ISSUE 5 2021

ROLLING INSPIRATION

The leading magazine for people with mobility impairments

WHEELCHAIR WISDOM

Insights from seasoned wheelchair users

HAPPINESS IN HOEDSPRUIT

Accessible safari adventure

BETTER FUNDING

Fight for medical services

MATTER OF PRINCIPLE

A medical aid dispute

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The leading lifestyle publication for people with mobility impairments

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RECOVERING OUR PSYCHE

RAVEN BENNY addresses the need to look for the silver lining and start the slow road to recovery as some normalcy returns amid the pandemic

October 10 marked World Mental Health Day. The theme, “Mental Health in an Unequal World”, got me thinking. We are not only living in an unequal world, but an abnormal world too.

We have been enduring the most severe pressure, exacerbated by the current conditions, which is influencing our mental health and lifestyle. We have seen this massive impact due to COVID-19. It is highlighted as the second pandemic around the world.

Yet, we adapted to survive in these trying times. This is incredibly relevant to South Africans as we have a huge disparity in most sectors of our society.

In South Africa, there are not enough mental health resources available, including care facilities, NGOs and mental health professionals. This is quite concerning as the demand for mental healthcare is so high, and increasing since the start of the pandemic. The issue of mental health does not make it onto the agenda for health budgets or policy makers.

But, we have come a long time since March 2020. The damaging effects of the pandemic on our psyche and lives are visible, and our recovery now needs to be addressed. Doing this will be a sign of our ability to adapt in an abnormal world. We overcame so many obstacles and have shown tenacity. We are surviving one of the most devastating pandemics.

And yes, I say surviving because the optimist in me sees the silver lining behind the dark cloud. We are experiencing the lowest level of lockdown restrictions and there is a sense of normalcy returning. The opening of the sporting venues in South Africa and allowing vaccinated spectators to attend for the first time since March 2020 were clear indicators of this. Hopefully, it will be replicated soon in other areas like school sports and religious activities.

We continue to find ways of gradually recuperating our emotional and physical losses. Recognising that nothing will ever be the same again in a post-COVID-19 world, we are getting accustomed to the effects that it has on us.

We have learned to appreciate each other since we saw how easily many lives are lost. We see the need for a more sanitary lifestyle with precautions against infections.

We’ve learned to live without some of the luxuries we grew used to having, and to appreciate the simple things. We also saw how some of our leaders failed us. They are being investigated and, hopefully, will be prosecuted if found guilty.

We are ready, armed with the experience of the past, to move into the future. Now, we need to put pressure on the “powers that be’’ to take us seriously and prioritise our collective issues. We could do this in the local government elections when we choose who should lead our communities.

It is up to us to take responsibility for our overall health. For our sanity and continued good health, we must ensure that we raise the necessary issues, highlight our needs and rights. This approach, I feel, will ensure a healthy balanced life for all. R

Raven Benny has been a C5, 6 and 7 quadriplegic since 2000. He is married and has five children, is mad about wheelchair rugby and represented South Africa in 2003 and 2005. He relocated from Cape Town to Durban, where he was appointed the Chief Operating Officer (COO) of QASA from August 1, 2019. email: coo@qasa.co.za.

BELOVED QASA DRIVER RETIRES

After a decade, Jacob Maboa has retired as driver for the QuadPara Association of South Africa (QASA). Based in Johannesburg, at the David Lewis Lodge, Jacob drove the QASA executives who visited the region on business, and the members or travellers staying at the lodge.

He also performed other transport-related duties such as deliveries, collections and managing the licensing of the various vehicles. Prior to his appointment in 2011, Jacob was the driver for the House Otto Self Help Centre in Kempton Park.

Former QASA CEO, Ari Seirlis, was a frequent passenger. He reflects: "Jacob is very patient and an absolute gentleman. He is compassionate and cares for people. He is also very streetwise and good at navigating."

Ari adds that Jacob was extremely helpful – willing to go out of his way to assist anybody. In addition, Jacob is very friendly and talkative, although this never hindered his work. Ari adds: "Jacob was liked by everybody."

Current QASA COO, Raven Benny says of the 65-year-old retiree: "Jacob has always been a valued employee who met or exceeded our expectations. We are sad to bid him farewell, but wish him all the best with his retirement."

FIRST EVER WHEELCHAIR

QASA donated a wheelchair to Rudi Aspeling. Of the donation, he says: "I greatly appreciate the wonderful opportunity and privilege of owning my first wheelchair. I've been in a wheelchair for 25 years due to an overdose of medication at the age of 12, which left me a spastic quadriplegic with irreversible brain damage. I've healed tremendously, although I still have a speech impediment and am a paraplegic.

"I'm thankful to QASA (to every person who was of assistance), for paving the way for me, a few years after I matriculated, to attend Bible College. Thank you all for the great support over the years. You are truly a blessed organisation," Rudi notes.

He adds: "It's because of you that I'm able to stand tall in spirit with much humbleness. I would just like to say thanks a million times over, and I will be forever grateful for your support. I'm so thankful for the wheelchair!"

QASA PROSPERS DESPITE CHALLENGES

Despite the many obstacles in the last year, QASA is still going strong. Most notably, the organisation saw a growth in its finances – something few organisations can claim following a year in lockdown.

During the virtual QASA Annual General Meeting held on Saturday, 18 September 2021, treasurer Richard Barron gave an overview. He stated that QASA hasn't been immune to the coronavirus pandemic or lockdown. Many of the fundraising activities were cancelled, such as the annual SABAT Wheelchair Race. This, along with the strain on the economy, resulted in less income for the financial year.

However, this same restrictions that hindered activities resulted in less spend, which actually left the organisation in better standing at the end of the financial year. QASA COO, Raven Benny, added that the organisation will continue to look for ways to reduce spending to ensure that QASA can continue to support South African paraplegics and quadriplegics.

COVER STORY

WISDOM FROM SEASONED WHEELCHAIR USERS

Some lessons are only learned through experience. Veteran wheelchair users shed some light on life from a wheelchair

From building endurance to learning basic manoeuvring, rehabilitation centres play a crucial role in teaching people how to use a wheelchair – especially those who have sustained spinal cord injuries or are permanent wheelchair users. Yet, despite all it offers, rehab has its limitation. Truthfully, no amount of time spent at these centres can fully prepare you for life outside rehab.

Peer support can be great in assisting recent, permanent wheelchair users to navigate this new form of mobility in a mostly inaccessible environment. Some lessons, tips and tricks come with years of experience in a chair.

With this in mind, we've reached out to some seasoned wheelchair users to learn their tips and tricks for navigating life and the world with the use of a wheelchair.

"TAKE CARE OF YOUR WHEELS"

Ellah Zulu has been a manual wheelchair user for an incredible 45 years following a mugging gone wrong. She recalls: "While I was growing up, I was attacked by two hooligans with an aim of robbing me. Because I only had 50 cents with me, they stabbed me in the back and left me there to die."

Fortunately, she survived, but not unscathed. As a high-level paraplegic, she still has function and strength in her upper limbs, but not her abdominal muscles. After four months in hospital, Ellah returned home to find that her training wasn't done. "Luckily, my father was a boxing trainer," she remembers. "He arranged for me to carry on with all the exercises that he observed during my physiotherapy. He built walking rails at home and other tools for push ups as well. All I can say is that, at home, I have a very strong support system that makes me stronger."

Even with such a solid support structure around her, Ellah still faced the challenges of an inaccessible environment. She relies on public transport, which means seeking out assistance whenever she wants to travel.

"Whenever I want to go out, I was using public transport. Each time, I would need someone for assistance with, for example, getting into the Kombi and folding the wheelchair," she adds.

The distinguished 62-year-old is well dressed and takes pride in her appearance. Keeping her wheelchair in a good, clean condition plays an important role in that. She encourages new wheelchair users to keep this in mind.

"It is very important to take care of your wheels. You sit on your wheelchair dressed up nicely, but then we look at your wheelchair and it's not taken care of," Ellah says. "For new wheelchair users, I would advise them to love their wheels as it is the only form of vehicle to assist in moving around. Keep them spotlessly clean all the time."

"You also need to do wheelchair maintenance regularly so as to be on the safe side – especially if you are always on the move," she adds. With regular maintenance and some preparations, you can avoid mishaps like a flat tyre or broken wheel.

Maintenance on the wheelchair isn't the only thing that Ellah encourages new wheelchair users to do regularly. A good fitness routine makes navigating life from your chair much simpler as Ellah points out: "Try to be physically fit, I do a lot of upper body exercises."

Finally, she advises wheelchair users to ensure that they have the right size chair for the job: "Make sure that you have the right size wheelchair; not bigger or smaller."

"BATTERIES SHOULD BE CHARGED"

Born with cerebral palsy, Lafras Moolman has used wheelchairs all his life. With 37-years of experience in a power chair, he is well versed in the importance of keeping your wheelchair charged – his first piece of advice for new wheelchair users.

"In the case of a power chair, batteries should be optimally charged with a 12-volt trickle charger – a type of charge that stops charging once the battery is complete to avoid overcharging," Lafras notes. Over time, overcharging damages the battery's holding capacity. As a result, a battery will deplete (or run out) sooner than expected. By avoiding overcharging, you are able to extend the life of a battery.

"Secondly," Lafras continues, "Use the right size and type of batteries for your power chair to ensure top performance. Regular charging of batteries also prolongs their battery life." He adds that it is important to follow the manufacturer's guide when choosing the battery for your wheelchair.

Although maintenance on a power chair will look very different to that of a manual wheelchair, it is equally important as Lafras highlights the areas that wheelchair users need to consider.

"Wheel bearings and nuts should be checked regularly and tightened if needed. Tyres should be replaced frequently, especially when driving long distances often. When cleaning, simply wipe your frame with a damp cloth. Avoid using water close to batteries, electrical wiring or other electrical parts to prevent serious damage or breakdown of your power chair," Lafras advises.

MAIN PHOTO: For Ellah Zulu, keeping your wheelchair clean is one of the most important things.

ABOVE: Lafras Moolman highlights the importance of keeping the batteries of a powered wheelchair charged while avoiding overcharging.

Although a power wheelchair user himself, Lafras is acquainted with the challenges that manual wheelchair users might face – particularly the risk of having the wheelchair frame's integrity compromised. He explains: "When traveling with a manual wheelchair, always ensure that it is folded properly before loading it into a car so to avoid bending the frame. Once it is bent, the user will not be able to open it properly again, which, in turn, will make sitting in the chair basically impossible."

As power wheelchairs aren't able to fold, the risk to the frame is smaller. Instead, Lafras suggest loading the chair onto the back of a bakkie, for example, when travelling. In addition, Lafras suggests that people do push ups and stretches to become better wheelchair users, while proper seating and the right cushion can make all the difference in preventing pressure sores.

"Before buying any type of wheelchair, always ensure that you have the correct body measurements otherwise your chair might be too small or too big, impacting on proper seating," Lafras says.

ABOVE: Thapelo Kgoale advises his fellow wheelchair users to reconsider the way in which they think about their disability.

His general advice for new wheelchair users: "Learn to accept and embrace your disability. Positivity is key in coping from day to day. Read as much as you can about your disability and specific needs. Knowledge is power!"

"CHANGE THE WAY YOU THINK"

For 23 years, Thapelo Kgoale has used power wheelchairs. A very early diagnosis of muscular dystrophy meant that he started using a chair at the age of three. As a well-versed wheelchair user, Thapelo also highlights the importance of cleaning your wheelchair regularly.

"They always say 'cleanliness is close to godliness' and I am one person who makes it a point to practice that at all times," he says. "My wheelchair is washed at least once or twice a month depending on how often I became a Michael Schumacher that month. My friend, who makes sure that my wheelchair is squeaky clean at all times, has really loved being my personal wheelchair washer.

"He makes sure that he never damages any wires and I really give much credit to him. He goes by the name Koketso," Thapelo adds. He mentions that, if you are unable to clean your wheelchair yourself, it should be done by someone you are comfortable with and know well.

"Your wheelchair should be washed by someone who is familiar with it. Supervise them the first time they wash it," he explains.

As a power wheelchair user, Thapelo knows how important it is to keep your chair charged: "I charge my wheelchair batteries every night and I never allow them to run flat. Before I even start packing my luggage [when travelling], I make sure that my wheelchair charger is right where I can see it.

"As a motorised wheelchair user, you wouldn't wanna leave an important thing at home going for a very great and fun vacation. If your wheelchair needs to be disconnected in order to fit in a car, make it a point to supervise whoever will be assisting you. Remember that your wheelchair is your responsibility as it's a tool that allows you to move from point A to point B," he adds.

Peer support is an important part of becoming a better wheelchair user. This could even be in the form of adapted sport. As Thapelo explains: "For me, engaging with other people with disabilities is an activity on its own as you are with someone who relates very well.

"There are actually a lot of sports for people with disabilities and I am sure those with teams would really love to see more people with disabilities join in," he adds.

His advice to new wheelchair users is to try and change the way that you think about your disability. "Hard things are put in our way, not to stop us, but to call out our courage and strength," Thapelo says. "It can be incredibly difficult to accept that you are in a wheelchair. Acceptance can feel like you giving in, like you are throwing in the towel on life and your future.

"But refusing to accept the reality of your limitations keeps you stuck. It prevents you from moving forward, making the changes that you need to make, and finding new goals. Adjusting to life with a disability can be a difficult transition. We all tend to take our health for granted until it's gone. Then, it's all too easy to obsess over what we've lost," he continues.

"But while you can't go back in time to a healthier you or wish away your limitations, you can change the way you think about and cope with your disability. You are still in control of your life and there are many ways to improve your independence and sense of empowerment. No matter your disability, it's entirely possible to overcome the challenges that you face and enjoy a full and fulfilling life. To a new wheelchair user, remember that 'disability is not an obstacle to success'," Thapelo concludes.

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WHAT TO DO WITH SAUSAGE FEET

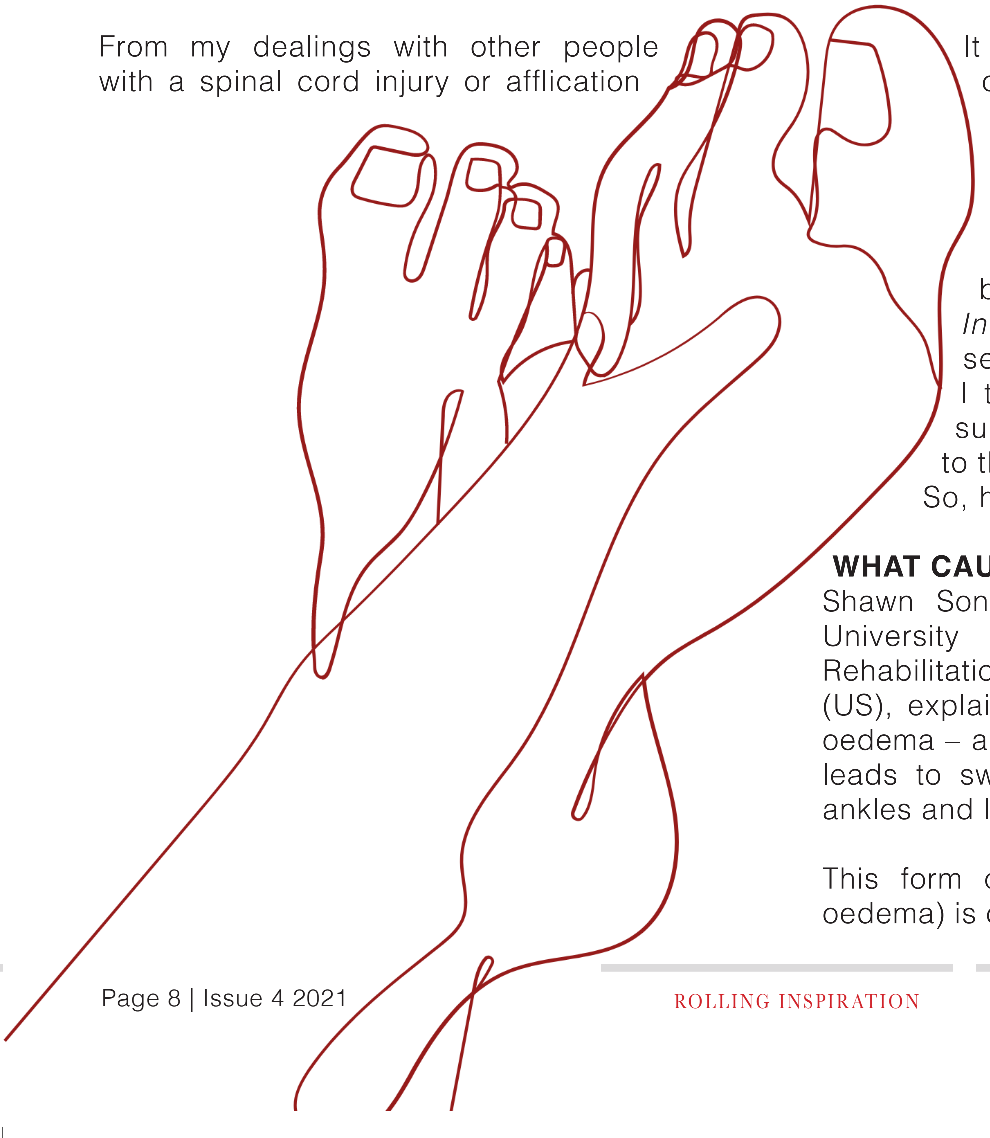
Swollen or sausage feet can be uncomfortable, but also harmful. **GEORGE LOUW** sheds some light on the causes of this condition and what people can do to manage or prevent it

A few days ago I was looking at my feet and I wondered when last I saw my toe joints. I recently needed a new pair of shoes, so I went from shop to shop trying for a fit, but my instep was too swollen for the shoes to fit.

Eventually, I went one size up, but it still is an effort to get them on. A while back, a sharp toenail cut into the adjacent toe. The wound was minor, but it took three weeks before it was fully healed.

From my dealings with other people with a spinal cord injury or afflication (SCI/A), I know that I am not the only person with sausage feet. In fact, as a "latecomer" to full-time wheelchair occupancy (my paralysis is progressive), sausage feet has only recently started to bother me.

With all of the above, I decided that, rather than spending an arm and a (fairly useless) leg on doctors' fees, it was time to consult Dr Google. I knew that I was able to shift through the nonsense and find valuable information, which I did.



It is not recommended that you consult search engines for medical information unless you are a skilled and seasoned researcher. Rather consult your doctor.

In the 11 years that I have been writing articles for *Rolling Inspiration*, I cannot remember seeing anything on sausage feet, so I thought it a good idea to share a summary of my findings and the links to the two best sources of information. So, here goes…

WHAT CAUSES SAUSAGE FEET?

Shawn Song, a SCI medicine fellow at the University of Washington Department of Rehabilitation Medicine in the United States (US), explains that sausage feet is caused by oedema – a build-up of fluid in the body, which leads to swelling. It is very common in feet, ankles and legs.

This form of oedema (known as dependent oedema) is common among people with a SCI/A as paralysed muscles can't pump blood back to the heart effectively, which results in blood pooling in the legs with some blood leaking into the surrounding tissue.

HOW TO SPOT AN OEDEMA

To detect an oedema, press a finger into the skin towards the bottom of the shin for several seconds. If the finger leaves an indentation, oedema is present. Also, if your socks leave an indentation, it can be an indicate oedema.

Swelling can also occur for other reasons. Therefore, if the swelling in your legs or feet don't look symmetric, it could signify a more serious medical condition, for example, a blood clot. If you are unsure, seek immediate medical attention.

DANGERS OF SAUSAGE FEET

Oedema mainly poses a risk to the skin. Long-standing oedema can cause the skin to thin, becoming more frail and vulnerable to breakdown. Shoes and clothing could fit poorly as a result of the swelling, which, in turn, can result in pressure ulcers.

Oedema can prevent or delay the healing of ulcers. In addition, dependent oedema increases the risk of cellulitis – an infection of the skin. Redness or warmth in the area where the oedema is present can be a sign of cellulitis.

MANAGING SAUSAGE FEET

Flint Rehab, an organisation established by researchers in neurorehabilitation from the University of California in the US, states that swelling in the legs after a SCI can be caused by a combination of factors including dehydration, high sodium levels, physical inactivity and warm weather.

They note that it is essential for blood and fluid levels in your body to be balanced to enable the blood to travel more efficiently in the body, carrying more oxygen and nutrients to fuel cellular activity. They recommend eight techniques to reduce the swelling:

MOVE, MOVE, MOVE

A lack of movement can cause the pooling of blood. Passive exercise, the movement of limbs with assistance, is suggested for people with a SCI/A as it assist with blood circulation and prevents joint stiffness.

People with paraplegia, who still have upper body function, can use resistance bands, for example, to exercise their legs. For those with limited upper body function, it is best to see a physical therapist or ask a caregiver to assist.

ABOVE: Oedema or sausage feet can be spotted by pressing a finger into the skin for a few minutes. If an indent remains after removing the finger, it could be a sign of oedema.

NO TO SALT

An excess of salt or sodium results in the body storing fluids. By limiting salt in food, the swelling of sausage feet can be reduced. Instead, people with a SCI/A are encouraged to eat more fruits and vegetables, which are low in sodium, but have high water content.

> “Oedema can prevent or delay the healing of ulcers.”

PUT THOSE FEET UP

Elevating your legs can assist in directing blood back to the heart. Whenever laying down or sleeping, place a few pillows below your calves with your heels hanging over the pillow to prevent pressure sores.

STAY HYDRATED

It might seem counterintuitive to drink more water as an excess of fluids can cause swelling, but dehydration causes the body to store fluids. Drinking enough water tells the body that it doesn't need to store fluid for later.

COMPRESSION STOCKINGS

Compression stockings or socks compact the legs, which increases blood pressure to assist the muscles in pumping blood back to the heart.

When wearing the stockings or socks, ensure it fits correctly. A too loose or tight fit can impact the effectiveness or result in complications. Make sure that the stockings or socks also don't have any wrinkles as this can act as a tourniquet, aggravating the swelling.

People with high blood pressure, peripheral artery disease or cellulitis are discouraged from using this method. Individuals who are susceptible to autonomic dysreflexia are encouraged to speak to their doctor before using this method. It is generally a good idea to consult your doctor before using compression socks or stockings.

MASSAGE YOUR LEGS

Massaging the legs stimulates circulation, which will reduce the swelling. Use an upward motion when massaging to redirect the blood. Start at the feet, moving up the foot and leg.

AVOID HOT TEMPERATURES

Warm temperatures cause the blood vessels to expand so that the blood can get closer to the surface to the skin, emit heat to cool you down. Cold temperatures do the opposite to conserve heat.

To prevent the blood vessels from expanding, consider the following:

- Carry around a spray bottle with water in it;
- Stay out of direct sunlight;
- Wear easy-to-remove layers;
- Drink lots of water.

INSPECT YOUR BODY REGULARLY

People with a SCI/A, commonly, don't notice injured or irritated skin as their limbs lack sensation. Daily inspections of your body can help identify complications such as pressure ulcers, which can cause swelling, or even deep vein thrombosis, which causes blood clots due to physical inactivity. This could limit the blood flow to the heart.

Another complication to look for is heterotopic ossification, which is when bone growth occurs in soft tissue. These regular body inspections can help detect complication early or prevent them entirely.

CAUTIONARY POINTS

When managing your sausage feet, there are a few other factors to note. The first is that, when the oedema resolves itself, the possibility of urine output increases. Therefore, it is important to be prepared to self-catheterise more frequently.

> “Drinking enough water tells the body that it doesn't need to store liquid for later.”

There are some medications that can be used to help the body shed water; however, this isn't recommended as these medications can have unwanted side effects, especially for people with low blood pressure.

In conclusion, I hope that you found this information as useful as I did and that it will help you to relieve the unpleasantness of sausage feet.

REFERENCES

Link to University of Washington Medicine: https://sci.washington.edu/info/newsletters/articles/15_spr_edema.asp

Link to Flint Rehab: https://www.flintrehab.com/spinal-cord-injury-leg-swelling/

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

ADAPTING SPORT FOR CHILDREN WITH DISABILITIES

With a few accommodations, children with disabilities can benefit just as much from sport as their peers. **EMMA MCKINNEY** takes a look

Sport and activity participation is important for all children, including children with disabilities. It is important for developing self-esteem, social skills, fitness, improved co-ordination, gross and fine motor skills, and building strength and other skills.

However, some children with disabilities experience challenges or are completely excluded from participating in sport and other activities. Although some may have limited mobility, difficulty with co-ordination, strength or balance, or tire more easily, there are many accommodations that can be made to include them.

TO WHAT IS YOUR CHILD DRAWN

As a parent or caregiver, you know your child best. Focus on what the child can do; what their interests are; what sport or activity they are drawn to. Are they drawn to dancing and enjoy rhythm and singing? Do they love football and support a team?

DO YOUR HOMEWORK

Speak to your friends, the parents of children in your child's class, teachers and therapists such as occupational or physical therapists. Ask them whether they know of any good clubs, teams, studios, coaches, instructors, or teachers that they could recommend (or avoid!).

Find out what, if any, equipment, apparatus, accommodations or adaptations are needed in order to best accommodate your child. Get their buy-in and let them choose colours.

GET TO KNOW THE COACH

It is important that both you and your child feel comfortable and happy. If you feel it is needed or would be beneficial, you might want to make contact with the club, studio etc., and share some background about your child's disability.

It would be really useful if you could share not just their challenges, but also what accommodations work well and what your child's strengths are.

Depending on the age and ability of your child, you might want to ask them if you can watch a class, or give it a trial to see if you and your child feel it is suitable and something they might want to try. The better equipped the coach, teacher or instructor is, the safer and more fun your child will have.

ACCOMMODATIONS THAT THEY MIGHT NEED

Have an honest discussion with the coach, teacher or instructor about what accommodations your child might need. This might include using assistive devices or adapting equipment, but could also mean that they take the pressure off and just let your child participate and have fun.

Some children might find that having a sibling, friend or allocated 'buddy' helpful. Another child who is accommodating and kind can really help to build a child's self-confidence, especially when they start.

The most important thing is that your child should have fun, socialise and be active!

Dr Emma McKinney is a lecturer at the University of the Western Cape. She is also the owner of Disability Included, a company specialising in disability research, children, and employment of adults with disabilities. email: emma@disabilityincluded.co.za

HAPPINESS IN HOEDSPRUIT

On the recommendation of another contributor, **MANDY LATIMORE** set out to the bush to learn more about the Little Africa Safari Lodge

One of the *Rolling Inspiration* columnists informed me of a new lodge in the Hoedspruit area that had been built by a person with a disability. This really got me interested. Hugo Bekker, a quadriplegic, his wife Leandra built and completed the Little Africa Safari Lodge just before the first lockdown in 2020.

I jumped onto the website and was immediately excited when I saw that the accommodation was in safari tents. Most lodges that offer safari tents as an option don't make the tents accessible.

After contacting the owners to see if they were keen to have me visit, I set about researching all the aspects of the area and travel options.

Hoedspruit, which is Afrikaans and translates to "hat creek", was given its name by the original land owner after he lost his hat during a flash flood in Zandspruit. Hats were very important items in those days and not easily replaced!

Hoedspruit sits in the central lowveld between the Kruger Park and Blyde River Canyon, in the heart of the UNESCO registered Kruger to Canyons Biosphere. It is home to the largest privately owned conservancy in the world.

There are various ways to reach the lodge. The easiest is to fly in from OR Tambo International Airport (ORTIA) or Cape Town to the Hoedspruit Airport. There is a shuttle service from ORTIA that drives guests to Hoedspruit, however, it does not operate every day – especially since and during the lockdown. It will travel up at any time for small groups, but individuals would need to contact them for travel dates and times.

The other option is to self-drive, which is a great way to see the country. But, beware! The roads are not in the greatest shape and one has to dodge potholes. It's worth it when stopping in Dullstroom for the famous Harrie's Pancakes.

Little Africa Safari Lodge is situated within the Moditlo reserve, which lies within the 10 000 hectare Blue Canyon private conservancy. There are seven luxury tents with five overlooking the Moditlo river. Each tent has their own paved path access with a step-free ramp onto the patio with chairs and a coffee table.

Enjoy private interactions with the game that stroll along the riverbed and feed off the green leaves from the bushes within a couple of metres of the patio.

There are glass sliding doors that offer easy access and amazing bush views from the bed! The wet room at the rear of the tent is accessed through wooden sliding doors and offers step-free access to the shower with a rustic tree stump holding up the basin and shower. Unit 1 has grab rails at the toilet and shower.

MAIN PHOTO: The Little Africa Safari Lodge has a beautiful infinity pool that overlooks the Moditlo river.
ABOVE: The lodge has been designed with wheelchair users in mind. It boasts step-free rooms and a general area, which includes the dining area.
RIGHT TOP: There is a small team working at the lodge, including (from the left) chef Jeanette Mmola, maintenance man Munyaradzi Chatadza, manager Danielle Roux and waitress Thully Mahla Koane.
RIGHT BOTTOM: (From the left) Tracker Caswell Nyathi, *Rolling Inspiration* editor Mariska Morris, and driver Thomas Mkhabele.

All the access routes within the lodge are paved with a colour contrasting edge and, on the whole, the ramp gradients are reasonably easy to use.

It is refreshing to see that the floor surfaces are all accessible in the general areas. The reception, lounge and dining area are all inter-leading with easy access to the bar area and pool. The sunbed area is up some stairs, but there is a small ramp to access this area. The private firepit area has ramped access as well.

The larger firepit in the boma is surrounded by sand, but there is paved access around the outer area. A large rubber mat is laid out to allow wheelchair users to sit on the sand with the rest of the guests and enjoy the fire.

Due to the continued lockdown, there is a small team of staff, but their attention to detail and service was outstanding.

Manager Danielle Roux was always available to assist with any request and chef Jeanette Mmola created wonderful five-star meals with a range of delicious options from which to choose.

Game drives were especially exciting for me as, up until now, I have mostly sat in the passenger seat next to the driver or guide. This has its advantages as you get to chat with them about the local flora and fauna. However, it is a bit restrictive with the view as I'm short!

The Little Africa Safari Lodge has a small game drive vehicle with five seats for guests – one being a wheelchair space! Those who would like to stay in their wheelchair can access the vehicle via a platform lift at the back.

Hugo adjusted the vehicle himself and it is so special to be able to sit at the highest point of the vehicle and see the landscape! One just has to remember that this means ducking for branches and enjoying the rollercoaster type "ride" over the uneven areas of roads. There are larger vehicles for bigger groups as Moditlo River Lodge shares their vehicles with Little Africa Safari Lodge.

The game within this conservancy is so calm and we managed to see the Big Five plus cheetahs and a hyena within our three-day visit with game sightings right next to the vehicles.

ABOVE: Mandy was able to view a baby elephant with its herd during one of the game drives.

TOP LEFT: (From the left) Mandy Latimore seated at the back, top of the game drive vehicle thanks to dedicated wheelchair seating incorporated by the owners. Tracker Caswell Nyathi hands her some coffee while at a viewpoint.

BOTTOM LEFT: Owner of Little Africa Safari Lodge, Hugo Bekker, demonstrates how the platform lift works – an adaption he did himself with the help of his father.

Of course, the babies are my favourite and we were extremely lucky to see the newest addition to their Ellie (elephant) herd – a three-week-old baby who came right up to the vehicle.

Mum was a little wary, but as we were stopped and turned off the engine, she calmly walked up to us with her little one peeking out at us.

Another really special sighting was at our drinks stop at one of the dams. There some hippos came over to check us out with a little baby riding on its mum's back! Even when the adults were completely submerged, you could see the little head above the water – at times the body as well … too sweet.

The night drives were exciting too with great owl and eagle sightings, and a male lion calling so close to the vehicle that you could feel the vibrations in your chest!

The game drive team is dedicated to showing their guests whatever is requested with the tracker often hopping off the vehicle to track the animals for a better sightings. They are also happy to stop and inform you of the various trees and their medicinal or other uses.

We found a tree with abrasive leaves that can be used as a nail file! I was very happy to see the various birds available and even had a sighting of blue waxbills – something I had not previous seen in the bush.

Their "cousins" the grey waxbills are the swarms of small LBJs (Little Brown Jobs) that one often sees flitting through the bush.

There are other interesting attractions within the area such as the Panoramic Route, Maholoholo Wildlife Rehabilitation Centre and Hoedspruit Endangered Species Centre to name a few.

So, if you are interested in a bush getaway to restore your African soul and want effortless luxury, consider visiting Little Africa Safari Lodge – it's worth it! Happy travels!

Read Heinrich Grimsehl's personal account of staying at the lodge on page 21. Read more about Hugo and Leandra Bekker's journey to building and running the Little Africa Safari Lodge in our first issue for 2022.

Mandy Latimore is a consultant in the disability sector in the fields of travel and access. email: mandy@noveltravel.co.za

VALUE OF THE DISABILITY GRANT

The pandemic has shaken the economy, leaving many destitute. But people with disabilities are perhaps more fortunate as **RUSTIM ARIEFDIEN** points out

We are living through trying times. Unemployment has hit record levels of 34,4 percent or 44,4 percent for the expanded unemployment rate. Most alarming is the rate of unemployment among the youth in South Africa: an astronomical 64,4 percent!

To stave off poverty, the government has introduced the Social Relief of Distress Grant, which is R350 per month, which received huge traction. By early September 2021, roughly 12 million people had applied. This number represents 20 percent of our population.

How lucky are those of us who receive a disability grant – the current value of which is R1 890, over 500 percent higher than the R350 grant. In addition, the Social Relief of Distress Grant will only be available till early next year.

Furthermore, there are additional benefits to the disability grant. It entitles a person with a disability to get:

- Free healthcare, including assistive devices;
- Free education at state institutions;
- Hugely subsidised transport such as Dial-A-Ride;
- Subsidised housing with universal design;
- Subsidised entertainment such as movies;
- Subsidised purchases from certain retail stores.

The list above is by no means exhaustive. A recipient of a disability grant still has the opportunity to receive an income as long as it is below a certain threshold. There is a sliding scale where your grant is reduced from a certain level and will fall away once the threshold has been reached.

Even though unemployment is high, there are opportunities for people with disabilities to find earning opportunities. One of these is learnerships.

Employers need to continue implementing the learnership strategies, which are critical for their BBBEE Scorecards, and to engage the disability community, providing even more points. The tax allowance for placing a person with a disability is 50 percent higher than a learner without a disability.

The value of a learner stipend starts at R3 000. This is in addition to the disability grant received. Thus, if a person with a disability receives both, they can earn in the excess of R4 890 per month.

The minimum wage in South Africa is currently about R3 760 per month. If one compares the potential earnings of a person with a disability, it is more than R1 000 over minimum wage. On top of this, if one factors in all the financial benefits listed above, then the situation for persons with disabilities is better than their peers without disabilities.

Very often a person with a disability feels that the world has dealt them a devastating blow in life. This can lead to depression. However, the world that we live in today is showing that there are opportunities for people with disabilities.

Already many with disabilities find themselves as breadwinners in the homes. How valuable are they to our society in helping us sustain livelihoods? People with disabilities need to be respected for the contribution that they make to our communities. They should not be abused and exploited. R

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.

BACKING PATIENTS IN FIGHT FOR BETTER FUNDING

Healthcare workers might be reluctant to challenge funders, but their oath to prevent harm should come first. **MARISKA MORRIS** reports

Patients and doctors often face the challenge of securing adequate funding for medical services. In the public sector, there is little to be done as facilities are under resourced. However, in the private sector, patients have the opportunity to challenge their medical aid on funding decisions. But, they need a little help.

Unfortunately, many healthcare workers are reluctant or hesitant to enter a debate with medical aids for a host of reasons. Some are non-confrontational by nature, tired or disinterested. But many are also intimidated; afraid that by challenging the medical aid they might damage the relationship with the funders.

“The medical aid can’t discriminate against healthcare workers if they support the patient in getting funding,” Elsabé Klinck, from Elsabé Klinck and Associates, expressed during a webinar sponsored by the Southern African Spinal Cord Association and the QuadPara Association of South Africa in August.

The webinar, titled “Empowering features in health law pertaining to SCI patient rights”, aimed to educate healthcare workers on the laws that empower and protect them to assist patients in securing funding and, as a result, adequate care.

Klinck referenced the Medical Schemes Act, Chapter 5, regulation 15 E: *“A participating healthcare provider may not be forbidden in any manner from informing patients of the care they require, including various treatment options, and whether, in the healthcare provider’s view, such care is consistent with medical necessity and medical appropriateness.”*

The Act continues to state that an agreement between the healthcare provider and the medical aid maybe not be ended when the doctor expresses a disagreement with a decision to deny or limit benefits, or when assisting a patient in seeking out reconsideration. Medical staff are legally protected against any repercussions for assisting patients to get better care.

WHEN TO FIGHT

Under the constitution, everyone has the right to access healthcare and social security – the latter of which is often misunderstood. Klinck provided some clarification: “Social security is the ‘safety nets’ that are put in place, the precautions taken, to ensure that someone can afford their healthcare services.”

Social security thus includes a medical aid scheme. While the schemes are entitled to limit the benefits of their clients, there are some basic services that they are legally required to cover – the prescribed minimum benefits (PMBs). These aim to avoid serious illness and improve the efficiency in allocating resources. PMBs need to be covered in full by the medical aid.

However, each patient is unique. Therefore, the regulations make accommodations for individual circumstances or substantive equality. As Klinck explained: “In order for people to be equal, we might need to do more.”

Some patients might need additional resources, time in hospital or support services. In such cases, the medical aid might need to pay for additional services with no co-payment to equal the playing field.

In addition to PMBs, healthcare workers and patients should always try to ensure that funders cover the costs of appropriate care. This can be a challenge as funders often pin the decision to support funding on out-dated practices or public healthcare provisions, which, for a number of reasons, aren't sufficient.

"Appropriate care, efficiency and effectiveness need to be key in the decision to fund or not to fund specific care. The decision should also be based on current evidence-based medicine," Klinck said. "There can be various reasons why certain care isn't provided in the public healthcare services, but this doesn't mean that the Act should be brought into the argument."

Funders should consider the best practices or most current evidence pointing to the best practice. This also means that treatment options and PMBs should be updated on a regular basis as new evidence comes to light.

In addition, evidence that shows the potential for a patient to be harmed by a treatment is enough to challenge a funder's decision. Klinck explained: "'Would cause harm' is reason enough to challenge the medical aid. Doctors are ethically responsible for avoiding harm."

A funder, on refusing a treatment, needs to justify the decision. "If we want to limit rights, we need to be transparent and make clear what the basis is," Klinck said.

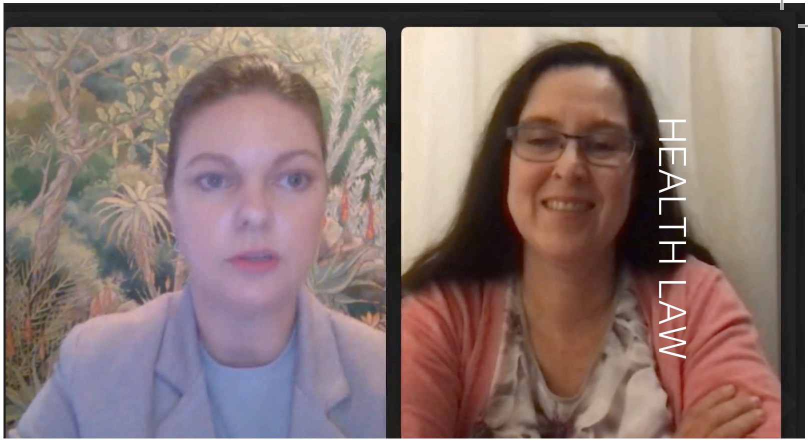
Under the constitution, patients also have the right to keep their dignity in the treatment. Thus, healthcare workers and patients can consider how the care impacts the patient's dignity. Klinck used the example of a patient who requested a funder pay for intermittent catheters.

"The funder suggested that the patient reuse the catheter without considering the circumstances of the person. We have to consider how what we do impacts on human dignity," Klinck said.

Without adequate, reasonable justifications, healthcare workers and patient should question the funders decision to fund or refuse specific services to ensure that the patient receives appropriate care based on current evidence that protects their dignity.

HOW TO FIGHT

The task of challenging a medical aid could be very daunting for both the patient and the healthcare worker. Klinck recommended the safety in numbers approach: "The constitution allows for class action. The group class action gives safety in numbers and make it easier to research. As a group, you can pick one doctor and one patient to fight the fight. "We have a case with a patient group as they are all being detrimentally affected. We can prevent them from all getting more disabled."



ABOVE: (From the left) Claire McMillan, editor of *Medical Chronicle*, in conversation with Elsabé Klinck.

She added that there are fields where patients make better progress often because of healthcare workers who have a flair for activism.

However, other healthcare workers are less enthusiastic about the legalities of medicine or simply unavailable. A group class action would allow several patients to benefit from the passion of one healthcare worker.

The suppliers of medical devices could also be invaluable in providing current evidence to motivate the case.

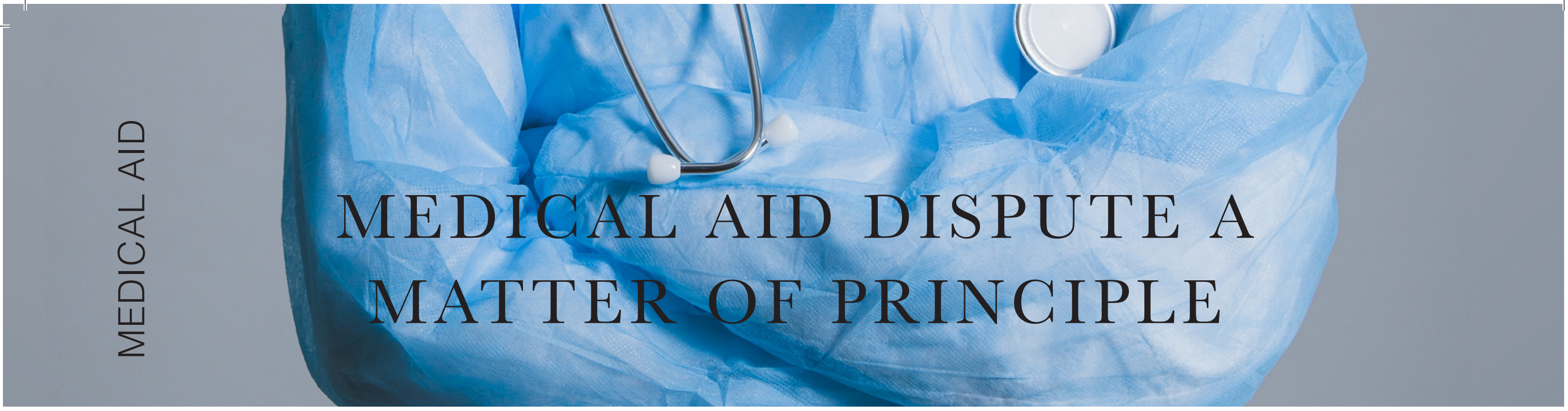
WHEN THERE'S NO MORE FIGHT LEFT

For healthcare workers who are unable to support patients in seeking reconsideration for the funding of medical services, even the act of providing more insights and knowledge could enable the patient to approach the medical aid individually.

"Patients are often unaware of what is considered PMBs," Klinck said during the webinar. "And, we have come to accept it when medical aids refuse to cover costs. Healthcare workers need to tell the patient when a medical service is a PMB and needs to be covered in full."

Through this knowledge sharing, patients will know when they need to seek out support to challenge their medical aid in the form of their peers, NGOs, legal staff and others.

"Healthcare is not cookbook," Klinck concluded. "Even if there is a 'recipe', we always do evidence-based medicine. Not everything works for all patients. Medicine is art."



MEDICAL AID DISPUTE A MATTER OF PRINCIPLE

Despite spending four months disputing a claim with her medical aid, **MANDY LATIMORE** is not giving up out of principle

Medical aids are notoriously known to be difficult to deal with when it comes to claims. Of course, there are exceptions, but, for the most part, it is extremely frustrating. Many of us might opt to scrap the refund (if we can afford to), but for others it is a matter of principle. This is exactly what motivated Mandy Latimore to challenge her medical aid when it came to the reimbursement of her treatment.

She shares: "I was diagnosed with a severe bacterial infection in my respiratory, gastric and urinary tracts. I needed strong antibiotics that had to be administered by intravenous drip. My doctor did not want me to be admitted to the hospital."

The motivation for out-of-hospital care was simple. First, the COVID-19 virus was spreading rapidly in Gauteng during the time that Mandy required care. A hospital stay would put her in greater risk of contracting the virus (in addition to putting further strain on an already exhausted medical facilities).

Second, the hospitals are not wheelchair accessible for permanent wheelchair users. The bathrooms and toilets in the rooms can't be accessed or used by wheelchair users. Mandy would, thus, rely on nurses to assist.

"The doctor wrote the motivation to the medial aid stating that it would be easier and cheaper if I was treated at home by a nursing service that could come to my home (which is accessible and where I live alone and isolated) every day and administer the antibiotic through a drip," Mandy recalls.

"The medical aid gave us the authorisation for the five days. Afterwards, tests were done to see if the infection had been cleared. It hadn't," she adds.

Concerned about her recovery, Mandy's doctor recommended that she do another round of antibiotics – this time for ten days. Mandy shared the information with her medical aid to request authorisation for the second set. Again, they agreed.

"We received the authorisation from the medical aid and tried to get the antibiotics from a hospital pharmacy," Mandy says.

This would prove a challenge. The intravenous antibiotics that she required were only available at specific pharmacies. The hospital pharmacy was unable to assist. She battled for a further ten days to secure it from the dispensary. However, when they tried to put her request through, it was rejected despite the authorisation provided from the medical aid.

"In the meantime, my health was deteriorating quite badly. I had now developed sino-bronchitis, and was now on nebulisation as well!" Mandy passionately recalls months after recovering from the infections – clearly still distraught by the poor service.

"With much back and forth between the nursing agency, my broker and I drove to the Fourways Life Hospital to try and get the intravenous antibiotics," she says. This was over the Easter weekend in April, in traffic, while her condition was poor.

Again, she was unsuccessful. Mandy spent her Easter trying to look after herself as best as she could. She says: "I live alone. So, it is not easy when you are very ill. We eventually managed to get them the week after Easter, and the agency administered them for the ten days. This second set of antibiotics worked and I was able to get better. I paid the nursing agency directly for their two invoices."

In May, Mandy tried to claim the costs from her medical aid. She explains: "I sent both invoices and my authorisation letter to my medical aid to claim for the costs of the nursing services as the medical aid had paid the dispensary directly for the drugs.

"I received an e-mail acknowledging my claim and then waited for the response to be paid back. I only received R1 936 as payment for the first invoice of R3 250, which covered the first five days, and nothing for the second.

"I enquired about their reasons for only paying a portion of one invoice and nothing for the other. The reason that they gave was that the nursing service is out-of-hospital, and the cost of the service was way above their rates," Mandy says.

The medical aid failed to give a reason for not paying the second invoice. Mandy phoned to challenge the reasoning, explaining that she had received authorisation, but the call centre was unable to assist.

"They stated that they would escalate the issue to their team leader who would get back to me. No response … so, I asked my broker to assist … still no response," she notes.

After nearly four months of calling with no response, Mandy finally sought out legal advice. She was advised to try one more time with the dispute section of the medical aid before approaching the ombudsman. Following this advice, Mandy made one final call to her medical aid.

"I called again and explained the whole issue, asking for advice. After hanging on for about 20 minutes, the call centre staff informed me that the second invoice had not been paid as the case had been put on hold due to a 'double claim'," she explains.

"After proving that I had only sent in one claim with two invoices, the staff corrected the claim and re-submitted it as I had various reference numbers for the queries starting from May. They wouldn't have done this if there hadn't been queries as you have to claim within three months of treatment."

The call centre staff informed Mandy that she would receive a notification of the decision when the claim was processed, but was unable to confirm when the medical aid would pay out. At the time of publishing, the case is still unresolved.

Although payment would be appreciated, the case has become a matter of principle for Mandy, as she points out: "My issue is that I have saved the medical aid a minimum of R57 500 by not making use of the hospital. Therefore, I feel that they should pay the full nursing agency costs.

"It would have cost a whole lot more if I had contracted the COVID-19 virus or any other bug from being in the hospital. I've had a pseudomonas infection from a hospital before," Mandy adds.

In her opinion, a big challenge with querying claims with a medical aid is their reluctance to patch members through to more senior staff. She says: "The problem is that you are unable to speak to anyone higher up from the call centre person to try and reason with them. I had asked the call centre dispute line for the contact details of the personal assistant of the CEO as I would really like to talk to them, but you can't seem to get any e-mail address or contact numbers for anyone."

Mandy mentions that some medical aids encourage members to apply for out-of-hospital treatment to avoid patients falling ill with the coronavirus, but her medical aid seems to (deliberately or not) ignore the benefits of at-home care.

"In today's world with all the computing systems, we can't get service delivery for any issue that is just a little out of the ordinary. Most systems have become 'tick-box' systems. So, if there is something that is a little different the system can't handle it. Hopefully, this matter will be resolved, I'm not letting it go! It's not about the money. It's about the principle," she concludes.

Mandy is not alone in her struggles. It has almost become an expectation that, at some point, the medical aid will fail to make payment. Approaching your medical aid can be daunting. So, we reached out to Elsabé Klinck, from Elsabé Klinck and Associates, to better understand the best ways to approach a medical aid or scheme.

Rolling Inspiration (RI): From a practical point of view, what is the best way(s) for a member to dispute the reimbursement of a claim by their medical aid?
Elsabé Klinck (EK): The first thing to do is to check the scheme rules and other materials on benefits from the scheme. Note that the fact that something is or is not there is not the end of the matter. Thereafter check whether the scheme has an internal dispute mechanism, or direct the matter to the principal officer.

RI: When would you advise a patient to seek legal assistance to dispute with a medical aid?
EK: Many patient support organisations are able

to successfully fight a case on behalf of patient. The legal framework is not difficult. However, sometimes the response by the scheme is of such a nature that one doesn't know how to take it. It may refer to, for example, "the scheme rules say…".

Not everybody may know that there is a Supreme Court of Appeal case that stated that scheme rules cannot deviate from the legal framework. In such cases, we would recommend seeking support from persons knowledgeable about the Medical Schemes Act, regulations and rulings by courts and the Council for Medical Schemes (CMS) Appeals Committee. There may already be a ruling that covers one's case.

RI: Is the patient responsible for the legal fees when opening a case against the medical aid?
EK: Yes. This is no different to seeking any other professional help. Sometimes patient organisations get unrestricted grants from donors and they put that in a "war chest" to fight a case or cases. This can then be used as precedent for other similar cases.

In some instances, doctor groups would take up "in principle" cases on the non or partial reimbursement of treatments that are widely regarded as based on good scientific evidence, and which, for example, save lives or prevent harm.

RI: With Mandy's case, does she have a solid reason to open a case against on her medical aid?
EK: Yes. There are a few key aspects in her case that indicates where the law might have not been adhered. For example: "It would be easier and cheaper". Schemes must consider the cost effectiveness if they practice managed care. In other words, they say what treatments can be obtained, when and where. In an important Appeal Board case (C v DHMS case number, 63935), the doctor's recommended treatment was cheaper, and the ruling was that it was irrational of the scheme to not fund what is appropriate and cheaper.

"The infection hadn't cleared." Thus the treatment was ineffectiveness. For medicines, regulation 15I(c) says that, if this is the case, the scheme must make an exception and fund an alternative medicine in full, and without co-payment.

"Double claim." This indicates that they suspected fraud. However, it should be clear from the medicines used and the care required in order to ensure its administration that there has not been any fraud, and two different medicines were used.

"Not able to speak to anyone." This is a common complaint, as patients are unable to break through the administrative barriers of their schemes. People at call centres have no discretion at all and are, mostly, not healthcare professionals. So, they would not understand what would be "clinically appropriate", what would constitute "harm", etc.

Escalating to the principle officer's office might be an option, or for the doctor to get in touch with the medical advisor of the specific scheme. Schemes are obligated to ensure that appropriately qualified clinical people manage their programmes. Ethically, those persons must talk to the colleagues who are in practice.

RI: Why should patients consider fighting their medical aid about these kinds of disputes?
EK: The more we keep quiet, the less things will change. How one fights, and with whose assistance, will depend on each case. The unhelpful broker in Mandy's case is very concerning and I would suggest that such a person be reported to the CMS's broker accreditation unit.

RI: Do you have any other advice to assist Mandy or others who would like to approach their medical aid about a dispute?
EK: Get the information from your scheme, keep notes and proof of all interactions with the scheme, including the failed interactions.

Understand your condition and why specific treatments or places of treatment is needed. Get your doctor to motivate, keep a copy of all motivations and also interactions between the practice and your scheme.

Break through the administrative barrier the moment that you have to repeat yourself to the same persons or level of persons. Escalate as soon as possible, so as to avoid delays which, in same case, could cause harm to your health. Make this urgency clear in all interactions with the scheme.

To find the contact details of the principal officer for a specific medical aid, follow the link: https://www.medicalschemes.co.za/wpfd_file/list-of-principal-officers-excel-version/.
The Council for Medical Schemes (CMS) rulings can be found by following the link: https://www.medicalschemes.co.za/publications/#2009-2030-wpfd-judgements-on-appeals.

SURPRISE BREAKAWAY

A family holiday to Hoedspruit surprised **HEINRICH GRIMSEHL** with exquisite accommodation and an unexpected owner

For July, my family, along with several other couples and their children, had planned a breakaway over the school holiday. Unfortunately, the third wave of the COVID-19 pandemic struck, and the resulting travel restrictions stopped us dead in our tracks.

Luckily, we were able to retain and extend the booking that we had made at a lodge near Hoedspruit, Limpopo, called Little Africa Safari Lodge, which is situated within the greater Kruger conservation. Once the provincial borders opened again, we headed straight to Little Africa.

What a surprise! What an amazing experience. The facilities were far beyond my expectations. The imagery that comes to mind is that of being in the lap of luxury in the bush. The game drives offered by the lodge are exclusive and beyond comparison!

One morning, as I exited my tent, I saw a man in a very 4x4-looking wheelchair doing maintenance on a solar geyser. Of course, this tickled my curiosity, and we started a conversation.

His name is Hugo Bekker. In 2007, he fractured his neck in a motor vehicle accident. He spent six months in rehabilitation as a quadriplegic. In 2017, he sold his farm and bought this property in the in Moditlo Estate Blue Canyon.

In 2018, Hugo broke ground to start building the lodge, which opened its doors in 2020.

ABOVE: They say that behind every successful man, there is an exhausted women. For Hugo, that is his wife Leandra.

Hugo always experienced a lack of wheelchair accessibility when out and about. Thus, his entire lodge has been adapted for wheelchair users. After all, he has to operate there on a daily basis.

Hugo even converted his own game drive vehicle to allow the wheelchair user to sit next to their loved one when going for a game drive. To him this was important.

What a testament of what can be achieved even after severe trauma and disability!

Do yourself a favour and see just how smart a bush lodge can be by visiting their website (and booking a breakaway) at https://littleafricasafaris.co.za. The only problem I had was that my stay wasn't long enough!

Heinrich Grimsehl is a prosthetist in private practice and a member of the South African Orthotic and Prosthetic Association (SAOPA). email: info@hgprosthetics.co.za

FINALLY, THE GAMES HAPPENED!

PHOTO BY ROGER SEDRES

After a long, five-year wait, Team South Africa finally made it to the Tokyo Olympic and Paralympic Games. **LEON FLEISER** shares his experience

On July 11, 2021, I landed in Tokyo, Japan, for the Olympic Games as the Deputy Chef de Mission. I was extremely emotional as it finally dawned on me that, after all we've been through since the COVID-19 pandemic messed up the world, the Games will finally happen.

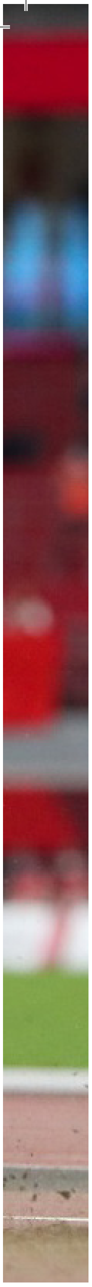
My colleagues and I got out the plane and started our Tokyo journey from a five-hour process to clear the airport to an hour journey to the Olympic Village. What a joyous journey it was!

Fast forward one month and I returned home for a seven-day period in between the Games to refresh and refocus on the Paralympic Games as the Chef de Mission.

All I can say is **well done, Tokyo**! You pulled off what very few people thought was possible – an Olympic and Paralympic Games during a pandemic while COVID numbers were increasing in Tokyo.

Once again, I was extremely humbled and honoured to be leading Team South Africa to the Tokyo Paralympic Games. This was the second time that I was entrusted to lead the team, the first being under very different circumstances five years ago in Rio de Janeiro, Brazil.

These Games were very different, obviously, with lots of extra headaches; preparations to comply with all the regulations in place for COVID-19. But, we did it and our athletes performed excellently.



We must remember that our preparations as South Africans were very different to the rest of the world. Our lockdown and COVID laws did not allow our athletes to prepare like their competitors did.

Therefore, we need to celebrate everyone's performances, not just the medallists, and give them their dues.

On September 30, 2021, we celebrated the medallists from both Olympic and Paralympic Games, and thank you to the Minster of Sports, Arts and Culture Nkosinathi Emmanuel Mthethwa for unlocking the money for the medallists, their coaches and their guides.

It is well deserved. So, well done to all that got medals and thank you for being ambassadors of this great country. We are **united by diversity**!

On a sad note, we said goodbye to a South African sporting legend: Kobus Oeschger. I am at a loss for words.

> “COVID laws did not allow our athletes to prepare like their competitors did. Therefore, we need to celebrate everyone's performance, not just the medallists.”

Farewell my friend and rest in peace! I will always cherish our battles as competitors, our comradery as South African Team mates and our beers off court.

Leon Fleiser has been involved with sport in the disability sector since 1992 when he started playing wheelchair basketball. He captained the national team to the Sydney Paralympic Games and the 2002 World Championships. He started working for Disability Sport South Africa in 2001 as a Coordinator for High Performance. It merged into SASCOC in 2005 and he is now the Manager for Team Preparation and Academy Systems. He has delivered Team South Africa to numerous Olympic, Paralympic, Commonwealth and African Games. email: leonf@sascoc.co.za

2020 TOKYO PARALYMPIC GAMES

South African Paralympic Medallists

ANRUNE WEYERS

Women's 400metres (T47)

NTANDO MAHLANGU

(Double Gold Medallist)

Men's long jump (T63)
Men's 200 metres (T61)

NICOLAS PIETER DU PREEZ

Men's road time trial (H1)

LOUZANNE COETZEE

(Silver Medallist)
Women's 1500 metres (T11)

(Bronze Medallist)
Women's marathon (T12)

SHERYL JAMES

Women's 400 metres (T37)

HONOURABLE MENTIONS

(Athletes who came 4th in their event)

Tebogo Mofokeng (400m T62); Kerwin Noemdo (Shot put F46); Sheryl James (200m T37); Anrune Weyers (200m T47); Kat Swanepoel (Women's 50m backstroke S4).

ABOVE: Lifa Hlongwa is part of the rowing South African Paralympic training squad.
LEFT: (From the left) Stomers rugby player Dillyn Leyds, Lifa Hlongwa and Stomers rugby player and Springboks captain Siya Kolisi.

JOURNEYING BACK FROM CATASTROPHIC INJURY

A devasting rugby injury almost left Lifa Hlongwa paralysed. Fortunately, a keen eye and wiggling toe proved otherwise

It all began with a step so small it could have been measured in millimetres. "I actually didn't even notice it myself," says Lifa Hlongwa, the ebullient 27-year-old economics student, as he recalls the moment – barely noticeable – that sparked what has been a remarkable yet challenging personal reinvention over the past four years.

Life so often comes down to the small things, but in Lifa's case, his story might have turned out very different had it not been for his big sister and a certain big toe.

"My older sister, Lindi, was visiting me in hospital one day after my injury," he explains. "We were just talking when she suddenly said to me, 'Lifa, your big toe on your left foot, are you moving it?' I looked down and saw it wiggling. That toe was definitely my turning point."

Celebrating such a modest act of movement was massive for Lifa, especially after being told he might never walk again. The up-and-coming flanker's life changed one Saturday afternoon in June 2017 shortly after he ran out onto the Hutchison Park rugby field in the KwaZulu-Natal south coast holiday town of Amanzimtoti. Playing for his Durban North-based club, Crusaders, in the main curtain-raiser, Lifa recalls his team conceding a scrum penalty and, like all good flankers, tracking across in defence behind his backline.

"I remember the play switching towards me, a tackle, and then just feeling as if all the air in my body had been knocked out of me," he says. "I couldn't move and just laid there.

"An ambulance took me to hospital. The doctors did X-rays but they showed there was nothing wrong. I was told it was probably just a spinal spasm and that I'd regain movement in a few days. When that didn't happen, I knew something was wrong and it's then that I found out that I'd dislocated my C6-7 vertebrae," he notes.

Lifa recalls the immediate help and support provided by, among others, his home union, the Sharks, and the Chris Burger Petro Jackson Players' Fund.

"That was really something," he says. "You don't always know who will be there for you when something like this happens, but everyone just rallied around and it gave me strength."

> “I remember just feeling as if all the air in my body had been knocked out of me. I couldn’t move and just laid there.”

Sister Lindi’s eagle eyes opened the door to two months of, at times painful, rehabilitation during which Lifa was able to literally take his first steps towards a new life thanks to the assistance of the Life Entabeni Hospital.

“A number of organisations then arranged for me to go to Cape Town, where I continued my rehab with the Walking With Brandon Foundation using what I can only describe as the bottom half of a Robocop suit!” he says. “Since then it’s been all about relearning how to walk.”

Lifa soon progressed from using a wheelchair, to walking with the assistance of a walking frame and thereafter crutches. These days, he gets around the University of Johannesburg campus, where he is studying towards a Bachelor of Commerce (BCom), with hiking poles or a cane.

So, just how did a Durban boy end up studying economics in Jozi?

“That’s quite a story,” he laughs. “I was in Durban one day, just watching TV with Lindi, when we saw an ad in which [well-known adventurer] Riaan Manser was inviting people to apply to join him on his Odyssey Row transatlantic rowing voyage from Barbardos to the Canary Islands, if I recall. Lindi said to me, ‘send that SMS’, and so I did.

“Soon afterwards, Riaan called me to say that I had made the top ten and invited me to the final selection in Cape Town. I didn’t make it, but got the attention of one of Riaan’s judges, Sizwe Ndlovu,” Lifa says.

Ndlovu, who rowed to Olympic silver for South Africa at the 2012 Games in London, offered Lifa a bursary to row for him at the University of Johannesburg where he is in charge of the rowing programme and coach for the South Africa Rowing Paralympics.

RIGHT: Lifa Hlongwa has been able to recover from his spinal cord injury so that he only requires a cane while walking.

Lifa competes in the PR1 class over 2 000 metres and is currently part of the South African Paralympic training squad. He stays on campus in the accessible residence, where he leads a simple and focused life cantered around his studies and rowing.

“2022 will be my final year of BCom and there are so many things going around in my head about the future,” he admits.

“I’ve learnt that life changes all the time, so what works for me is that I try to focus all my energies on one year at a time because nothing is set in stone.

“That being said, I’m pretty committed to going to the 2024 Paralympics in Paris,” Lifa says. “I should be in my prime then but I’ll stick to the plan and prep for that one year at a time. Right now, I don’t even know what the 2022 season will look like, as the calendar only comes out in November.”

Before that, Lifa is thinking about perhaps doing his honours, while also engaging in another of his passions, namely hiking.

“I’ve been setting small challenges,” he says of his lifelong love for the outdoors. “I recently hiked Lion’s Head in Cape Town and I’d like to head to the Drakensberg in December, where I want to do a two-day hike.”

Lifa Hlongwa’s life story is at once tragic and inspirational. With the help of family and friends, as well as organisations such as the Players’ Fund, he has embraced his new life and is writing his own script on a daily basis.

“I accept the good and the bad that has happened to me and it gives me a reason to carry on,” he says. “The beauty of life is accepting both.”

For Life Hlongwa, what started out as a tiny toe-wiggle has become a confident stride into the future.

MUST-KNOW LEGALITIES FOR TENANTS WITH DISABILITIES

While South African laws do protect renters with disabilities from evictions, **CILNA STEYN** urges renters to disclose their disability in the rental agreement

The right of occupation is important when discussing rental property. There are two seemingly similar, and yet, not equal rights when dealing with immoveable properties: the right of ownership; and the right of occupation.

The right of ownership is a complex and complete real right, meaning, this right attaches to a thing. It is a collection of different rights which includes the right to sell the property; use as security for a loan; and to occupy.

Trading with the right of occupation can take on many forms. The most popular is renting. To qualify, a lease agreement must comply with the following:

- It must be temporary;
- The tenant must have undisturbed use and enjoyment of the property;
- The tenant must pay rent.

The agreement doesn't have to be in writing to be enforceable, although it is highly recommended. The law provides a few very specific rights to protect a tenant or occupant with a disability. However, many times it would be up to the tenant to enforce these rights.

There is no obligation for a landlord to provide a property that is wheelchair accessible. However, if this is a needed, the landlord is aware, agrees, and such terms are then recorded in the lease agreement, the landlord's failure to comply with these terms will amount to breach of the lease agreement.

This will allow the tenant to utilise a few available remedies in law. They can compel the landlord to comply with the agreed terms. If the landlord fails to comply, the tenant has the right to cancel the lease agreement and claim damages.

Renters are also protected under the Prevention of Illegal Eviction from and Unlawful Occupation of Land Act 19 of 1998. As described in Section 4 of the Act, there are four groups of people who have a higher level of protection against eviction. This includes the elderly, minor children, women-headed households and people with disabilities.

Recording a tenant's disability in as much detail as possible is beneficial. In the unfortunate event of an eviction, the court must be informed of all the occupants residing in the property and their personal circumstances, which will include details of the above-mentioned equity groups.

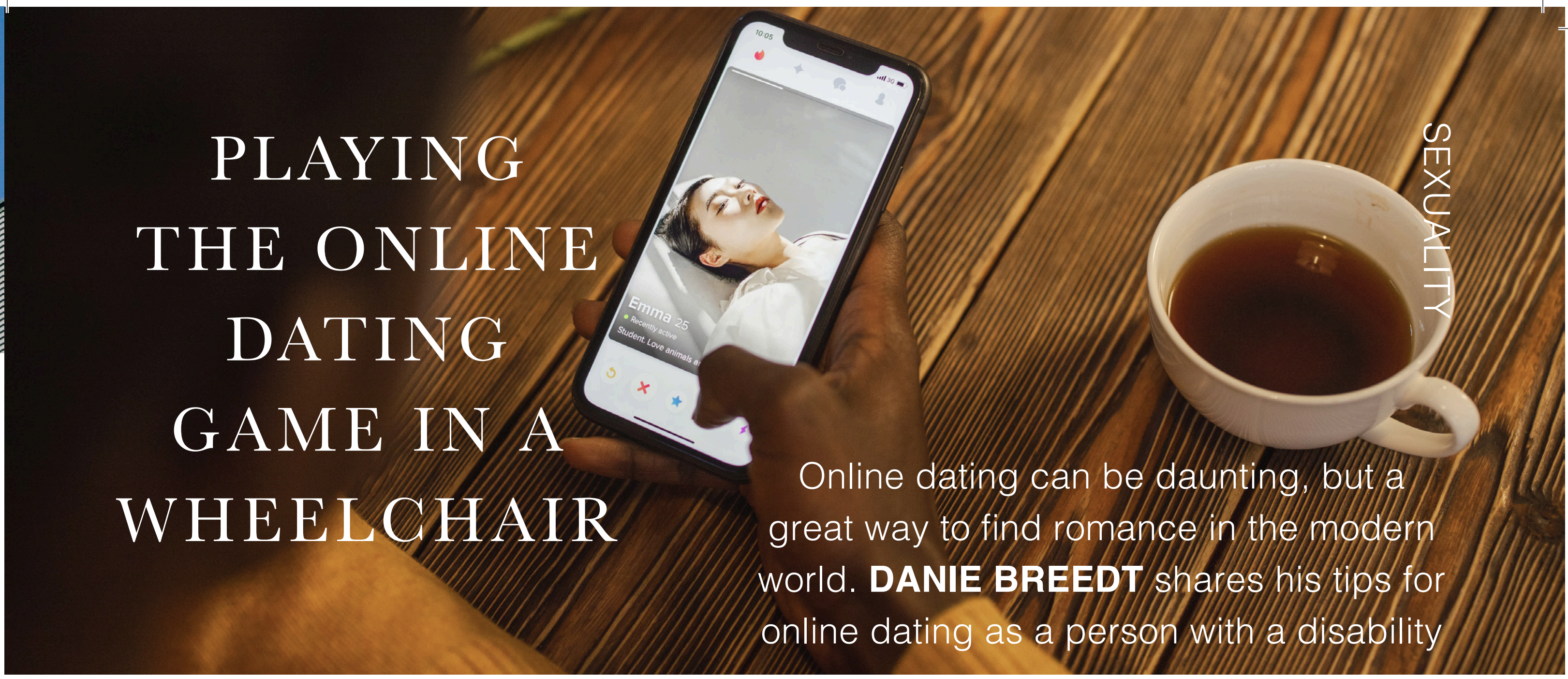
If this information is already recorded in a lot of detail in the lease agreement, it would be close to impossible for a presiding officer to be unaware of vulnerable people who need to be evicted from the property.

Once the court is aware of these personal circumstances, it needs to determine a time period during which the illegal occupant must vacate the premises that is just and equitable.

This position was founded and established in terms of Section 26 of the Constitution Act 108 of 1996, which determines that no person may be evicted unless a court orders such eviction, and only after the court had the opportunity to consider the personal circumstances of all illegal occupants.

Our rental laws do offer protection for tenants with disabilities, but it is essential that the details of the disability and the resulting agreement between the parties or requirements in law are recorded in full and in detail within the lease agreement.

Cilna Steyn is the managing Director at SSLR Inc. Attorneys. She completed her LLB Degree at Unisa, after which she was admitted as an attorney in 2007. She co-founded Steyn & Steyn Attorneys. She regularly presents training session, where she advises groups of rental agents and private landlords on matters relating to Landlord and Tenant Disputes and broader scope Property Law related matters.



PLAYING THE ONLINE DATING GAME IN A WHEELCHAIR

Online dating can be daunting, but a great way to find romance in the modern world. **DANIE BREEDT** shares his tips for online dating as a person with a disability

The COVID-19 pandemic has had many negative impacts on how we function daily and interact with others, but there have also been some advantages. One of which is that online dating has soared, and people have become much more comfortable meeting and interacting online.

Embarking on the journey of online dating could be daunting for people with spinal cord injuries, but there are some aspects you can focus on for a more positive experience.

The first step is to make sure you are in the right mindset to start dating (online or offline). Having a negative attitude will only make you come across as being downbeat – not something people look for in any partner.

Take some time to think about strengths and what you can bring to a relationship. Asking family and friends what they feel your strengths are could be helpful feedback that will help you gain confidence in creating your dating profile.

Try to take the pressure off yourself and the other person by looking at dating as a way of finding new friends and hopefully meeting someone you really ‘click’ with on different levels. Looking for dates on a disability niche website is an option if you tend to be evasive about your disability or any medical conditions you may have.

Be unforgettable when creating your username and dating profile. Try and go for something offbeat or different that gives other users something to smile at. This is your first impression and an opportunity for people to get a sense of who you are before your first interaction.

Your profile is an opportunity to highlight your good qualities and explain what it would be like to spend time with you. Don’t be modest, include your most endearing qualities.

Adding some humour to your profile and initial interactions helps to lighten the mood. Your disability doesn’t define you and having light-hearted conversations initially gives the other person an opportunity to get to know you as a person. It helps to be specific and give context to your qualities.

Be realistic about your expectations upfront. If you are looking for a relationship, geographic location is important. It will likely be disappointing if you fall in love with someone you will never meet. Ultimately, the goal should be to meet in person if you want to move the relationship forward.

Lastly, be an open book about your disability, as far as you’re comfortable. Answering questions about your condition can be helpful for people to understand you better and show that you are comfortable with your situation. Your view of yourself will have a big impact on how others perceive you.

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.

HOTSPOT NEWS

UMPIRE PATRICK SELEPE MAKES HISTORY

South African umpire Patrick Selepe is the first person with a disability to serve as an official at a Paralympic wheelchair tennis event. It is the latest milestone in a journey that has seen him advance the sport from its very arrival in South Africa, having dedicated himself to wheelchair tennis as a player, coach, administrator, development officer and mentor – not bad for someone who had never so much as held a racket before losing his left leg in 1996 at the age of 19.

Selepe was approached to help with a new initiative to introduce wheelchair tennis to South Africa in 2003. Buoyed by the wheelchair movement skills he had acquired from basketball, he picked up a racket and set to work improving his strokes, learning and coaching at the same time.

Selepe quickly took to the sport and rose as high as number 60 position in the UNIQLO Wheelchair Tennis Tour world rankings in May 2014, as well as playing on the South African World Team Cup squad that he now captains.

One year after hitting his career-high ranking, Selepe made history as the first person with a disability to earn an International Tennis Federation White Badge officiating qualification in 2015. Soon after, he joined the officiating team for the Wimbledon Qualifying tournament, and in 2017 made more history as the first chair umpire with a disability to officiate a Davis Cup tie in South Africa, the same year he received the inaugural UNIQLO Spirit Award in recognition of his ongoing commitment to wheelchair tennis.

For now, though, Selepe is living out a long-awaited ambition at the Tokyo 2020 Paralympic Games.

Read about Selepe's full journey and wonderful opportunities by scanning the QR Code right.

IN THE NEXT ISSUE

BEHIND THE SCENES

We visit CE Mobility for an exclusive factory tour to learn how wheelchairs are manufactured in South Africa.

DISABILITY ACTIVISM THROUGH THE YEARS

We take a look at the history of disability rights and where we find ourselves today.

LOCKDOWN IMPACT ON DISABILITY

We discuss the findings from a research study that looked at the social and economic wellbeing of people with disabilities during the national lockdown.

CLASSIFIEDS

COVID-19 & VACCINE RESOURCES

OFFICIAL GOVERNMENT CONTACTS
Website: https://sacoronavirus.co.za/
Public Hotline: 0800 029 999
Whatsapp Help service: 0600 123 456

VACCINATION INFORMATION
Website: https://sacoronavirus.co.za/vaccine-updates/

VACCINATION REGISTRATON
Website: https://vaccine.enroll.health.gov.za/#/

NORTH WEST PROVINCE
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QASA SERVICES & PROGRAMMES

Contact the QASA Head Office for all projects and services, including Driving Ambitions, Work Readiness Programme and QuadPar Transport, an accessible transport service based in Gauteng.

QUADPARA TRANSPORT

ACCESSIBLE TRANSPORT IN GAUTENG

THE QUADPARA ASSOCIATION OF SOUTH AFRICA (QASA) IS NOW OFFERING ACCESSIBLE TRANSPORT IN THE GAUTENG AREA!

THE QASA VEHICLES ARE EQUIPPED WITH WHEELCHAIR LIFTS AND CAN TRANSPORT YOU TO AND FROM ANY DESTINATION IN THE GAUTENG REGION*.

THIS SERVICE IS ONLY AVAILABLE TO PEOPLE WITH DISABILITIES.

TO ENQUIRE OR BOOK, CONTACT QASA AT INFO@QASA.CO.ZA OR 0860 ROLLING

QuadPara
Association of South Africa (QASA)

*YOU WILL BE BILLED FROM EDENVALE (WHERE THE VEHICLES ARE BASED) BACK TO EDENVALE.