# ROLLING INSPIRATION

ISSUE 3 2020

The leading magazine for people with mobility impairments

## FLY FISHING
An analogy for good business

## COVID-LIGHT
Managing light COVID-19 symptoms

## MAKING FISHERSMEN
Creating an adaptable fishing rod

## FINAL STRAW
An open letter to medical aids

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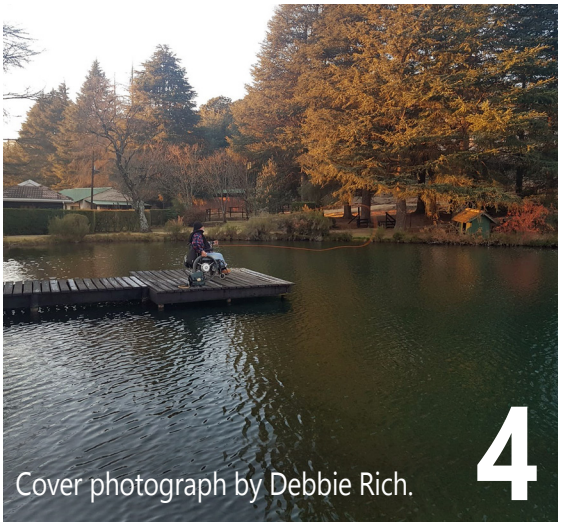

Cover photograph by Debbie Rich.

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## MEET THE TEAM


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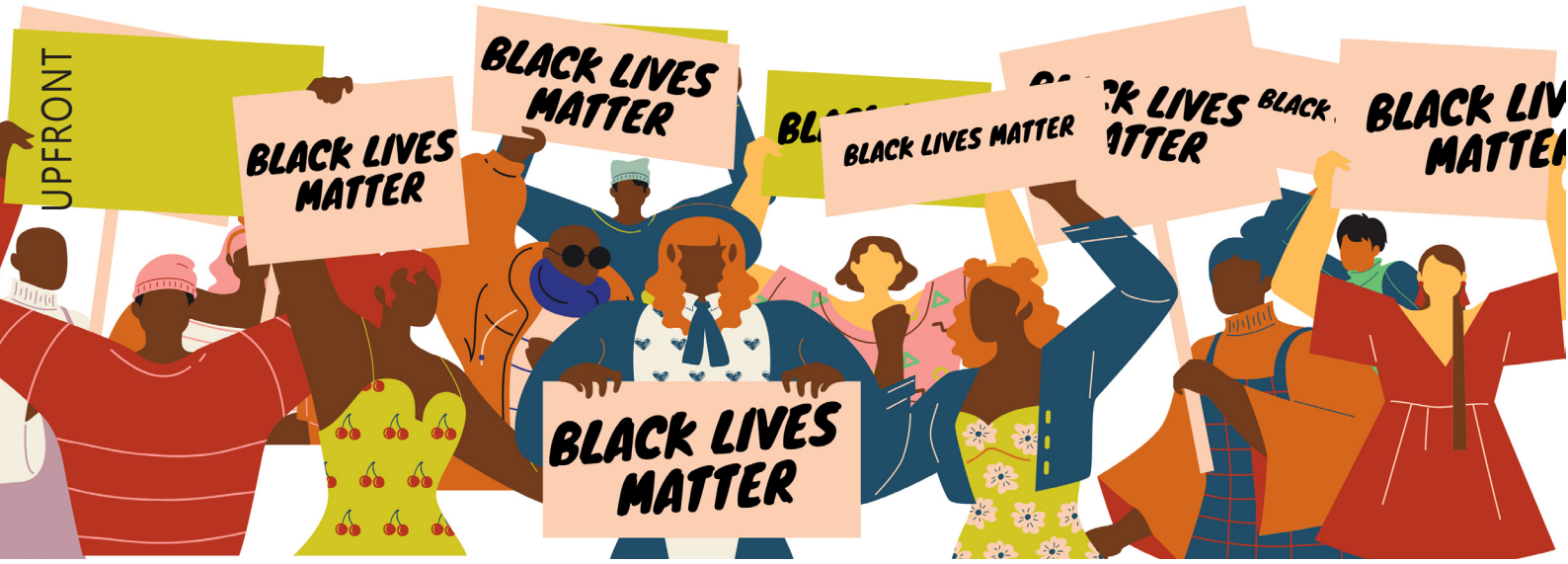



# EQUALITY AT ITS CORE

**AT THE CENTRE OF THE BLACK LIVES MATTER MOVEMENT IS A CALL FOR EQUALITY, FOR PEOPLE OF ALL RACES TO BE TREATED WITH DIGNITY AND RESPECT**

Saying that black lives matter is not saying that only black lives matter. It is critical to understand this. Black Lives Matter is an anthem, a slogan, a hashtag and a straightforward statement of fact. While it is not a new movement, the message is central to the nationwide support it generated.

For organisations that are invested in working toward equality for all, it is important not to only see colour, but to work on levelling the playing field. It is essential to realise that the prejudiced position of power by one race has been normalised over the centuries in all spheres of society from education and business to leisure activities and sport.

This makes it difficult, if not impossible, for any racial group other than white to achieve, excel or participate in life without having to prove exceptional qualities.

In turn, there is a perception that the darker the hue of someone's skin, the less value the group can add. Everyone can contribute to remedy this situation. We can change our attitude and perceptions. We need to admit that mistakes were made and be prepared to work towards retribution for the deep wounds it caused to our nation and the world.

We need to embrace the concepts and principles of the one element that we all share, which is our humanity. We all are human and have the same rights enshrined in our constitution.

QASA and *Rolling Inspiration* are in support of the Black Lives Matter movement and its goal to ensure that every person, regardless of race, have equal opportunity and are treated with respect and dignity in all aspects of their life.

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.

# THANK YOU, QASA

*Mario Swartz wrote a letter to QASA to say thank you.*

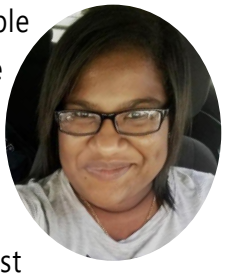
I would like to thank [the QASA team and] management for my J2 wheelchair cushion. For any quadriplegic, a particular wheelchair cushion is invaluable.

When I was first introduced to the cushion many years ago, I had endless struggles with pressure ulcers, but this cushion almost completely eradicated my dilemma. Therefore, I cannot thank you enough for making me the happiest quad alive.

It doesn't take much to stir up excitement and happiness in my spirit. My 29 years of quadriplegia has taught me vital lessons with regards to contentment and appreciation.

God bless QASA and may the organisation's scope of influence tirelessly echo in South African society; translating positive energy concerning environmental and attitudinal barriers, as well as disability awareness at large.

## QASA BIDS FAREWELL



QASA has bid farewell to a valuable team member, Ronelle Lyson. While QASA wishes her well on this new adventure, she will be greatly missed. Always ready to help out, Lyson headed up various projects and assist QASA with building core relationships with funders.

Fortunately, the QASA team found a capable replacement for the role of project coordinator. It is with excitement that QASA welcomes Zandile Miya into its fold.

Ashley Village, Pinetown, residents enjoy the hand-crocheted wool blankets made and donated by Rose Wessels, who has donated over 100 of her creations in the last two years.

## DRIVING AMBITIONS RETURNS

**The QASA Driving Ambitions programme has reopened in KwaZulu-Natal, Gauteng and the Western Cape as the country heads into level 2 of the lockdown. Strict safety measures will be in place to protect both the instructor and learner, which includes wearing a mask when in the vehicle and frequently sanitising.**

**Candidates whose training were interrupted when the national lockdown was implemented will be assisted first. QASA will also assist those candidates whose learner's licence expires soon.**

**All candidates should meet the qualifying criteria. For more information, or to apply, contact QASA at 031 767 0352 or projectcoordinator@qasa.co.za.**

# FLY FISHING TO GOOD BUSINESS

**FORMER QASA CEO ARI SEIRLIS SHARES HIS LIFE STORY AND SOME GREAT BUSINESS ADVICE FOR ENTREPRENEURS AND BUSINESS OWNERS**

Cover photograph by Debbie Rich

From a young age, I enjoyed fishing. I grew up in Ladysmith in the late 60s. My father befriended some of the farmers through his architectural work. Soon, I was invited as a *laaitjie* to fish bass on their farm while my parents sipped gin and tonics on the porch planning developments, debating politics and arguing about sports with the farmers.

The dams were so full of bass that anything you threw in the water worked as bait from bread balls with Bovril, earthworms, crickets and grasshoppers to a rubber lure. I am not sure whether we could not afford Rapala or if it was unavailable, but everything seemed to get the attention of the Nambiti bass. I caught many, kept them all; filled up the deep freeze and never embraced the concept of "release". It was the greatest fun I had as a kid – equalling the guinea fowl shooting on Sundays.

In 1972, I was sent off to Highbury Preparatory School in Hillcrest and I was sure that my fishing days were over. But the journey was only just beginning. I still fished on the various farms during school holidays as it helped the farmers to cull their fish. The dams were always brimming.

In my senior year at Highbury, I joined the fly-fishing club under the stewardship of a Mr. Pennington and the expertise of the maestro, Jack Blackman. The same year, my grandfather and granny Daph bought me the kit I needed, which also turned out to be the most expensive birthday gift I had ever received at the time.

Suddenly, I was a fly fisherman and the bass fishing was but a lowly sport for mudrats; for fly fishing was a gentleman's sport – or young gentleman in my case. Through the club, we were taught to tie flies, understand their purpose, to cast, how to navigate rivers and look for trout in various hot spots in a river section.

We learned the different traits of rainbow versus brown trout and how to address each. We understood the difference between flashing a dam and stalking

a river. Trout fishing became an art, a science, a sport, a mystery, a challenge and bloody difficult, but intriguing and fun. Being part of the fly-fishing club was beginning to have status and meaning.

One incident I vividly recall was the annual Highbury fly-fishing club casting competition when my parents drove all the way from Ladysmith to see what I could do. Sadly, I came last. I was terribly embarrassed and got teased for years. It was a huge blow to my ego but goes to show that the longest cast does not always catch the biggest fish.

The fly-fishing club helped to form strong friendships between us eager fishermen – invaluable friendships I cherish to this day.

In my teens, fishing became more of a hobby. There was no fly-fishing club at Hilton College and my high school years were consumed with sport and a dozen other societies and activities. During my holidays in Ladysmith, I'd wield my fly rod to catch bass again but there was no challenge or stalk. As soon as my fly landed, there was a squabble over it.

When I focussed on trout, my whole outlook and philosophy changed. I wanted the adventure of luring the most stubborn of trout. When the hunt was missing, the penny dropped. I finally understood the purpose of fly-fishing.

It is about assessing the conditions on the day; understanding the prevalent bugs and baits on the water; and simulating these conditions in fly choice, line and depth placement, casting techniques, retrieving methods; and then how you treat the fish when it is on the hook.

After school, I spend two years at the University of Cape Town before I was drafted into the infantry division of the army for my two years of national service. I trained in Echo company and qualified out of infantry school at Oudtshoorn as a second lieutenant. I completed a parabat course and was deployed to a specialised intelligence unit reporting to Pretoria.

For part of my service, I was deployed close to Ladysmith. I was fortunate that this part of my past was overlooked. On many a day I dreamt of cutting loose and fly fishing, but all I had was an AK47. My military days and training directly impacted on my rehabilitation and brought me back to fly-fishing.

> *"Fly-fishing club helped to form strong friendships between us eager fishermen.*

In August 1985, I broke my neck in a diving accident at Durban's Waterworld. To accept the consequences of a spinal cord injury, apply myself in rehabilitation and face the world again, I needed the business acumen that I acquired at UCT, the strategic planning that I learned from my family, the discipline that I gained at boarding school, and the fox mentality that learned in the army, as well as the resilience needed to complete a Comrades marathon. In hindsight, I was grateful for all those experiences.

There were three discussions quite soon into my rehabilitation that were very significant to me. The first was with the orthopaedic surgeon who informed me that I was a quadriplegic and that certain activities would be impossible for me to do again.

I couldn't spell the word let alone understand what it meant in terms of recovery, future agility

and lifestyle choices. I wanted to walk again. Let's be honest, all of us with spinal cord injuries want that.

The second was with an occupational therapist who said: "You are going to be in a wheelchair for the rest of your life." I almost immediately decided that quadriplegia was not going to define me. It needed to fit in with my goals. Using a wheelchair would not imprison me, but allow me to participate and be a force in society. This is the mindset with which I began my rehabilitation.

The third resulted from the media attention my accident received and the number of people who took particular interest in wishing me well. The support was quite incredible, but overwhelming. I decided to ask for space and time to rest and rehabilitate. It worked!

> *"I almost immediately decided that quadriplegia was not going to define me.*

I managed to retain my friend-base, or most of them, for all of these years, and our visits continue. I have achieved most of my goals, travelled to most places on my bucket list, worked for myself as an entrepreneur, for a company as an employee and for an NPO as the CEO. Moreover, I know there's still much more to come and be done.

It took me a few years to settle – then I yearned to fly fish. I knew that the calm of fly fishing would be the perfect remedy to recover from war and injury. Whether I liked to admit it or not, post-traumatic stress existed. There was no demobilisation process from the army and there is no quick fix for the trauma of the spinal cord injury.

There needs to be a place where one can find

**LEFT**: Ari Seirlis as a young boy bass fishing.
**RIGHT**: The cherished fly-fishing club where Ari built life-long friendships.

calmness; that allows one to meditate and make sense of the senseless. For me, that place is in fly fishing!

There were, however, some physical elements with which to deal as I have no triceps muscles, very little agility in my fingers and limited wrist movement. With rod in hand, I went to orthotist and prosthetist, Heinrich Grimsehl, at his practice in Durban, and asked him to offer a solution whereby I could hold and cast the rod.

With his ingenuity and some reel engineering from my good friend, Brett Bakke, I was soon ready. The first fish that I caught with my new rig I presented to Grimsehl for his pan in gratitude. Since then, I have not intentionally taken another fish out of the water.

I took a few casting lessons at Blue Lagoon with Mike Harker. After achieving 50 feet of line on the water, I knew it was time to visit the mountains again. So, the analogy of fly fishing to good business strategy and market penetration was born.

When anybody hears that I fly fish, I know they are wondering how I access the dam or river. Yes, as a wheelchair user, I need to have accessible water (a groomed dam or river), but it boils down to having the

wallet to rent out accessible facilities for a day. That is how fly-fishing is sustainable in commercial waters.

If a farmer makes his water available for guest fishing and the facilities are groomed, then they get my business. Fly-fishing is common at tourist resorts mainly in the Berg areas of South Africa with more than enough accessible waters.

**LEFT**: Ari Seirlis in covert operations in the army.
**RIGHT**: Ari during his parabat training.

When I get to the water's edge, I find a level position for my wheelchair and lock myself in. I'd hate to be pulled into the water for the embarrassment, the inconvenience, and the guaranteed freezing thereafter.

So, in business language you need to be close to the marketplace (the water), but far enough away to be able to make essential and important observations. Establish yourself. Lock yourself into the community. Make sure your company not only trades in the area, but supports and invests in the local community.

Probably the most important element of market assessment is to spend some time looking at the conditions of the day. Is it windy or quiet? It the water warm or cold? Is it quiet or abuzz? What sort of structure is there around the dam?

In trout fishing terms, structure is defined in trout fishing terms as the availability and position of shade, rocks, weed, water flow in and out of the dam, varying depths. Once you identify all of these, you have various options in terms of what fly to use and where you want to place it.

If you are selling goods, products and services, there are many markets with different structures. Each market needs a different strategy and possibly different products and services that are packaged and priced accordingly.

With fishing, you need to study all the bugs on the water. This is potential food for the trout and your competition. You want your product to attract the attention of the customer. Look at your fly box or "catalogue". Is there something there that can compete with the bugs on the water? The green woolly bugger? A walkers killer? Or do you need to repackage? Do you need to pull out your fly-tying equipment and material to be replaced by a better product?

> *"Spend some time looking at the conditions of the day.*

Tie your fly on well, secure it, choose your correct line. Decide on floating, intermediate, or sinking, depending on the conditions of the day and then get your cast out. Remember, most people identify fly anglers as those people who are whisking a line up and down in the air looking well-coordinated, gentlemanly, and professional. However, you can catch the fish only when the fly is on the water.

The furthest cast does not always catch the biggest fish. It's all about making the correct assessment of the water, the structure and what you observe about

the fish if you have had a sighting. The same applies to your market. Do you pester a customer for an order or patiently present your offer? If you do get a fish on a fly that is not tied securely, you will lose your catch and reputation. The same is true for business.

When casting you need to be aware of what is behind you as well. What obstacles are there that will snare your fly before it lands on the water – or your product in the market. This is the blind spot. I can assure you that it took me a long time to get it right. I have spent some time in the embarrassing situation of my rod being flexed in the wrong direction.

These are good photo opportunities for your worst enemies and best friends. In business this could equate to staying abreast of technology changes (for example, streaming platforms like Netflix sinking the video rental business) or shifts in the consumer sentiment or the competitive landscape.

Each fly in your box should have a different retrieval method. Two short jerks of the line and the halt … or a low stroke and wait. There are so many ways to present your product to the market.

Each time you fish, whether in the same or new water, you learn more about trout and their eating habits. Similarly, you should understand the buying habits and needs of your customers. Take copious notes, dig deeper into your fly box, understand retrieving methods, and try putting your fly into a different structure on the water.

Is this the most delicious and best fly on the water? If so, you are going to have a lot of fun and many relationships with plenty of trout. If not, do not despair. Back to the drawing board. Should I use a different fly? Should we improve our pricing? Should I change retrieving methods? Is our advertising

**ABOVE**: Ari in his fly-fishing gear with accessible rod courtesy of Heinrich Grimsehl.

**RIGHT**: With a strong belief in catch-and-release, Ari would only admire his catch.

method appropriate to the market? Questions for the angler and the sales team or marketer.

Occasionally nothing comes to light in your search for the right fly to cast and, in this case, I tie on my "tried and tested" green woolly bugger or take a chance on something that I haven't used before. (I actually feel sorry for the dozen flies in my box that haven't had a dip in the water.) And so too, in the market, present something with a gut feel and confidence or test a new product.

There also comes a time when there is a nudge on your fly. Do you retrieve quicker and expect a chase? Or strike like hell? Or lie still and wait for a second look-in? There is no definite answer. You should know the water and your market by now. You should know your customer (or trout) and decide in a blink.

Malcolm Gladwell will tell you this in his bestseller, *Blink: The Power of Thinking without Thinking*.

The term "fish on" refers to when you have the interest of the trout ... your customer. Now, you need to reel in gently. Do you let the trout run a bit or just robustly reel in and maybe lose the catch for a light breaking strain leader?

Allowing the trout to run is a lot of fun and you will really enjoy the fight and achievement when it's over. It gives you an opportunity to learn about the resilience of your catch. Or maybe you prefer to reel in as fast as possible to satisfy your hunger or basket? I seldom see that business strategy working. Nevertheless, people do it.

Eventually when you hold a beautiful trout in both hands. I can guarantee that you will have a big smile on your face. You chose the right fly, you cast the right length and you lead the fish into taking a look at you. Do you take the fish out of the water or do you give this beautiful trout a soft peck and reintroduce it back into the water to live another day?

That decision is yours to make. Some businessmen will take everything they can get and eat as much as they can. Others will be selective as to what they keep out of the water, taking stock of age, length and weight. Then, there are those social entrepreneurs and strategists who realise that the kinder you treat your trout, the more often you will catch the same fellow.

Is the cost of securing a new customer much cheaper than servicing all your existing customers? If that's the case, then keep all of your fish. But if not, then catch and release to grow your business.

Many fly anglers are happy with nothing in their basket but many a trout at the end of their line, which they released to catch another day. Every time I go fishing, many people ask how many fish I caught. A more appropriate questions should be: "How many did you want to catch?"

There have been times when I did not catch a single trout even though the water was teeming with rises. Maybe I did not assess the demographics of my market correctly or I'm fishing in the wrong dam. Maybe the market has dried up and I need to look on another farm.

Recently, I fished a dam for hours from sunrise to sunset without even seeing a "rise". I felt too awkward to ask the farmer when he had last stocked this dam as he bragged it was a trophy dam and charged accordingly.

> *"I feel sorry for the dozen flies in my box that haven't had a dip in the water.*

I will take the blame and return one day when word gets out of a trophy catch. Maybe this dam or market had limited potential, or I need more skill to fish in this technical water. In the meantime, to keep my interest, I will choose more productive waters.

In the last few years, I have loved my time back on the water with my fly-fishing rod, my friends and a single malt. It has given me many solutions to strategic and operational dilemmas. It has also given me the calmness I needed in my life to heal, reflect and understand.

Fly-fishing still remains an art that not everybody finds interesting or are successful at; however, I've never seen an ugly outlook or unwise fishing buddy. I've always enquired about the fly that works or the condition the trout is in. Those are the two most important elements to balance, besides rhythm and patience. I've learned this: "It's not how you get there, but it's how and what you do when you're there. R

# "COVID LIGHT" WHAT NOW?

**MANY PEOPLE WHO ARE ASYMPTOMATIC OR ONLY EXPERIENCE LIGHT SYMPTOMS WHEN INFECTED BY COVID-19. GEORGE LOUW INVESTIGATES HOW TO DEAL WITH ALL THINGS COVID LIGHT**

At the time of writing this article we find ourselves in a season of runaway COVID-19 infections. In real terms, the numbers are frightening and threaten to overwhelm our healthcare infrastructures. Healthcare workers are stretched to the absolute limits of endurance and the media is filled with reports of human drama and tragedy.

There is anger and resistance against the inadequacies of the working environments in many clinics and hospitals, and the shortages of manpower and equipment, particularly personal protective equipment. Media reporting concentrates on the frontlines of this war against the virus and the trauma suffered by its casualties.

But this is just part of the reality. Those who become critically sick and the deceased make up only very small fractions of the total infections.

The media flourishes on tales of overfull hospitals and PPE shortages, but what is an ordinary run of the mill household to do if a member tests positive without falling very ill? Although not as

dramatic as the frontline war, the chances of this happening to you are far greater than that of becoming critically ill.

Our household experienced this some weeks ago when my wife had herself tested after experiencing mild flu-like body aches. Much to our surprise the results came back positive. This left us in a quandary. What to do now? She is infected but not really sick – no fever, dry cough, shortness of breath or sore throat. Just a loss of taste and smell, some pain, a physical and mental tiredness.

I would like to share our experience with you and follow it with some general guidelines on how to deal with the homecare of a "COVID-light" infection.

The first thing we did was to contact our general practitioner (GP) for advice. The GP recommended that we buy a pulse oximeter to monitor her blood oxygen saturation and, if it remained above 90, we could continue home care. She also recommended that the whole household go on immune-booster medications, such as vitamin C twice daily, Zinc and Vitamin D supplements, for the duration of the infection and a month thereafter.

We are fortunate enough to have two bathrooms, so, we used separate bathrooms and slept in separate bedrooms. We isolated my wife's cutlery and crockery. We wore masks in one another's presence, washed hands and applied sanitiser at every opportunity. We repeatedly wiped all surfaces with diluted bleach solution (a 1:10 dilution).

All food packages were sanitised by wiping them down with a bleach soaked cloth before storing. After fourteen days, my wife was much better, apart from the tiredness that returned periodically for another week or so. Neither I nor our live-in domestic worker became infected.

This is the reality for many. Few people become seriously ill and we must not allow ourselves to become consumed with fear because of the media coverage. Although it is important to remain careful as we won't know if we are part of that small percentages until it is too late. Simply keep following the regulations.

Let's look at some COVID-19 homecare tips for caregivers (and patients) to optimally manage this scourge that is plaguing our planet.

## COVID-19 CAREGIVER TOOLKIT

Apart from the usual caregiver routines followed with the person that you are caring for, there are five important COVID-19 focus areas that you must be aware of:

- Caregiver personal protection measures;
- Medication;
- Breathing support;
- Viral load reduction; and
- Monitoring.

## CAREGIVER PERSONAL PROTECTION

Have at least three cloth masks (or scarves to use as masks). Wear them always when in the vicinity of your patient and as far as possible when indoors. Make a point to go outdoors for mask-less fresh air as frequently as possible. This, of course, doesn't include public spaces – like stores – where masks are obligated. Wash used masks daily in soap and water.

Wash your hands as frequently as you can and especially after contact with your patient. Use the regulation alcohol-based hand sanitisers regularly and apply bleach solution with a cloth to all frequently touched surfaces at least twice a day. Include all handles and doorknobs in your cleaning routine.

It is not always possible to social distance from your patient if bed turning and assistance with toilet needs are part of your duties. Medical-grade protective equipment is not readily available in

home-care situations. Although not ideal, there are some home-made solutions that can assist.

Invest in a pair of rubber (dishwashing) gloves that you can frequently sanitise. Get two full length aprons that you can wash and alternate daily. Also, get a Perspex visor to wear over your mask. This has the added advantage of protecting your eyes from virus-containing droplets.

Lastly, it is recommended that caregivers, who are caring for a patient with COVID-19, also isolate in the home where they are working – even when free of symptoms – to reduce the further spread of the virus.

**MEDICATION**

Symptomatic medication is for a doctor to prescribe but ensure that the patient and the caregivers are supplied with immune-boosting agents. The medical experts advise Vitamin C twice daily along with Zinc and Vitamin D. The dosages for the latter two, as found in good multivitamin supplements, will suffice.

**BREATHING SUPPORT**

Breathing out against resistance causes a push back into the lungs that help to "pop open" the airways and assist with oxygen uptake. Two simple ways to breathe out against resistance are blowing up a balloon as far as you can with three breaths or blowing through a straw into water. If a balloon or a straw is not available, breathing out against pursed lips (like blowing a trumpet) can also be effective.

**VIRAL LOAD REDUCTION**

The virus lives in and spreads from the nasopharynx where the back of the nose meets up with the throat. Make up a mixture of half a teaspoon of salt and half a teaspoon of bi-carbonated soda in 500 ml of water. Gargle the mixture and drip the solution into each nostril. It will help ease build-up of the virus in the nasopharynx and (hopefully) reduce the spread of the virus to other persons.

**MONITORING**

The most critical indicator that medical care is needed is difficulty in breathing. When breathing is compromised, the levels of oxygen in the blood drops. A pulse oximeter is a device that clips onto the forefinger to measure the level of oxygen in the blood and the pulse rate. It can be purchased from a chemist.

Normal oxygen saturation levels are 98 to 100 percent. If your patient's oxygen saturation remains at 95 percent or higher, continue monitoring every morning and evening. If it falls to between 90 and 94 percent, inform your doctor and do the breathing support exercises regularly. If it falls below 90 percent get medical help immediately.

If you do not have a pulse oximeter the pulse rate is a rough guide to oxygen saturation. If the pulse rate suddenly increases by more than 10 beats per minute and remains rapid after an hour or if the pulse rate remains faster than 100 beats per minute you must inform your doctor.

Please remember that low oxygen saturation can occur without signs of breathing distress, so don't assume everything is fine just because there are no obvious breathing difficulties. When in doubt, consult with a doctor.

In conclusion, keep hopeful. The Bubonic Plague came and went, Smallpox came and went, and Spanish Flu came and went. Through all these pandemics, love prevailed and caring drove the processes of healing. Once the pandemic passed, people again shook hands, hugged one another and kissed their loved ones. So, take heart, this too shall pass.

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

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# TRAVEL DURING LOCKDOWN LEVEL 2

**AS LOCKDOWN RULES ARE EASED, MANDY LATIMORE ENCOURAGES SOUTH AFRICANS TO SUPPORT THEIR NATIONAL PARKS BY BOOKING A HOLIDAY**

With the latest announcement that leisure and interprovincial travel will be allowed, I decided to do a quick survey of *Rolling Inspiration* readers to see if anyone is currently or plans to travel over the December holidays.

The results were a little disappointing; however, it looks like there are one or two brave souls who are travelling currently and are making plans for December. Most agreed that if they travel, they will stay in either self-catering units or a bed-and-breakfast as this is a safer option when compared to group travel. Another response was that they will stay in wheelchair-friendly accommodation that they already know and is within their budget.

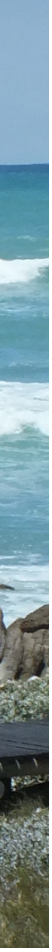
I am desperate to visit the bush and can't wait to get out of Gauteng for a good bush getaway! For this reason I have looked at the good value-for-money options with the national parks.

So, why not think about booking a weekend away, or even a day trip to your nearest park so that you can refresh your soul?

Here's some info from the directive with regards to leisure travel: "Accommodation facilities will be allowed to open for leisure purposes. However, no more than two people may share a room, with the exceptions of a 'nuclear family'." While there was initially confusion around what a "nuclear family" includes, the directive now explicitly states that this includes family members or caregivers living in the same household.

The South African National Parks are in desperate need of visitors to be financially viable. For those who want to support the national parks, here's the list so you can choose one and have a great getaway:

- Ai-Ais Richtersveld Trans Frontier Park
- Agulus National Park
- Addo Elephant
- Augrabies
- Bontebok National Park
- Camdeboo National Park



- Golden Gate
- Garden Route National Park
- Kalagadi
- Kruger
- Karoo National Park
- Mapungubwe
- Mountain Zebra National Park
- Marakele
- Mokala
- Namaqua
- Tankwa Karoo National Park
- Table Mountain National Park
- West Coast National Park

Please visit the following website to look at what the various parks have to offer with regards to nature and facilities for persons with disabilities when you make your reservation: www.sanparks.org. For accessibility info, go to the "Where to Stay" tab and select the "Electronic Brochures" option. Select and download the "People with Disabilities Brochure".

**GUIDED TOURS**

The directive also confirms that "guided tours are permitted as part of the opening up of the tourism industry. The regulations state that a person conducting a tour must keep a record of the full names, identity number or passport number, and cell phone numbers of the people taking part in the guided tour." The person giving the guided tour must also:

- Not allow a person to the tour if that person is not wearing a cloth mask, or homemade item that covers the nose and mouth or another appropriate item to cover the nose and mouth;
- Ensure that every person involved in the tour wears a mask at all times except when eating or drinking;
- Sanitise persons involved in the tour before they enter a tour vehicle, rail or boat;

- Ensure that during guided activities that require walking, a social distance of one and a half metres is maintained at all times among persons involved in the tour;
- Ensure that the loading capacity of guided tour vehicles and other modes of public transport complies with the directions issued by the minister of transport.

So, be brave and plan a safe outing or trip! I'm definitely going to find a new bush retreat that I haven't experienced as yet and use the next long weekend to recharge my souls' batteries in the bush. We cannot stay cooped up forever! Safe travels! R

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

# MAKING FISHERS OF MEN

**WITH A LITTLE DETERMINATION AND CREATIVITY, A DREAM TO FISH WAS REALISED AND A LIFE-LONG FRIENDSHIPS WERE FORMED**

Durban, 2000. "There is a *wit ou* in a wheelchair waiting to see you outside. He doesn't want to come in. He's in a hurry." These were the words from my lab technician 20 years ago. Now, it is important to note that this is Durban. They speak a different language down there. I thought to myself: *This is strange but let me go and have a look.*

Outside, in a wheelchair sat the bright-eyed man scanning our setup like a meerkat. As I walked towards him, he said: "Howzit *boet*." In greeting, he extended his hand to me to and I realised he has no grip in his upper limbs.

"I'm Ari, a quadriplegic, and I want to fly fish. I want you to please make me something that I can strap to my hand and forearm so that I can hold a fishing rod." He shrugged his shoulders up and down to simulate the hip-hop style dance move with which he intends to cast his line and catch a fish. At that stage I thought: *I really don't see this happening!*

But the stranger had so much enthusiasm, I did not have the heart to tell him the unlikeliness of his request. Instead I agreed. In the lab, I recreated his vision. A few days later, he was back to fetch his carbon fibre device. He disappeared as quickly as he appeared. I was unsure of whether I should follow up as I had little hope for the contraption. No news would be good news.

It turned out that I didn't have to reach out because a week later I was called back to the parking lot. The man brought me a gift. It was the very first trout that he caught all by himself and it was my dinner!

Today, many years later, as you can see on the front cover of this magazine, Ari still uses our device. I have since had many very exciting adventures with this man. I learned a valuable lesson that day. If you can envision it; if you are willing to put in the time, energy, perseverance, and a little imagination; if you dare yourself to follow that dream, you can achieve goals far beyond belief, far beyond the expectations of others, and far beyond your own disability. R

Heinrich Grimsehl is a prosthetist in private practice and a member of the South African Orthotic and Prosthetic Association (SAOPA).
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# FORMS TO SUPPORT LEARNERS WITH DISABILITIES

**CONTINUING HER SERIES, EMMA MCKINNEY DISCUSSES THE FORMS THAT TEACHERS NEED TO COMPLETE TO ACCESS SUPPORT FOR LEARNERS**

In this section of the series, we focus on providing teachers with an understanding of the second stage of the screening, identification, assessment and support (SIAS) policy. This stage includes assessments and interventions provided by the school-based support team (SBST).

## IDENTIFYING AND ADDRESSING BARRIERS

If a teacher has identified a learner as vulnerable or at risk during the initial screening, the class teacher becomes responsible as a case manager for ensuring the learner is provided the necessary support. Decisions around the support provided are made collaboratively with the parents or caregiver and the learner (usually from 12 years and older).

The educator will be guided by the SIAS policy and needs to complete forms one and two of the Support Needs Assessment (SNA) with the parents or caregivers.

### SNA FORM 1 (SNA1):

- The teacher verifies and discusses the areas of concern with the parents or caregiver, then determines whether the learner has received any earlier intervention.
- They identify and document the strengths and needs of the learner, and develop an individual support plan.
- They set up a date to review the support plan, which should ideally be once a term.
- If the learner's needs are ineffectively or not met, the teacher should make an appointment with the SBST for a discussion as to what the school can do.

### SNA FORM 2 (SNA2):

- The second form guides the SBST when a learner is referred to them and is used to review the identified barriers and interventions.
- An action plan is developed in collaboration with other specialists, experienced teachers and staff.
- The support plan is captured, actioned and dates set for the reviewing of progress or lack thereof, which should take place at least once in a term.
- After the review date, the SBST may adjust the plan and involve higher-level support structures (for example, a district-based support team) to further assist the learner and teacher.
- In exceptional cases, such as when a learner's life is in danger (for example, abuse cases), direct referrals and deviations can be made from the standard procedure.

The next article will examine stage three, which involves identifying and addressing barriers to learning and development at a district level. R

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

# BECOME AN IDEAL CANDIDATE

**CONTINUING HIS SERIES ON HOW PERSONS OR ENTREPRENEURS WITH DISABILITIES CAN BENEFIT FROM B-BBEE, RUSTIM ARIEFDIEN LOOKS AT HOW INDIVIDUALS CAN PREPARE FOR THE WORKFORCE**

Businesses can earn two points if the two percent employment target for black employees with disabilities are met – a target set out in the B-BBEE Act. Learnerships are the most common form of employing people with disabilities, especially where skill level is low. Only roughly one percent of the formal workforce includes people with disabilities, but there are fortunately more opportunities arising.

Disability organisations can play an important role in facilitating employment opportunities for people with disabilities through, for example, generating funding. However, persons with disabilities should find ways to make themselves a more appealing candidate.

A matric or post-matric qualification is helpful, although a lower level of education doesn't exclude persons with a disability. There are programmes where the required level of literacy and numeracy is low, which allows learners with a disability to participate. These will ideally lead to permanent employment.

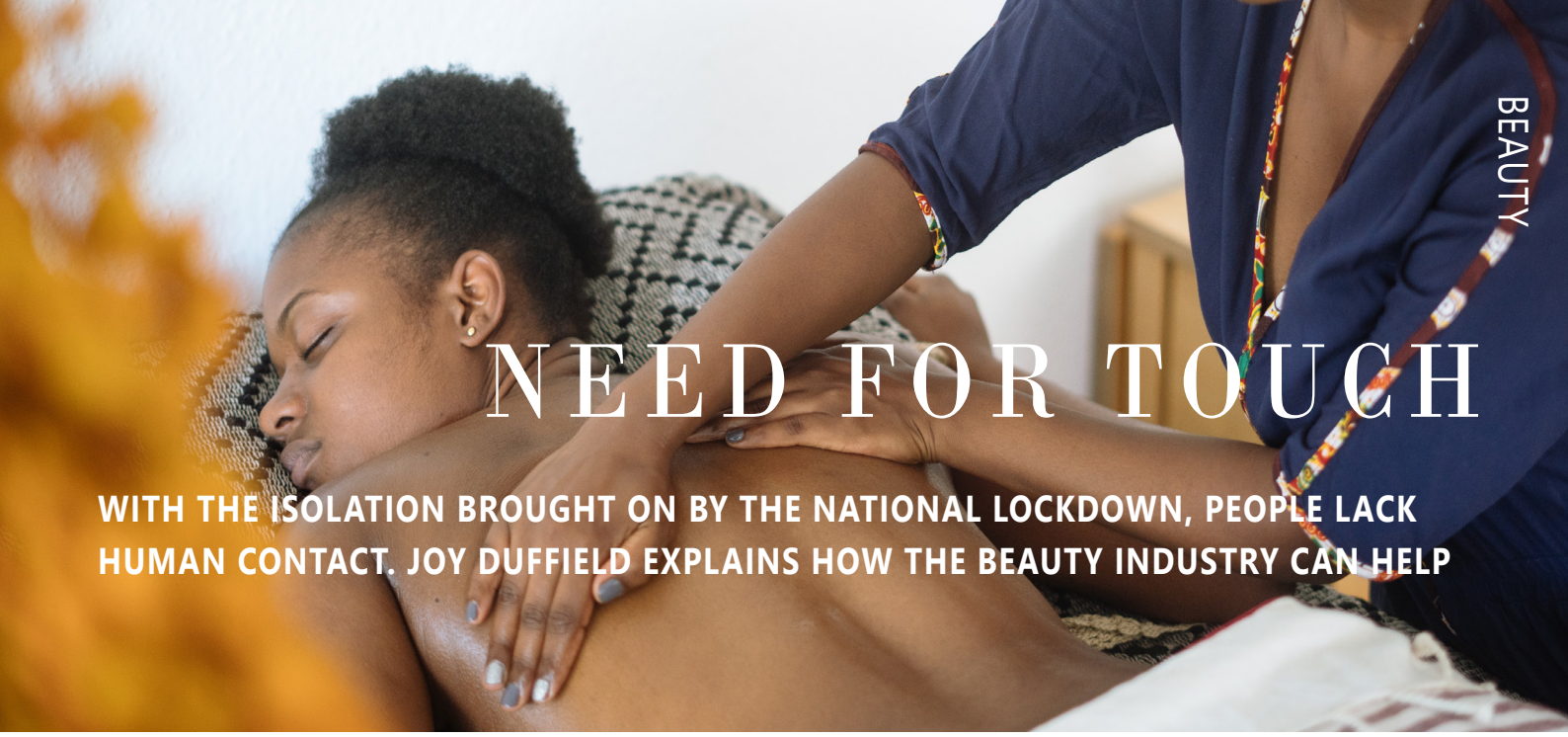
Another popular focus area for employers are persons with disabilities under the age of 30 years as the organisation then benefits from a tax allowance and Employee Tax Incentives. A black female with a disability under the age of 30, holding a matric or higher qualification, for example, is a sought-after candidate.

Where possible it is good to improve level of skill through accredited courses or self-study. If a person can demonstrate that they have the desired skills, they will standout to the employer. Essential to any potential candidate is a Curriculum Vitae (CV). It is helpful to disclose any disability here, whether physical or mental with the category and diagnosis.

This is important as it identifies any accessibility requirements a potential employee might have as well as ensures the employer can earn their B-BBEE points. Any reasonable accommodation requirements should be indicated, for example, I have a physical disability under the category Cerebral Palsy. My diagnosis is spastic diplegic and I use a wheelchair.

In an office environment, I need a working table under which my wheelchair can fit comfortably, an elevator to access all the levels and an accessible toilet. A medical practitioner's certification that states the disability according to the Employment Equity Act should ideally accompany the CV. 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.



# NEED FOR TOUCH

**WITH THE ISOLATION BROUGHT ON BY THE NATIONAL LOCKDOWN, PEOPLE LACK HUMAN CONTACT. JOY DUFFIELD EXPLAINS HOW THE BEAUTY INDUSTRY CAN HELP**

The beauty industry often gets classified as a luxury. This is not all true. There are various important roles hairdressers, beauty therapists, and massage therapists play in society besides the fulfilment of improving our natural selves. Touch is such an important aspect of our lives. It is scientifically proven to strengthen our immune system. Touch improves our physical and emotional wellbeing.

Pain relief is something we all require at some point, especially if we are sitting in the same position for many hours at a time. The repetitive strain causes tension in the muscles that can become quite painful, cause headaches and affect our posture. A massage can offer relief from such neck tension or pain.

It can also benefit those who suffer from pain caused by nerve damage, tingling or a burning sensation on the skin. Start with light strokes and then increase the pressure to see what is most comfortable.

A massage can improve circulation by moving deoxygenated blood back to the heart which then pumps oxygenated blood to the massaged area. The lymphatic circulation increases, which helps to remove toxins out of the body and reduce puffiness or swollen feet and ankles.

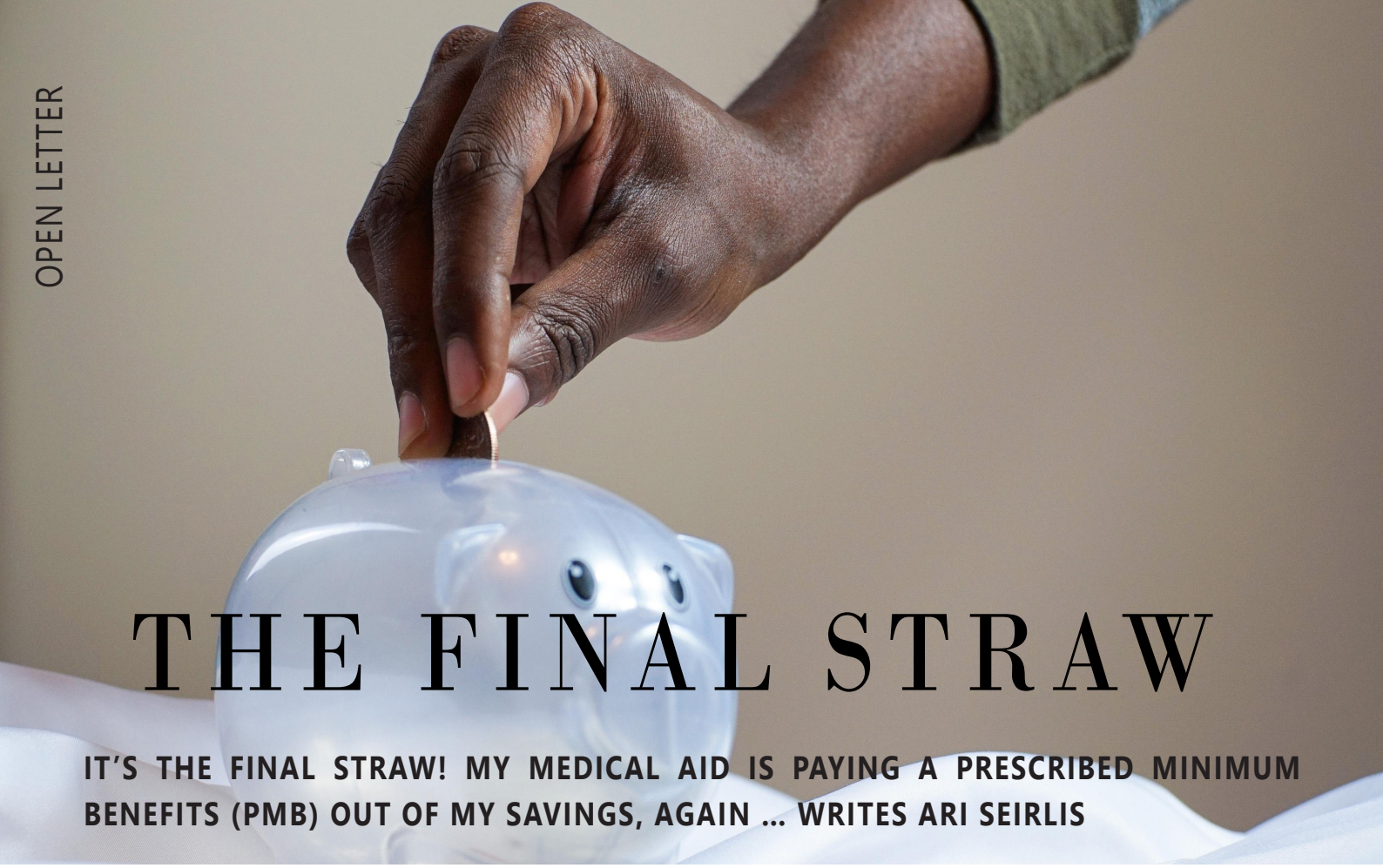
During the COVID-19 pandemic, there is also a need for chronic stress management. These quiet moments can relieve stress and anxiety, as well as allow for a moment to just breathe. This relaxation is renowned for improving insomnia.

Including massages into your routine can improve your health. It's not even necessary to venture out of your home as mobile therapists are often available for home visits. Alternatively, you and your loved ones can spoil each other with a foot rub or vigorous scalp massage to get some blood to the brain. For a nice back massage, stand behind a chair and let the thumbs rotate on the shoulder muscles.

If you cannot do that, just enjoy a simple hug with your family members every day. An affectionate touch is an intimate act that channels feel-good energy through our bodies.

COVID-19 and lockdown has taken away many hugs in the last couple of months and made it very difficult for people to connect through touch, so, try giving quality touch to those around you and stay safe. R

Joy Duffield is a C4 - C5 quadriplegic since 2005. Married with no children, she founded the Beauty Academy International in 2002. She was also a finalist in the entrepreneur category for the Business Woman Association (BWA) in 2015.



# THE FINAL STRAW

**IT'S THE FINAL STRAW! MY MEDICAL AID IS PAYING A PRESCRIBED MINIMUM BENEFITS (PMB) OUT OF MY SAVINGS, AGAIN ... WRITES ARI SEIRLIS**

Isaac Newton once said: "If I have seen further than others, it is by standing upon the shoulders of giants." I have appreciated this quote for years as it recognises the contribution others make to our success. I liken the quote to my dear friend Storm Ferguson, who has recently lost the battle to cancer. While I lost a friend to this terrible disease, the quadriplegic and paraplegic community has bid farewell to a giant in the human-rights advocating ring.

The 75-year old Storm, who was semi-paralysed, tirelessly advocated in favour of single-use catheters against a medical aid scheme giant. He demanded the funding he so rightly deserved. He often made mention to the fact that his days were numbered, however he knew that fighting for change was not just for him, but for those who wouldn't have the means or ability to do so.

Last year, Storm took his medical aid scheme to the Council for Medical Schemes (CMS) ... and won! The medical aid declined to fund the SpeediCath catheters as prescribed by his doctor after years of struggling with recurring urinary tract infections (UTIs).

This ruling now sets a precedence for all those with a neurogenic bladder and face recurring UTIs by providing access to a single-use hydrophilic-coated catheter such as the SpeediCath. While the case made strides, the fight against medical aid schemes and single-use catheterisation unfortunately continues.

## CATHETER REUSE AND ITS HARMS

In February, I attended a QASA roadshow about "catheter reuse". Through my personal reusing of a catheter for months, I've had more than my fair share of UTIs. In one session, Professor Krassioukov from the University of British Columbia, shared finding on the benefits of single-use catheters, which reaffirmed my belief that this minimises my risk of getting an UTI.

The numbers that were shared in the session was hair-raising. Only 21 percent of individuals from developing countries (for example, South Africa,

Brazil and Columbia) use a new catheter every time they catheterise whereas 88 percent of individuals from developed countries (such as Canada, United states and Italy) use a new catheter.

Around 71 percent of individuals from developing countries experience frequent UTIs compared to only 19 percent of individuals from developed countries who experience UTIs.

After the powerful evidence, it dawned on me that, in all the years that I have been using EasiCath and now SpeediCath, I have not had a single UTI. Thank goodness! No need for a visit to the doctor, the pathologist, a script or even one day in hospital.

## IGNORING REGULATORS WHILE USERS PAY

The challenge in South Africa is to ensure that patients have access to high quality care with good clinical outcomes while ensuring sustainable funding. With the evidence-based clinical research done, why are we still at square one? Why are South African catheter users still reusing catheters?

It all boils down to what medical aid schemes define as "appropriate standard of care" and whether they are willing to pay for the treatment. I have witnessed many users being refused the catheters prescribed by their doctor with medical aids arguing that the catheters don't fall within the PMB. Yet, the minimum level of care should be based on evidence, never cause harm or hold risk of harm for the users, which includes UTIs.

Medical aid schemes are obligated to fund the costs of PMB-related care in full without co-payments – something with which they don't always comply. In addition, many users are unaware that medical aid schemes deduct the costs from their medical savings account.

## YOUR RIGHTS AND THE DOORS TO KNOCK ON

There is a toolkit available that guides you on what your rights are when it comes to funding and what process to follow when you are advocating for access to the medical products prescribed by your doctor. The toolkit also highlights whose door you should knock on when funding gets complex. In other words, are you lodging your complaints and voicing your frustrations with the right stakeholders? For more information on the toolkit, contact QASA at info@qasa.co.za.

I know that Storm would want me to carry on the message and make sure that at least one reader doesn't fall victim to the onerous admin and burden of fighting against medical aid schemes alone. May we continue to rise together and advocate for our rights and make Storm proud of the "advocacy giants" we have become. R

Ari Seirlis is the former CEO of QASA and a member of the Clinical Advisory Panel, a research division of Spinal Cord Injury Rehabilitation. He is a lobbyist for the rights of people with disabilities. He advocates for catheter users and their right to refuse to reuse their catheters.

Seirlis often leans on the South African Best Practice Recommendations for Bladder Management, which states that single-use catheters are the gold standard for intermittent catheterisation as it decreases the risk of infection. In many of Seirlis' public appearances he compares the reuse of catheters to the reuse of a cooldrink straw, asking audiences whether they would reuse their straw from yesterday? It is inconceivable that quadriplegics and paraplegics using intermittent catheterisation are expected to reuse!

# PNEUMONIA IN SPINAL CORD INJURY

**AS COVID-19 RAGES ON, DR ED BAALBERGEN REMINDS PEOPLE WITH SPINAL CORD INJURIES ABOUT THE RISKS ASSOCIATED TO RESPIRATORY INFECTIONS**

I have chosen pneumonia in people with a spinal cord injury (SCI) as a topic for this issue as speaking about respiratory infections seemed like a good way to remind readers of the risks, especially with the current coronavirus pandemic.

Besides the myriad of reasons persons develop pneumonia, those with an SCI are at greater risk, especially if they have a high lesion that compromises the normal functioning of the respiratory system.

Normally, the respiratory system functions with intact intercostal muscles (the muscles between the ribs), accessory muscles of the neck, the diaphragm and the abdominal muscles. All these muscles assist the lungs in their function, effective aeration and effective coughing and expectoration. If any of these muscle groups are paralysed, aeration is compromised along with the effective clearing of secretions, which makes individuals more likely to develop pneumonia.

## WHAT IS PNEUMONIA

Pneumonia is an opportunistic infection of the lower respiratory tract and any person may be prone to developing pneumonia at any stage. The common causes for pneumonia can be divided into two groups: bacterial pneumonias and viral pneumonias (and more rarely fungal pneumonias).

Pneumonias present with fever, cough, pain on breathing, shortness of breath and often many other symptoms such as sore throat and muscles aches. Generally, pneumonia affects the greatest number of people at the upper and lower ends of the age spectrums (the very young and the very old) and can be more prevalent in the winter months but does occur in other seasons.

However, there are many groups of persons within a normal population that would be more susceptible to developing pneumonia. This includes persons with multiple comorbidities, those that smoke, those with a compromised immune system, those with an SCI and, more so, those with an injury higher up on the spine, which affects the normal respiratory functioning.

**TREATMENT**

Pneumonias are treated either at home or in hospital if severe. Bacterial pneumonias can normally be treated very effectively with antibiotics. Some people who contract bacterial pneumonia, in addition to requiring antibiotics, will need adjunctive management such as nebulisations, mucolytic or physiotherapy to help with expectoration, possibly oxygen and in-hospital supportive care.

Viral pneumonias, however, tend to be more difficult to manage as they do not respond to antibiotics as is the case with the coronavirus for which there is also no suitable vaccine is available. Management is therefore supportive on the whole.

**PREVENTION**

As we have learned with the coronavirus pandemic, germs are spread by human contact with surfaces carrying the germ or by droplets from infected persons. Basic handwashing (or sanitising), avoiding infected persons and, in extreme cases such as the one we are in now, masking is important in preventing the spread. This remains the most important way to prevent the spread.

> *"Any person may be prone to developing pneumonia at any stage.*

Vaccines can be used to prevent both bacterial and viral pneumonias. The annual influenza strains are generally prevented with a suitable annual flu injection; however, due to the many stains of the influenza virus that circulate every year, a vaccine may not cover all strains.

Vaccines are available to prevent bacterial pneumonias – the best example of this is the vaccine Prevenar, which is used to prevent infection caused by pneumococcal bacteria. My recommendation to all individuals with an SCI is to have the annual flu jab and consider vaccinating against pneumococcal pneumonia.

Regarding coronavirus, until there is a suitable vaccine, continue to practice social distancing, good hand hygiene and mask up and stay safe. R

Dr Ed Baalbergen is the medical officer at the Vincent Pallotti Rehabilitation Centre (Cape Town) and is a member of the International Spinal Cord Society and the Southern African Neurological Rehabilitation Association. e-mail: ed.baalbergen@lifehealthcare.co.za

# CHOICE. A MATTER OF ETHICS

**GEORGE LOUW INVESTIGATES HOW DOCTORS MAKE THE DIFFICULT ETHICAL DECISIONS INCLUDING HOW TO DISTRIBUTE SCARCE RESOURCES**

As the number of COVID-19 infections climb, there are concerns around the difficult ethical decisions that medical staff need to make around the care of patients. George Louw reaches out to Dr Virginia Wilson, chairperson of the Southern African Spinal Cord Association and the South African Society of Physical and Rehabilitation Medicine, to learn how these difficult decisions are made.

**George Louw:** Dr Wilson, thank you for taking the time to talk about this very emotive topic of difficult choices in the face of limited resources. In this season of COVID-19 where resources are being overwhelmed by massive patient needs, the obligation to make choices that determine the survival of one at the expense of the potential loss of life of another, on a daily basis, must be heart-wrenching. How do you cope?

**Virginia Wilson:** All of us working in acute rehabilitation at present need the full support of a sound ethics committee, which clearly outlines the basis for clinical assessment of all patients, based on current parameters and guidelines in use both locally and internationally. It is critical that no one doctor plans a decision alone. It must be in consultation with a minimum of two external doctors. So, we cope by supporting each other.

**GL:** In management decisions, doctors are trained that age, gender, race, lifestyle, or disability should not influence treatment decisions. Yet, recently there was a case in the United States where a person with quadriplegia was COVID-19 positive and in need of ventilation, but was declined because, as I understand it, the physician thought that the patient had "a lesser quality of life" than the person who was authorised

for ventilation. What factors influence choices between aggressive intervention and palliative (perhaps terminal) care? How do factors like age, frailty, comorbidities, breadwinner, value to society, mental status (dementia for example), physical disability fit into the picture?

**VW:** As mentioned, there are scores (in widespread use in critical and palliative care) when assessing the patient. For example, the Clinical Frailty Score, the Eastern Cooperative Oncology Group (ECOG) and others, which clearly guide the doctor when assessing the patient.

The use of these scores helps the decision making in truly difficult situations. The triage considers availability of resources. A quadriplegic may require ventilation for a much longer period, denying a scarce resource, the ventilator, to others. *In a disaster one must do the best for the most.*

**GL:** Let us look at communication. I have found that decisions that involve the lives of other people are best taken in consultation with the affected people. In a situation of limited resources, how do you approach a patient and loved ones with a decision that a life-saving treatment is not available to that patient? What are the roles of patient choice and family choice in this?

**VW:** Patient and family (or nominated person) have to be involved from the start of admission and be made fully aware of the possibility that these choices will need to be made, as well as thinking about end of life choices. This is extremely hard for most and the support of the social worker and possibly a psychologist is essential to support and guide patient and family.

In our multicultural society, it is essential to ensure translation is provided for the patient and family, if necessary, so that all reasons for decisions can be understood clearly.

**GL:** I have come across triage tools and scoring protocols for critical care management decisions in hospital emergency care units. Some seem very complicated. What is the value of such tools and protocols? Do they help to take the emotiveness out of a decision?

> *“In a disaster one must do the best for the most.*

**VW:** As already mentioned, these scores/tools are essential and invaluable. They have been developed over many years and are used extensively in intensive care unit (ICU) settings and palliative care. Some are complicated and not applicable to the acute rehabilitation setting. Yes, the scores do help to remove emotion from the decision, but not entirely as we are dealing with human lives.

**GL:** If a patient on a ventilator is not improving and there is a backlog of patients in dire need of ventilation, how do you go about calling it a day and transferring the patient to palliative and probably terminal care?

**VW**: This question would best be directed to an intensivist or critical care specialist. However, the principles of discussion with the family and, if possible, the patient before such a situation arises

should always be followed. I feel one should envisage oneself in the same situation with a family member.

**GL:** In such situations, what influences your decisions to either retain the patient in hospital or allow the patient to return home for palliative terminal care? And in the latter, what advice would you give the family?

**VW**: All the factors about the patient, such as their preadmission function, current function, their wishes, the wishes of their next of kin, will influence such a decision. If palliative terminal care is advised, the advice for the family is to find the most caring, suitable facility and be aware that finding the "perfect" place is extremely difficult.

**GL:** My next question is perhaps unfair in that it is a theoretical consideration that underpins practical realities, but it is a question that I frequently hear voiced. What are the ethical considerations that underpin all of what we have just discussed?

Are choices made for the greater good of society or for the best chance of survival of the individual or towards the person that in all probability would provide the greater future economic or social benefit to their communities? If you have three patients and one available ventilator and all three score equally in triage, what ethical consideration drives the final decision?

**VW:** This is a dilemma as the ethical choices conflict with the legal obligations. All ethical guidelines are based on sound accepted principles, and yet these may conflict with the law.

**GL:** We have analysed the processes and ethics that drive decision making in situations of constrained resources as it pertains to the population at large, but how does the process differ when say, a person with quadriplegia is admitted in distress with COVID-19?

**VW:** In general, a quadriplegic should be no different to any other patient and the same principles apply in screening and decision making. Involve the patient and the family from the day of admission and prepare them for confronting a possibly very difficult situation.

**GL:** Any last words from you?

**VW:** My advice to any colleague is never feel you are alone in a tough situation. Seek advice constantly and keep very open communication with the patient and their family. COVID-19 has made us all think "out of the box", hopefully improving the comprehensive care of all our patients.

**GL:** Dr Wilson, thank you so much for taking the time to share with us the immense stress and emotional trauma that healthcare workers in ERs, ICUs and hospital wards are experiencing in the decisions that you have to take.

Thank you also for sharing with us that your decisions are not taken without consideration; that guides like triage tools and scoring protocols provide some objectivity to this very emotive experience. It has given us more clarity around the difficult decision medical staff make. Health workers are the true heroes in the frontline of this war against COVID-19. R

# REWIRING COMMUNICATION

**EVEN WITH A PARTIAL OR COMPLETE LOSS OF SENSATION BELOW THE LEVEL OF INJURY, PEOPLE WITH SPINAL CORD INJURIES CAN STILL HAVE FULL SEX LIVES**

Following a spinal cord injury, the communication system between the nerves, the spinal cord and the brain changes. For some people this can cause a loss of all sensation below the level of injury, partial loss of sensation or the sensations can be misinterpreted all together. Different doesn't have to mean bad. It's just different and takes some time to figure out.

The feeling of sexual touch below your level of injury may not be as intense as it was before. However, sexual arousal can make the areas above the level of injury more sensitive (for example the ears, lips, back of the neck or back of the arms). Your other senses can also heighten these areas when touched.

It is easy to focus on what you don't feel. This can prevent you from looking a bit closer and finding something new. There are many exercises that you can try (by yourself or with someone) to learn more about how your body has changed. Generally, these exercises involve becoming aware of how your body reacts to different types of touch.

Our brains have an amazing ability to rewire itself (called neural plasticity), which means that we can attach new meanings to sensations while in a sexual environment. The process does take some time though as it involves first "unlearning" what certain sensations mean and replacing it with new messages.

Over time, the connection is strengthened and the new message becomes the automatic response. It is quite normal to become frustrated with this process or even avoid addressing it altogether. The secret is to keep trying despite feeling like there isn't any progress. In times of high stress, the tendency is to revert to familiar behaviours and avoid new experiences.

The current COVID-19 pandemic is a good example of high stress were people are reluctant to explore new experiences related to sexuality. This can often cause increased frustration, which leads to even more stress. Sexual activities can be a great reliever of stress, but, in a situation like this, it could easily have the opposite effect.

Many people with spinal cord injuries have reported having wonderfully fulfilling sex lives when they started focussing on sensations they have left and making the most of that instead of getting stuck on what they have lost. Making a deliberate effort to understand and connect with your body can potentially change your whole experience of intimacy.

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.

# SUCCESS WITH WORK READINESS PROGRAMME

QASA established its Work Readiness Programme to assist members in finding employment. Thus far, the programme has been very successful. One such example of success is graduate Dumsani Langa, who was introduced to the programme while attending a capacity building session at QASA in February 2019.

"Through the QASA Work Readiness Programme, I learned computer, telephone and communication skills, how to deal with stressful situation and diversity in the workplace," Langa says. "I never thought that a man with a disability from the rural areas can be employable until I did the programme. I now have gained back my confidence, because I know what is expected from me in the workplace."

Since completing the programme, Langa has secured employment with a CCTV monitoring company in Durban as a controller operator. His advice for others?

"Use the opportunity to be the part of the QASA Work Readiness Programme, which doesn't only give you the employment opportunities, but brings back the confidence to defeat your fears," Langa advises.

"I would like for QASA to reach out to more people, especially in the rural areas where they still label disabilities as a curse and there is a lack of information about disability," he concludes.

Following the national lockdown, QASA has introduced its Work Readiness Programme to online platforms. The organisation is currently accepting applications for its November intake of candidates. For more information or to apply, contact QASA at 031 767 0352 or projectcoordinator@qasa.co.za.

# NOTHING FOR WOMEN TO CELEBRATE

This was no average women's month. Aside from the lockdown, which kept most South Africans home, the traditional well wishes for women on social media were overshadowed and replaced with call for justice.

Domestic abuse and the murder of women and girls (dubbed femicide) in South Africa are always highlighted this time of year. Although in 2020, the message was clear: Don't celebrate women if you are not going to protect them.

Part of the call for justice is as a result of the spike in domestic abuse cases following the national lockdown. According to an article by *Eyewitness News,* more than 120 000 people called the national helpline for abused women and children – double the usual number.

Unfortunately, women with disabilities often are at more risk of abuse than their peers without disabilities.

It is also inspired by the worldwide outrage at continued injustices such as the Black Lives Matter and Me Too movements – the latter of which addresses the sexual harassment of women in the workplace.

So, how can you help? First, if you see something, say something. Ask your friend or family member whether they need assistance and what you can do to help. Remember that some domestic abuse situations can be life or death for the woman or child involved. Practice discretion at all times.

Second, donate to women shelters whether it is money, clothing, food or your time. Third, share important information around domestic abuse so that we can raise more awareness around these issues. If you or a loved one are experiencing abuse, contact the national domestic violence helpline at 0800 150 150.

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