by, the to-do list grew longer. Apart from the logistics, living arrangements and



ABOVE: Marelise had to rust-proof her wheelchair and Chairtopper before the move to the coast.

endless paperwork, it started to dawn on me that I will be far away from the companies that services my modifications and wheelchair. On top of that, the salty sea air will no doubt have an impact.

Step one was to repair and replace any exposed metal parts on my manual wheelchair while I was still in Johannesburg. Step two was to rust-proof my Chairtopper wheelchair-hoist on my car. Step three was to compile a little black book with emergency numbers of reputable and recommended companies in Port Elizabeth that can service my car modifications and wheelchair when needed.

Moving is no joke, it takes months of preparation and a lot of patience. Moving to a small town means doing your homework, finding out where the right people are long before you need to get in touch with them. **R**



QASA's mission is to be an effective co-ordinating, policy-making and supporting organisation striving to prevent spinal cord injury and to promote and protect the interests of people with mobility impairments through advocacy, lobbying and delivery of services and products to people with disabilities.



QASA Products, Projects and Services

Rural Outreach, Skills Development, Driver Training, Capacity Building, Regional Association Development, Publications, Employment Database, www, fb, Partnerships, Research, Education & Sports Fund, Assistive Devices, Information Distribution, Prevention, Art & Culture, Accessible Accommodation, Accessible Transport, Lobby & Advocacy, Training, Peer Support, Sensitisation, Internships & Learnerships, Member Development





LETTER

Retired and tired of ill-treatment

One reader shares their experience staying in a retirement village as a pensioner in a wheelchair and we ask experts to weigh in

In 2022, we received the following letter from a reader who wanted to share their experience in a retirement village as a person with a disability:

Is it better to retire at the Wetnose Animal Rescue Centre or staying in life rights retirement as a pensioner with a disability?

My wife and I have been married for 53 years and both have physical disabilities. She was in a car accident 40 years ago and is a quadriplegic with a C6/7 injury. I became paraplegic in 2009 because of work.

For almost 20 years, we have been staying at a life rights retirement village in Pretoria. For the past two years, we've had a caregiver who assists with daily functions. Before that, my daughters assisted with homework and preparing meals.

I am still capable of using my upper body to do daily functions, for example, making coffee, switching on the washing machine or working with the TV and cell phones.

All the retired residents have access to a weekly nurse who visits and takes our blood pressure, as part of our life rights contract. It states that, at any time during your stay, the committee and the nurse can ask for a medical report which states that you are still capable of living independently and don't need to move out to frail care.

This is now the third time that we have been asked for an medical assessment by the same nurse. The first time, we saw no document and we don't know if there is one. The second time, in 2020, we both did a medical assessment. It concluded that we're still capable of living in our cottage. The

third time (2022), it was only my wife who was required to do the assessment.

We will let the process run its course and will wait for the outcome. The nurse never wants to give us her written reports and says that she only makes notes on her file, while the committee says there is a report.

According to the chairperson of the committee, you have to have a 75 percent functionality to still be able to stay there. Does that mean that if you have a physical disability, you may not stay in a retirement village?

Some of the retirement villages in Pretoria don't want pensioners in wheelchairs. They want residents to be independent. It is difficult for us to move to another retirement village in the area. We are also close to the state hospital and spinal clinic where we get treatment.

At the moment, I feel it is better to retire at one of the right of life animal shelters, because of the ill-treatment we receive from the office. We were told that we influenced the doctors with the second time assessment.

With the third letter from the office, I was told it is a love letter. (Bad manners in my opinion). Do you have to be physically mobile to stay? Or is the management committee just happy to make life difficult for us?

For more clarity, we reached out to the South African Association of Homes for the Aged (SAAHA) – an organisation that stands for healthy aging and represent the retirement villages in South Africa assisting with information and benefits on everything to do with the retirement sector. SAAHA National President, Liana Grobler responded.

Rolling Inspiration: Is it common practice to have residents pass medical assessments to determine if they are fit to live independently?

Liana Grobler: Once or twice a year, as a principle, the homes need to conduct a DQ98

assessment to evaluate the older persons to see if they can still cope, and whether they would need more assistance. They can also do a mini-mental evaluation, but all this information should be available to the resident(s) concerned. These evaluations are also conducted either by a registered nurse or a social worker. It is a legal requirement and the homes need to report on the results. There is a format for both evaluations prescribed by the Department of Social Development (DS).

RI: Does the responsibility of finding a medical practitioner to conduct these assessments traditionally fall to the resident?

LG: No, the registered nurse in service of the facility can do the assessment or a social worker. I'm not sure how the contract reads, so it might be influential in this case.

RI: How could a resident resolve such an issue with the retirement village committee if they feel an undue strain is being put on them to prove their independence?

LG: Each home, by law, should have a resident committee who should meet with management or the board once a month. This is the platform to raise concerns – preferably in writing and getting back a response in writing.

RI: Do you have any advice for the resident or the retirement village with regards to resolving this dispute?

LG: Process. First raise it with management in writing through the resident committee and then report to the Community Schemes Ombud Service (CSOS), the Human Rights Commission or Department of Social Development. **R**

ABOUT SAAHA

The organisation drives three projects for the year (2023), which includes self-sustainability and caregiver registration. It follows the guidelines of both international and national regulatory goals and requirements. SAAHA aims to assist everyone on retirement related questions. It is in very good stance with the relevant government departments and also work with the medical research council. However, this doesn't stop SAAHA from challenging the Department of Social Development on regulatory and fiduciary duties. View the SAAHA website [here](#).

Born again

Two candidates from the QASA Work Readiness Programme share how their lives changed after completing the programme

Sandile Mthembu learned about the QASA Work Readiness Programme through a friend who was enrolled. He recalls: “I learned about the programme through a friend who was also doing it. I was inspired because of the knowledge he was gaining and the opportunities that the programme offered. It was very motivational.”

Mthulisi Motseki also learned about the programme through a friend – or rather a co-worker. He notes: “I also learned about the programme from a friend. We were both doing an internship and I wanted to learn more.

“After I finished that learnership, I joined the Work Readiness Programme. It inspired me because I didn’t know a lot about learnerships. I thought my age would be an issue, but it wasn’t.”

Both went on to complete the programme and found employment with Alexforbes South Africa, a financial service group. Of his experience, Sandile says: “I gained a lot of knowledge and skills through the programme.

“I learned about communication and working as a team, which helped a lot when I started at Alexforbes South Africa. Here, staff work as a team. The programme also prepared me to work under pressure and plan; how to maintain work and complete work in time.”

For both gentlemen, working at Alexforbes South Africa has been a joy. Sandile explains: “Alexforbes South Africa is the most beautiful and biggest company. Work is not easy, but it is good to work in a company that wants to learn from you. I feel at home. Every job



ABOVE: (From the left) Sandile Mthembu and Mthulisi Motseki completed the QASA Work Readiness Programme and found employment at Alexforbes South Africa.

has its challenges, but you can work through it. You need to prove you can do the work. You need to have a positive attitude and learn from each other.”

“

Every job has its challenges, but you can work through it. You need to prove you can do the work.

Mthulisi agrees: “Same. To be here, I’m inspired; born again. I feel at home. I dreamed about this job. I was so happy when Alexforbes South Africa called me to ask that I work for them. The staff from each department are so cool. I’ve learned that communication and listening are important. I’ve learned that the customer comes first.”

The team at Alexforbes South Africa have enjoyed having both Sandile and Mthulisi on the team. Their supervisor, Sandile Memeza, says: “The guys are really trying and doing their best. I was also in a learnership, but

got a permanent job because of hard work and presenting myself well. You need to prove yourself.”

Consulting manager at Alexforbes South Africa, Ashley Ramsoonder, says: “The attitude of the guys have been positive and inspiring. They also work so hard.”

Portia Mmethi, senior manager at Alexforbes South Africa, adds: “In our industry, it is important to stay upbeat and have a willingness to work. We really got them at a time that we needed them.”

While both candidates and the team at Alexforbes are excited about the partnership, it was necessary for the company to make some preparations to accommodate the gentlemen.

“We needed to establish that we could accommodate the environment for them,” says Portia. “Our building is actually very compliant. Next, we needed to check that the printers were accessible.

“Businesses need to be ready to accommodate the candidates. This does not only mean the building, but also the staff mentality. This might require some sensitisation training.”

Both candidates share their advice for anyone who is considering joining the programme, or stepping into the formal world of work. Sandile advises: “Go ahead and do the Work Readiness Programme. It is a wonderful programme.

“As for work, in the workplace environment, you need to adapt and see yourself as equal. It is okay to ask for help, but don’t make it a habit. Show that you are capable. Motivate yourself. You could lose an opportunity because you stepped back.

Mthulisi shares: “Be focused. It is all about respect. Listening to everything. Don’t justify yourself if you make a mistake or are wrong. Be proud of yourself. We are able.”

The Work Readiness Programme is a two-month skills development programme



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that teaches the necessary soft skills to work in the formal sector. It also includes a work placement opportunity. To compliment the programme, QASA hosts its Employment Workshops, which are aimed at educating employers on the value of employing people with disabilities as well as identifying businesses that are serious about employing people with disabilities and can offer placement opportunities for the successful participants.

If you are interested in participating in the programme, attending a workshop or offering a work placement opportunity to the candidates, please reach out to QASA at info@qasa.co.za or phone 031 767 0352. 



PLAYER'S FUND



QUINTIN VAN JAARVELD

Unstoppable drive: Leaving rugby heartbreak in the rearview mirror

Jzaun Dreyer is not defined by the catastrophic rugby injury that left him paralysed in his teenage years, but by the unstoppable drive to turn the corner and live a rich and remarkable life

Playing on the left wing for President High School's first 15 against Hoërskool Brandwag on 15 March 2006, Jzaun Dreyer set off on a trademark run when he was hit in a double tackle. The 16-year-old suffered a broken neck and was left a C5/6 incomplete quadriplegic.

For an active teenager, there's no greater heartbreak and challenge than to cope with such a debilitating injury. It requires a second drastic change, a mental shift, and Dreyer's turning point came extra-ordinarily quickly.

"It was absolutely devastating, but being born into a military family, I've always had

a no-nonsense outlook on life and that's what helped me," says the Centurion-based 34-year-old.

"I was still in the ICU [at Netcare Union Hospital in Alberton] and either out of anger or being tired of not knowing what the road ahead was going to be like, I asked the doctor to give it to me straight and from there my mindset was, 'if this is how it's going to be, let me do the best I possibly can'."

With that steely resolve and the support of his family, he went the extra mile during and after his six months at Netcare Rehabilitation Hospital in Auckland Park.

"I refused to go to a 'special' school and returned to my old school that was in no way wheelchair-friendly. Friends and teachers carried me up three floors to make sure I attended my classes and I finished matric with a bachelor's degree," Dreyer says.

He decided to go into the financial industry and completed his NQF 5, NQF 6 and Regulatory exams through FNB, where he became a manager at the age of 21. He then had a short stint at African Bank before joining OUTsurance in 2016 and has cemented himself as one of the company's best sales advisors.



I asked the doctor to give it to me straight and from there my mindset was, 'if this is how it's going to be, let me do the best I possibly can'.

He also owns his own business. "I'm very blessed to be a business owner. During lockdown, my wife came up with a business model where we go to clients' premises offering full valets as well as wash-and-go services. It took off like a wildfire as people were so scared to go to car washes because of the number of people who wash a single vehicle adding to a higher risk of infection."

As a petrolhead, he was never going to sit idle on the side lines, even if it meant doing the almost impossible for someone with his high level of injury.

"To get my Motorsport SA licence, I had to lift myself out of my wheelchair and into an entirely-enclosed race car, so almost to a standing position over a roll cage and through the window area of the door and buckle myself up with a five-point harness," Dreyer explains.

"Then I had to unbuckle myself and by some means or miracle lift myself out of the car, drop onto a piece of cardboard on the floor

and shimmy away in a set time to show I could escape in case of the car catching fire and I did it on the first try."


Heading up his own race team, JD Racing SA (which is also the name of his mobile detailing and carwash business), and using a hand-control driving aid, he's been tearing up tracks in and around Gauteng in the Vilaca Racing Series since 2018.

"Racing is the greatest thrill ... it's fear, excitement and adrenaline rolled into one. My 'weapon' of choice is my 2005 Subaru Impreza, which is fully set up for track racing. I also have a 2007 Subaru Impreza WRX and a 2011 Subaru Impreza WRX STI. I've owned and been in some cool cars over the years – Mustangs, Ferraris, Skylines, Supras, you name it!"

He's still a big rugby lover and represented the Leopards in the National Wheelchair Rugby Tournament, while he also made a name for himself as a comedian and featured on Comedy Central.

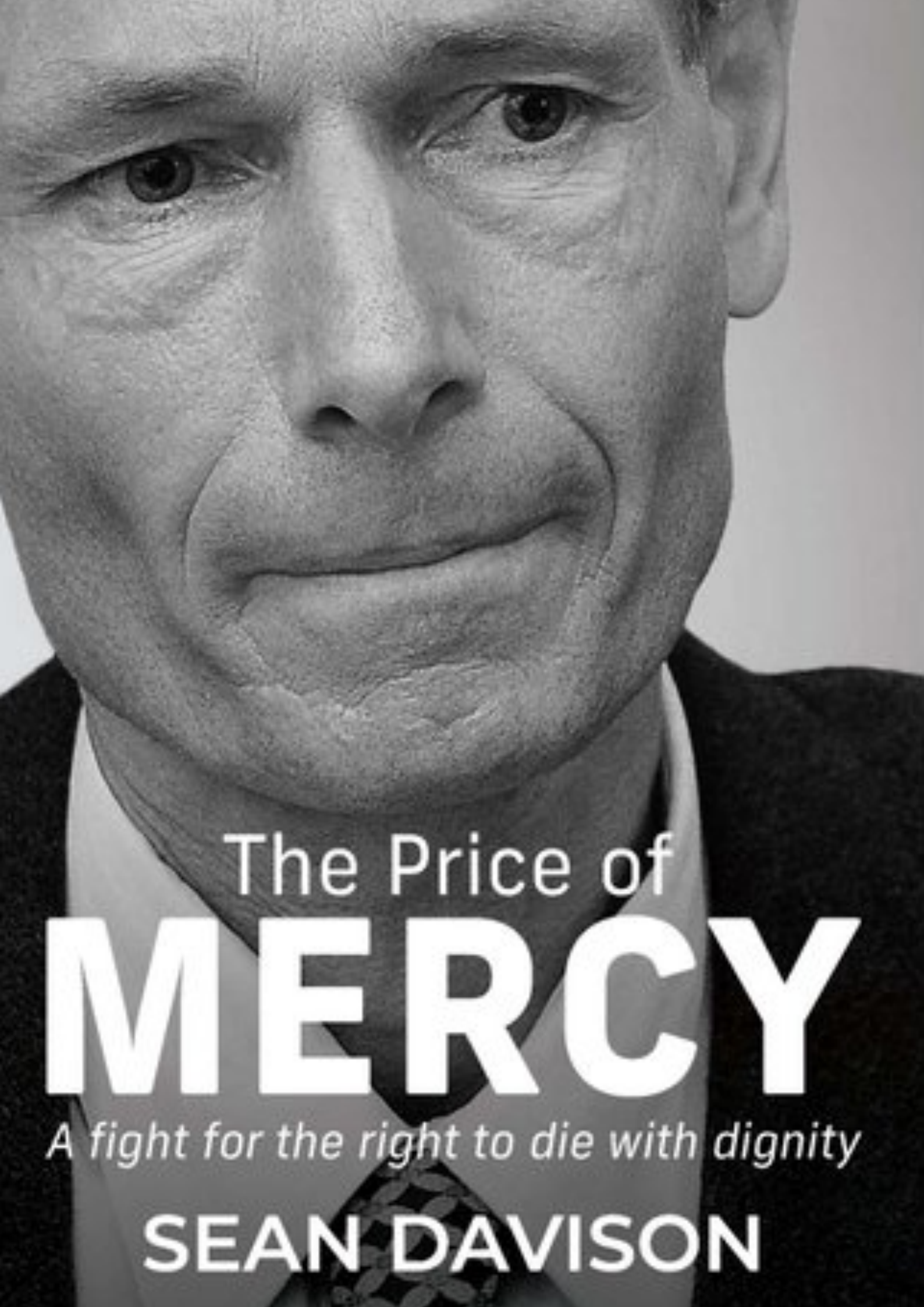
However, his biggest love is his wife, Anzelle. "Anzelle's my source of strength, my best friend and my biggest supporter. She's hard-working and dedicated and, although I'm self-sufficient, she finds a way to make the wheelchair factor disappear. She motivates me to do better and when days are challenging, she picks me up," Dreyer says.

He mentions that the Chris Burger Petro Jackson Players' Fund has played an invaluable role through their provision of wheelchairs and ongoing support.

"Being independent is the most important goal for any person with a disability. That's what the Players' Fund has given me. Having the mind and willpower will only get you so far; having the tools will enable you to finish the job, so I'm extremely grateful to the Players' Fund," he concludes. 

DONATE TO THE PLAYER'S FUND

If you would like to support the Chris Burger Petro Jackson Fund, visit their website at www.playersfund.org.za and select any number of the giving options available, which include EFT, payfast, Snapscan and Zapper.



The Price of

MERCY

A fight for the right to die with dignity

SEAN DAVISON

Price of Mercy

Professor Sean Davison was arrested for murder after assisting three people with their deaths. *The Price of Mercy* tracks his extraordinary journey



BARRY VILJOEN

It goes without saying that death is the unavoidable and inevitable end to life. Though frequently, it is a topic that we try to avoid, most likely because of the extreme emotions that it can illicit. However, there are times in our lives, and often as a response to very difficult and impactful situations, where the topic may be more frequently at the fore front of our mind.

Professor Davison argues that while we all strive for a dignified and meaningful life, the same should be possible with regards to the manner and nature of our deaths. He argues that there is no dignity in the perpetuation of suffering and pain. The solution would be for us to choose to end this, in a humane manner on our own terms.

The topic of euthanasia and/or assisted dying is a proverbial minefield, encompassing so many aspects of who we are and what we believe, which makes it far more complicated than simply stating an opinion of for or against.

We need to keep in mind that a topic like this is affected by a multitude of belief systems, which would most likely look quite different depending on the ethnic or cultural group to which we belong. This would be expected to be even more prevalent in a country such as South Africa with its diverse population. This, in my opinion, is an area that has been neglected in this book.

One of the other major generalisations that I felt was made, was with regards to the quality of life that can or is experienced by those diagnosed with quadriplegia or paraplegia. The worrying aspect for me, as someone who has worked in the sphere, is that it strips a potentially marginalised population of their voice and ability to

express themselves; much like society had, has and does in some circumstances.

Speaking as a person without a disability for this group, it makes me wonder just how much damage has been done to the movements of empowerment for these groups? There have been massive strides and progress for an inclusive society, yet such generalisations can leave one with a feeling, "for what purpose?". Perhaps this will be a space for more of a voice to be heard by people with disabilities, regarding their thoughts on this matter.

One should be cognisant and aware that assisted suicide or euthanasia remains illegal in South Africa, and the involvement with it can have very severe consequences. This is a central theme regarding the book, as Professor Davison argues that his involvement was a humane response to the suffering of others, and the limited legal and political response to this. The decision will ultimately be up to the reader, as to whether or not the actions are justifiable and that no accountability should be held for them or not.

However, I believe that this remains a powerful and important read going forward, as this book is bound to arrive at countless rehabilitation facilities, either through patients or their families and friends. As professionals we need to be prepared to enter into these discussions, should they arrive, in a manner that is both respectful and supportive, regardless as to whether we are ready to go there. **R**

ABOUT THE AUTHOR

Barry Viljoen is a clinical psychologist. He divides his time between training future psychologists and psychiatrists, research and clinical practice. He is in full-time practice at Sterkfontein Psychiatric Hospital and is University of Witwatersrand, Department of Psychiatry, Joint Appointee.



2023 trends for disability learnership

While there might be more learnership, SETAs are cracking down on serial learnership hopping

Thus far in 2022 - 2023, there has been a major skill development trend taking place. Various Developmental Funding Institutions (DFIs) have had funding windows available and the SETAs have picked up in learnerships available after the end of COVID-19. Has this created an abundance of opportunity? Or are there potholes that need to be avoided?

In March 2022, the National Skills Fund put out a disability-specific funding window for 1 500 learnerships. This is the first time that a disability-specific funding window was made available. In August, the Unemployment Insurance Fund put out a window as well, with a call for funding which placed an emphasis on disability. These are two of the biggest DFIs that fund learnerships. In 2020, with the COVID-19 restrictions and lockdowns, there was a curtailment of funding from the SETAs with very little made available. In some instances, funding was withdrawn by the SETAs. It is two years later and the SETAs have started funding again. However, they have applied their funding criteria strictly, which has affected NPOs seeking such funds. These trends seem to be great news for people with disabilities since unemployment is very high and people are resorting to the R350 grant just to survive. People with disabilities must grab these opportunities with both hands and work towards their own empowerment. However, there is another disturbing trend that is going to impede people with disabilities from taking these opportunities in certain instances. SETAs are slowly improving their systems whereby they are better recording the achievements of learners on learnerships. Before this improvement, learners could easily register for learnerships



simultaneously - a practice known as “serial learnership hopping”. Learners who dropped out of a learnership could easily just enter into another, simultaneously in some instances; or a learner could change learnerships because of a higher stipend. With the SETA’s improved administrative systems, if a learner has not been duly exited out of the programme that they registered on, then that learner is not eligible to be registered onto another learnership.

This has affected those unaware of the change. It left them disempowered since their application for a learnership could be rejected. NPOs in the disability sector could be at risk as well. If the organisation does not verify that a recruited learner is eligible to be registered on a learnership, it may be too late for them to process a replacement learner by the time the SETA rejects a particular learner. This results in a loss of income for the organisation and the prospective learner that was rejected by the SETA. I had a client that recruited about 100 learners as candidates to fill about 30 learnership positions only to discover that most of these candidates was already registered by the SETA. To avoid such disappointment, it is important to follow the SETA processes to the tee and timeously so that all the necessary checks are conducted beforehand.

As stated at the start of this article, the trend of additional learnerships being made available for people with disabilities can be progressive and empowering for some, but there will be those left with big disappointment. **R**

ABOUT THE AUTHOR

Rustim Ariefdien is a disability expert extraordinaire who assists businesses to “let the Ability of disAbility enAble their profitAbility” through BBBEE, skills development, employment equity and socio-economic development. His purpose is the economic empowerment of persons with disability in Africa. As a person with a disability himself, he has extensive experience in the development and empowerment of persons with disability.



It's all in the mind

Even with the loss of sensation that accompanies spinal cord injuries, it is still possible to experience arousal. It only requires a little rewiring of your brain


It is often said that “the brain is the most important sex organ”. This is literally true, and often a neglected aspect of sexuality – especially in spinal cord injuries (SCIs). Multiple brain regions are involved in sexual responses, ranging from centres in the hindbrain that regulate basic functions such as breathing, to areas in the frontal cortex that control more advanced cognitive processes such as creativity and imagination. Interestingly, there is no single area that controls sexual function. Control is distributed throughout many areas of the brain and spinal cord.

There is an important feedback loop from your genitals to your brain that is activated when noticing sexual arousal in your body. As your mind recognises the sexual signals, it in turn further increases the body's arousal reaction. This process is of course interrupted with the lack of sensation some experience after a SCI. Since there are many areas in the brain working together in this process, we can rewire this process by changing what is interpreted as sexual arousal by the brain.

Non-genital pleasuring is a method that can be used to achieve this. Start by having your partner undress and lying face down. Beginning at their neck, slowly caress or kiss from head to toe. Then, have them turn over and repeat on the other side. Avoid touching the nipples or any part of the genitals. Concentrate on how good touching your partner feels and notice any areas that you

enjoy more than others. Then, trade places and do the same for your partner. Do not have intercourse for the first few times, rather, relax and enjoy the intimacy.

An important part of this exercise is to talk about your experience of it afterwards. Share with your partner what it was like in both roles and what parts of it you enjoyed. Through repeating this exercise you both learn about each other's sexual preferences and are able to communicate desire and arousal more clearly.

Learning about what you enjoy sexually will be helpful to your partner, but is equally important for your own brain. As you repeat this exercise, the arousal feedback loop mentioned earlier is rewired. Over time your brain learns to interpret caressing or kissing of specific areas in the same way that genital stimulation was before. This process is called neural plasticity. It is the brain's ability to physically form new pathways that carry these messages to and from your brain. 

ABOUT THE AUTHOR

Dr Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training, research and clinical practice. Danie works from an integrative interactional approach in psychotherapy, dealing with a wide range of emotional difficulties and sexual rehabilitation for patients with disabilities. He is the co-owner of Charis Psychological Services, a psychology practice that specialises in physical rehabilitation across South Africa.

OUTENIQUA CHAIR CHALLENGE

HIGHLIGHTS FROM 2022 OCC RACE



The annual Outeniqua Chair Challenge (OCC) returned to George on Saturday, 15 October 2022, after nearly a three-year absence caused by the national lockdown.

Photos taken by **Deidré Cloete**.

Click **here** to read more about the event.






SASAPD National Champions heading to Cape Town in March

The 2023 SASAPD National Championship will be held in Cape Town from March 17 to 21. The event provides athletes with the opportunity to compete, break records and improve their global ranking. For many athletes, it is an important milestone in their preparation journey for the Paralympic Games due to be held in Paris during August and September next year (2024).

The event will again feature a variety of

sporting codes (including boccia, goalball, judo, powerlifting, swimming and track events) across several venues in the southern suburbs of Cape Town.

These include the Greenpoint Athletics Track, the Greenpoint Football fields, the Belhar Sports Centre and the Sea Point Civic Centre.

We will be reporting back on the event so be sure to keep an eye out for our next issue. 


Conference to explore digital inclusivity

The Inclusive Africa Conference will return to Kenya in 2023 with an in-person and virtual event held on May 30 and 31. The annual conference aims to create dialogue on how the digital landscape can be more inclusive to people with disabilities.

The 2022 conference included discussions on inclusive design, digital accessibility and assistive technology policies. People with disabilities shared their experiences with technology while designers and developer



explored the benefits of designing for people with disabilities who were described as extreme users who challenge designers to make adjustments that benefit everyone.

The conference also served as a platform to launch the National ICT Accessibility Standard for products and services adopted by Kenya. For more on the event, visit the Inclusive Africa [website](#). 



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