

The Buddy Organisation

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PARAFEDAUCKLAND



**April/May/June
2011**

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President's Report

Rain is the order of the day again here in Auckland, I hope all who wanted flu jabs got them, as there are many people sick as I write this. Art classes are a continued success thanks to the encouragement of Murray and Wayne who give up their time and expertise. Their input is evident with the works being done.

Anita and Ann have had good feedback after implementing their friendly caller programme ie a phone call to patients discharged four to six weeks previous to call. All too often patients can fall down the cracks in the system.

Another new initiative is the information packs now made available to new patients. This contains information from nearest bank locations to local Justice of the Peace. For those not from South Auckland, Otara and the surrounding areas this area can be daunting. So it will help those supporting patients a great deal.

I urge all members to attend their local TASC gatherings when notified, as these give our committee real feedback and one on one discussions about what is now important to them.

Malcolm Fraser said in a speech as a PM of Australia "Life's not meant to be easy"

I thought at the time, you haven't a clue mate.

After 30 years in a chair, I know life's not easy, but it is what you make it. Derek Wight

From the office

Hi from the office.

There have been a lot of flu bugs going around the unit at the moment. I thought that wasn't supposed to happen after the flu jab!!! With Christchurch still being hit by constant aftershocks those of us living in other parts of NZ should learn from the local community especially those with a SUI.

Be prepared. Have a plan.

In case of an earthquake and you cannot safely get under a table, move near an inside wall of the building away from windows and tall items that can fall on you, and cover your head and neck as best you can. Lock your wheels if you are in a wheelchair. In bed, pull the sheets and blankets over you and use your pillow to protect your head and neck.

Have an analogue phone in case of power cuts. A radio and torch that takes batteries with lots of spare batteries. Have a getaway kit handy which includes baby wipes and any other things that you might need special to your requirement and not able to be sourced quickly when needed i.e medication and extra antibiotics. Do you have a manual chair that you are able to use if you have no power to recharge your power chair? Do you have a back up plan just in case your usual caregivers can't get to you? All this on top of your basis home survival kit.

www.getthru.govt.nz will supply you with a comprehensive list of your basis disaster needs. You can't be over prepared

As always would like to hear from you and if you have any news that you would like to contribute to these newsletters please just drop us a line.

Take care from Anita and Ann

**All TASC memberships paid now will be valid till
1st October 2012.**

**Annual membership due date has been set from
1st October.**

**Membership - which includes this quarterly newsletter—
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A/c 123082 0076255 01 (ASB—Mairangi Bay) using Particulars "Your name" and Code "Membership" and Reference "Contact Phone Number"

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Rugby World Cup Draw
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Which former All Black Captain was recently (June 2011) knighted in the Queen's birthday Honours list?.....

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Talking 'bout degeneration

The ACC should consider all ways of granting cover rather than rejecting the approach an injured person has taken, says **JOHN MILLER**

The ACC have come under intensive media scrutiny recently for the upsurge in cases where they have declined to assist injured claimants on the basis that their incapacity is due to underlying degeneration and not the injury caused by an accident.

The case of Stephen Clegg, an injured builder, is a typical example of this approach.

Mr. Clegg, a builder aged 45, suffered a lumbar sprain injury at work whilst attempting to lift a heavy door frame. He had been pain free beforehand although he had some prior multilevel disc degeneration revealed by an MRI.

The ACC had no problem in initially accepting his claim as a personal injury caused by an accident. It was only when the condition failed to resolve and surgery was recommended by his surgeon that the ACC suddenly decided to reject the claim using the standard stock phrase that "the surgery was required to treat a gradual process degenerative condition which had been rendered symptomatic by the injury accident".

This hard line approach by ACC to elective surgery applications really commenced in 2008-2009 when they restructured their approach to have a clinical advisory panel examine elective surgery requests and to focus on the definition of personal injury in s26 of the Accident Compensation Act 2001.

Section 26 excludes a number of situations from the definition of personal injury and thus ACC assistance. The relevant parts of s26 are s26 (4) which excludes from the definition of personal injury "personal injury caused wholly or substantially by the ageing process" and s26 (2) which generally excludes "personal injury caused wholly or substantially by a gradual process diseases or infection".

However s26(2) does allow a gradual process disease or infection to be a personal injury if it is a) either work related, or b) is a treatment injury or c) it is consequential on an earlier covered personal injury or d) it is consequential on treatment for an earlier covered injury.

In Mr. Clegg's case as a builder involved in physical occupation with constant bending and lifting the ACC instead of rejecting his claim should also have investigated whether the degeneration came from a work related gradual process or perhaps was a result of previous injuries covered by ACC or past medical treatment and therefore may still be regarded as personal injury covered by ACC.

However in true bureaucratic manner the ACC invariably take the position that if the injured person presents the claim in one way e.g. as an accident and the ACC reject the claim, the ACC leave it to injured person to find out for themselves whether they could present the claim in an alternative way.

It has always seemed to the writer that the ACC as the experts in the legislation should research all possible ways of granting cover under the Act rather than simply rejecting the one way an injured person has made a claim.

Even suggesting to the injured person such as Mr. Clegg that he should consider making a claim for a work related gradual process injury would have been preferable. We would not expect WINZ for example, to reject an application for an sickness benefit without researching or at least indicating to the person that they could have a claim to an unemployment benefit.

Because of the recent media exposure of ACC practices regarding elective surgery claims the ACC have commenced an internal review into elective surgery decision making which is expected to be completed in March 2011.

Although approximately 35% of ACC elective surgery decisions have been overturned on review and appeal that still leaves 65% - a significant number upheld or not challenged at all.

One reason for the number of decisions in ACC's favour appears to be that the reviewers employed by Dispute Resolution Services Ltd (DRSL - a wholly owned by ACC - another contentious issue!) to review the ACC decisions often seem mesmerized by the numbers and the dogmatic viewpoints in the ACC elective surgery panel reports supporting the ACC position.

Such reports often have a multitude of signatures appended as apparently confirming the report whereas the injured claimant often only has his or her surgeon in support and who as a reasonable open minded professional is often not so dogmatic.

However there appears to be something of a changing attitude at least in the District Court jurisdiction to simply accepting the dogmatic viewpoint of the ACC panel. In Mr. Clegg's case the ACC decision which had been upheld by the DRSL reviewer was overturned by Judge Beattie (Clegg v ACC [2010] NZACC 209).

Judge Beattie said "Much has been made by the [ACC] Panel of the fact that the appellant was displaying multilevel disc degeneration in his lumbar spine, and as is their wont the Panel simply places every problem at the door of degeneration and contends that the proposed surgery is simply to treat and repair a degenerative condition which is evident. The present case is another example."

Judge Beattie however analyzed the medical evidence and noted that although there was a pre existing degenerative disc, that disc had further collapsed due to the accident and caused the onset of nerve entrapment which had not been present beforehand.

He considered that the surgery was required to treat that new injury and that the pre accident state of Mr. Clegg's lumbar disc was simply a state of affairs which made it more likely that an accident would bring about the entrapment which did occur.

Similarly in Lath v ACC [2010] NZACC 198 Judge Beattie allowed another appeal where the nerve had been entrapped by the accident even though there was pre existing degeneration.

Judge Beattie said. "The claimant must be taken as he is found and in the case of this appellant. I find that he was a person who was more likely to suffer the physical injury of nerve entrapment by reason of the condition of his cervical spine at the time."

Similarly in Reddy v ACC [2010] NZACC 164 the surgery claim had been declined by ACC and the DRSL reviewer on the basis that there was pre existing partial tear of the right rotator cuff. However Judge Beattie allowed the appeal as in closely examining the medical evidence he noted that the partial tear had been converted into a full thickness tear and the surgery was required for that full tear.

In Bonsor v ACC [2010] NZACC 196 Judge Beattie in allowing the appeal against ACC's refusal to fund shoulder surgery for a 67 year old man again commented on the ACC's approach. "This court has now heard and considered a significant number of cases on appeal where the [ACC's] decision to decline to fund surgery is based essentially on the fact that the claimant's shoulder is displaying aspects of degeneration commensurate with age. The [ACC] is very quick to seize on that identified state of affairs and use it as a reason for declinature and I find that the present case is such an example of that."

Hopefully the DRSL reviewers will now also pick up on this approach from the District Court. However too many claimants make it easy for the ACC to succeed at review by going into a review thinking that their assertions that they were pain free prior to the accident will win the day.

Claimants should not go into a review hearing without a supportive specialist report to counter the ACC panel's views. Claimants should also investigate the possibility of other ways of obtaining cover for a degenerative condition allowed by s26(2) namely a) either as work related gradual process, or b) as a treatment injury or c) as consequential on an earlier covered personal injury or d) as consequential on treatment for an earlier covered injury.

Better preparation and the DRSL reviewers paying attention to the recent views of the District Court will hopefully see better results in review hearings for injured claimants as one cannot see the ACC elective surgery review making any significant changes to a practice which is saving the ACC money.

JOHN MILLER is a Wellington Lawyer who specialises in ACC law. He is the principal of John Miller Law.
www.jmlaw.co.nz

The Firefighter Sky Tower Challenge 2011

Lee Warn is a regular contributor to the TASC newsletter. He clawed his way up the Sky Tower Challenge by using one hand on the rail to haul himself up and the other to lift his legs

Weeks prior to the event I actually started with Scottie for the practice sessions. Although I was very fit, to say I was unprepared for this was a slight understatement. I am usually the fit one and pretty much up for anything, yet when Scottie told me that I really need to do some training I almost chuckled at him. That is until we did our first training meeting in the BNZ tower.

The BNZ tower is 26 floors and from when we start, Scottie timed us, and for each 4 floors I managed, Scottie was able to fly up the entire stairwell, down the lift to first floor and run up back to meet me again! So by the end of our first training session, I had managed 26 floors in 1hr 5min and him, a whopping 6 times. On this first meeting, I was wearing some normal clothes and an aluminum tank. The next time we met, he gave me a steel tank, this is substantially heavier than the previous aluminum one, and Scottie told me of carbon fibre tanks, weighing only a fraction. So it was then decided that the lovely heavy steel tank is perfect for training and carbon is going to be for the big day only, kinda as a personal incentive for it to be a tad easier on the day.

For each training session we added something different to increase my weight, therefore increase my readiness for the actual event. First time, just the aluminum tank, next, steel tank, but with jacket and pants as well, then we added helmet (which was somewhat heavier than I thought it would be). On one day I thought it might be advantageous of me to train wearing 1.2kg wrist weights on either arm. Turns out that was a horrible idea and it was incredibly harder. Lastly, when I trained with Lisa in the Sentinel Tower in Takapuna (27 floors) I also wore a pair of gloves, these greatly helped as I didn't mentally have to be concerned with blisters anymore.

So a few weeks of starting specialized train-

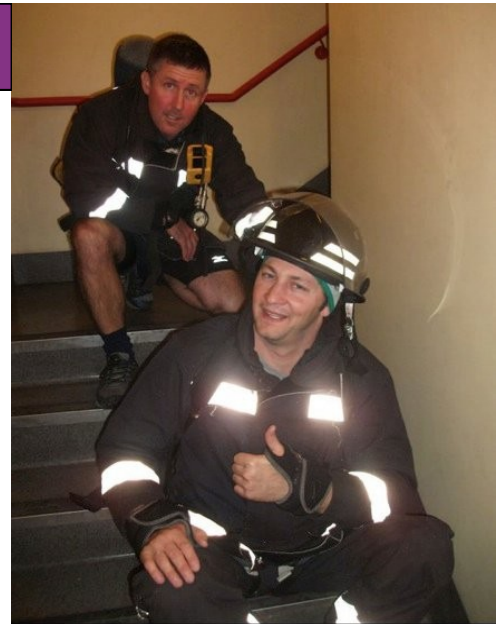


ing, the event was today. The alarm goes off 4.45am long before Mr Sun got up. Got everything ready, in the car and off to the city. It all comes down to this. I parked, got myself organized, went to the tower, travelled down in the lift to carpark (disabled entrance) and got ready to go. When you start in the wee hours of the morning there's no fanfare, no big crowds. It's just a few good people, organizers, my partner Brian who will assist me all the way up. There's a certain quiet stillness that surrounds us minutes before it all commences. Ready with our watches (as its all hand timed for the guy starting 2 hours before the raging hordes of firefighters) we pause count down the last 10 seconds, "9, 8, 7..... 2, 1 OK Lee You're off!"

As Scottie says "It's all smiles at the start." And he's not wrong. First 15 floors were just fine, I was chatting away to Brian, though it was a little hard, as he was 'don and started' and I was don. The difference being, don is just to wear all the gear, started is wearing the gear and having the oxygen mask on your face, as you would in a fire rescue.

So getting up there, trying not to talk to Darth Vader (Brian) too much, up around 36 floors and things start to happen. I felt some weakness in my right shoulder and put it down to muscle fatigue, as we all do, it's nothing, a little pain (I'm doing it for Leukemia Blood Foundation so I can't stop) so keep it going. By the time we reached the refuge level on floor 44, my right arm/shoulder was really starting to scream at me "Can we stop please". I pretended to be deaf and just carried on. At about the 46 floor I was in serious trouble, my shoulder was now begging me to stop. The sweat coming from my face was also hiding the tears of pain. I just kept thinking about what I told the reporter the previous week "...it's about the people that suffer from leukemia and blood illnesses that have it hard. Sure I'll be sore, but in few days/weeks my pain will be gone and blisters will heal. They have it for life." That is powerful stuff for my own personal motivation, thinking about what some others have to go through each and every day, so this is nothing.

Once I dragged myself over that finish line, I can say it felt good, but really that just not enough. Elated, jubilation, ecstatic, euphoric, maybe they cover it better. Though I smelt less than good, more like a strange combination of teenager gym socks, wet dog and public toilet. In saying that I was also disappointed due to my time (I was planning on 1hour 45min but totally wanted under 1hour 50min), unfortunately I only managed 1hour 51min 27sec, slightly upset although given my collar bone breaking about 38 floors into it, I can accept that. I



posed for a few picture atop the tower, cooled down , then had to race back to the start and get a group photo with the rest of squad 7. Squad 7 was the non-firefighters, all others are registered with and racing for a fire station, that way they can raise money as individuals and as stations.

Home was like million miles from where I was right now. Struggling I managed to undress, and roll myself into my car. Driving home wasn't too bad, but once home, trying to get out of my car was the new mission. I did transfer, however the pain was quite high, level of 7 out of 10. Went inside, showered, did some washing, got changed, and headed to Sylvia Park for a haircut, after what happened, maybe this wasn't my best idea.

As per normal, on arrival I asked the hairdresser if she preferred I stay in my chair or transfer to their specialist chair? Everything was normal, right up till I was in the middle of the transfer. It was the 'popping' sound that first alerted me to a problem, that and the immense pain that followed quickly thereafter. The hairdresser asked if I needed an ambulance (although I was shaking and in pain) I said I was fine, convincing her to continue to cut my hair. It was approximately half way through I found the center of the pain and the reason for my shaking. My collar bone was broken. At this point I thought maybe the ambulance was the best form of travel for myself, especially considering I would now need to go to hospital.

So in closing, I can say that if you push yourself, you can achieve, however what are you prepared to sacrifice in order to succeed, pain, no money, broken bones, scars, etc. It wont always be something big either, personal achievement can come at personal expense. Find the will to succeed and overcome your own obstacles.

Tanya Black —Disability in Samoa

Hello all, it has been a while since I've made a regular contribution to the TASC newsletter, I hope everyone is well and warm as we move into the colder months!

It has been busy, busy at Attitude HQ, it always amazes that even after seven years, there are still so many interesting and important stories to tell.

We kicked off this years season with our three part series called 'The Truth About Disability' we had so much fun getting around and talking to a diverse range of people about what matters to them. No stone was left unturned as we talked about travel, work, sex, driving, families, having kids, self-esteem and some of the odd things people say.

There were a lot of familiar faces and we made some new friends along the way, it's a really honest exploration of what life is like with a disability – if you missed it you can catch the episodes on our website.

One of the most memorable experiences from last year was travelling to Samoa. And I'm thrilled to be returning soon, filming with Rotary Ashburton as they deliver some much needed aide to the country.

Being Auckland born and bred, I thought I knew something about Samoa and the culture but it is, of course, entirely different being there. The beauty of the place took my breath away and the complex culture is based on traditions, a strong moral code and of course family is king.

Those living with disabilities rely on their families for support. In a nation where disability isn't visible – almost a shameful secret, and no government support – the family members support those with high needs, meaning they too are not working and people with disabilities and their families are among the poorest in Samoa.



It made me realise how much we take for granted after meeting so many people with disabilities without some of the most basic

equipment and support.

When the episodes aired they had a profound affect on some people and many asked what they could do to help. There's no easy fix and I'm sorry to say that some people with all the best intentions can end up doing more harm than good. I was told of charities and other organizations taking wheelchairs to developing nations without follow through care and this can end up causing more problems. We all know that an ill-fitting wheelchair can cause pressure areas and you'd have a lot of trouble caring for those wounds in the more remote parts of the Islands.

Access them becomes an issue too, like for Katalina whom I met on our last day in Samoa. Katalina lost both her legs to leprosy; she was supported by some charitable foundations in Samoa and did have a wheelchair. Unfortunately though she had no ramp into her house so she could never leave – to visit her I had to be carried over ditches and up stairs.

So I was cautiously pleased when I heard about some very motivated people from Ashburton who planned to take some wheelchairs and other aides to Samoa. I needn't have been concerned The Ashburton Rotarians are well experienced with this kind of thing and know that just dumping wheelchairs on the beach wont solve anything. The Rotarians have listened to the people 'on the ground' to find out exactly what is needed, they're taking skilled builders to build access ramps where needed in people's homes.

We are going to cover the story for Attitude and I can't wait to return to Samoa. I know that the work the people from Ashburton are doing will have a profound affect on the lives of those that receive their help. I will let you know how we got on in the next newsletter.

Attitude Awards

Now in it's fourth year, the Attitude Awards celebrate the achievements of Kiwi's living with a disability. They're celebrated at a black tie gala dinner, an event that has been growing in popularity each year. This year we're moving to the (as yet unfinished but promising to be very swanky!) Viaduct events centre. There are several categories including sport, art, employer and 'making a difference' awards.

If you know of anyone that deserves recognition – nominate them!! Nominations are only open for 6 weeks from 26th June, forms can be found on our website www.attitudepictures.com

In the meantime if you or anyone you know as an interesting story to tell, please do get in touch: tanya@attitudepictures.com

Do you enjoy garden- ing and growing your own vegetables and plants?



Would you like to get a qualification for doing it?

If you are using the Spinal Unit Community Garden and would like to get yourself a certificate in horticulture while you are doing it, you can!

MIT in conjunction with Kaleidoscope can offer you a Certificate in Horticulture (Level2). You can learn:

**Plant identification
Using machinery/equipment in the garden
Health & Safety
Weather map reading
Pests and Diseases**

**Theory Classes :
Tuesday and Wednesday
9-12 noon at MIT campus**

**Kick start your Career!
See Chris at Kaleidoscope
for more information.**

Free if you are on a Invalids Benefit and you can do the practical part at the Spinal Unit garden

Upcoming Gatherings

Tuesday 19th July - Rotorua gathering—Rotorua RSA

Wednesday 20th July - Tauranga gathering—Tauranga RSA

If you are interested in attending any of the upcoming Back on Tracks please check out our webpage as to what will be discussed.

Profile—Pauline Stansfield— SCI in Russia

Pauline had her accident in Russia in 1969 while on holiday. She now comes in to the Spinal Unit on a regular basis as a Buddy for inpatients. To follow is a brief description of her time in Russia

I wondered why I had wanted to go to Russia..or was it just opportunity that had presented itself to me at that time in my life. I was 29 years old, and had been born and brought up in NZ...half a world away from Vishny Volochek, the town where our accident happened.

Our accident, in a Ford van, occurred through the front suspension of the vehicle fracturing unexpectedly. We veered across the road - fortunately there was no oncoming traffic, went over a bank, turning over a couple of times, finally landing upside down in a shallow swamp. I was half in and half out one of the back windows that had fallen out. For me this was the beginning of an amazing adventure that has still not finished!

When I was lifted out of the window, I immediately realized I couldn't move my legs and was paralysed. I remember thinking "oh no, this can't be true" but then moving on to the next step which was being transported to a nearby hospital. We were at Vyshni Volochek, a township about the size of Auckland, midway between St Petersburg and Moscow.

Emergency care in Russia was nothing short of amazing. The first thing they did was to take all my clothes off, and leave me, stark naked in a corridor while the doctors attended other emergencies. I was acutely embarrassed, but couldn't ask for a sheet to cover me because I couldn't speak any Russian, and there was nobody there who spoke English. Oh dear me!

I started vomiting almost immediately, but couldn't ask for a vomit bowl, so just turned my head and vomited on the floor! I was examined, and later I learned that a neurosurgeon was going to fly down from Moscow to do the operation on my back. Eventually they found someone who could speak English, who explained to me that I wouldn't be able to walk again if I didn't have the operation. I agreed, asking first about the surgeon's qualifications and experience. I was promptly told that if I was Russian I would not be asked!

I did ask if I was to have an anaesthetic, and when I was told no, I pleaded for one...it was to be a 3 hour operation after all. The Russians agreed and I met the anaesthetist, a big burly man who looked about his mid 40s.

Breakfast while in hospital, in fact all the meals, were simple affairs, with just enough food to sustain life. Black bread in the morning, rissoles - cold with a spoonful of cold congealed mashed potato for lunch, followed by compote - a watery jelly with tiny pieces of fruit in it - and tea- I've completely forgotten. We certainly never saw caviar, or the amazing samovar tea! Anyway, the vomiting that started when I was in Casualty, continued the whole 2/12 of my stay in that Russian hospital. I discovered later that in Russia - especially in the smaller country hospitals like the one we were in in Vyshny, relatives bring the patients tasty food..nobody except the very poor, and those with no relatives - like us- had to survive on Russian food.

I quickly developed some of the complications of paraplegia- the first vomiting, I have already described - terrible, for all that time...I literally brought up everything I swallowed,. The wound became infected in a very short period of time, and I thought that was the reason I was turned over when the doctors came around. I didn't realize, and no one told me, that I had developed a terrible bed-sore through not being turned. The Russians didn't turn me at all, and of course, I nearly died as a result of that terrifying bed-sore.

Then I started getting all the respiratory tract complications...Pneumonia, which nearly killed me, followed by a deep Vein Thrombosis and Pulmonary Embolus, followed by pleurisy. This last was very painful, and the Russians understood it!!! Miracle of miracles, they gave me pain relief for it.

I started suffering from terrible neuropathic limb pain about 3 days after the accident- this was by far the worst of all the complications I had, and has continued to haunt me for all the years I have been in a chair. The Russians gave me no pain relief for it, and neither did Stoke Mandeville.- only panadol 4 hourly. This was absolutely cruel...there is no other word for it. I suppose they worried about addiction..Years later Pain Clinics finally prescribed a range of drugs that help. In Stoke Mandeville they told me it would improve after I got up and started getting active...this did happen. Now of course, pain is treated aggressively, as it should be. Nobody can do all that physio and OT if they are in agony.



Here is Pauline back at work after her return from Russia as a Tutor at the Green Lane Hospital

WHERE ARE THEY NOW?

This new column is to enlighten our members of the whereabouts of past staff and patients of the ARSU who helped get TASC members through their time of rehabilitation.

Our first catch up is with Ngaire and Don McDonald, who worked in the OT and physio Departments from the opening of the ARSU to 1985.

Their cheerful support was a comfort to all and they became friends or a surrogate Mum and Dad to many who passed through the unit.

On their retirement they caravanned around the North Island following their passion of fishing, calling in on past patients for a cuppa or would stay a few days and help about the place.

They live in Whangarei and still spend time in the caravan at One Tree Point. Health issues have taken a toll, Ngaire having had a stroke and Don

being hit by a car .

I called in one day in May for a cuppa and found them in good spirits and keen to hear of any news I had of past patients.

I encourage all to keep in touch with those you got to know, as time is the enemy of us all.



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Take yourself to places other chairs will not go!

Sailability Auckland Article written by Carol Stead—C6

I have been sailing on the simulator at the Auckland Spinal Unit for about 5 weeks and Brendon decided that I would be proficient enough to sail on the water.

The first day planned the weather was too windy so it was organised for the following week.

The weather wasn't much better but they decided to risk it anyway.

I was hoisted into the dinghy from the jetty and my job was to control the steering. I was dropped in at the deep end, was shown the joystick and told which was left and right and off we went.

After sailing for so many years on bigger yachts I found that it was not much different in a smaller yacht.

We tacked out of the viaduct, I managed to avoid the moored boats and once we were out in the open water, we were off.

I was very lucky to have Jan Apel, who is competing in the World Champs in England, on the buoy seat controlling the sails, which included a genaker.

Also on board was Charles BallieStrong who is also going to the World Championships with Jan as the support person.



He was a good ballast as I found once I was strapped into my seat, I could not move to the top side of the boat when we were heeling over.

The wind picked up as we approached the harbour bridge pillars, but once we were under the bridge the wind died down till we were out of the shadow of the bridge.

Then we were racing along and so then the genaker went up and we were really speeding along with the support boat having a hard time keeping up. Our approximate speed got to 12- 15 knots.

What a thrill.

We sailed over to the little island on the Western side of the bridge and tacked around towards the Chelsea sugar factory, turned and headed back to the bridge and eventually back to Z pier- viaduct.

I was grinning the whole way around the course and so well rugged up because it was so blustery, the only part that you could see of my face were my eyes. I didn't feel the cold.

The afternoon was the highlight of my stay at the spinal Unit and I'm so very grateful to Brendan Tourelle for organising this special trip out as I didn't expect to be able to do something as wonderful as this during my stay at the Spinal Unit. Special thanks for Jan for trusting me to go with her.

Queen's Birthday Honour 2011

New Zealand Paralympians Michael Johnson was yesterday awarded the Membership of the New Zealand Order of Merit (MNZM) for services to sport in the Queen's Birthday Honours 2011.

Michael, has been competing as a Paralympic athlete in the sport of shooting since 2001, is a two time representative at the Paralympic Games. He is Paralympic Gold medallist, setting the world record, at the Athens Paralympic Games in 2004 and a Bronze medallist in Beijing in 2008. Michael has two world champion titles to his name and has been over the last 8 years one of the most consistent and dominant athletes in Paralympic Shooting across a range of disciplines. Alongside Michael's impressive sporting achievements his substantial efforts in giving back to be sport that has seen

him achieve on the international stage is to be applauded. Michael is the current chairman of ParaFed Auckland, He has also taken on a role of coaching, and holding training camps for young athletes with physical disabilities to develop their shooting skills.



Profile—Leon Katavich



As it's been almost 6 months now since I started working for Parafed Auckland, so I thought an introduction was well over due and that I should take this opportunity to introduce myself and give a few more details about me.

My name is Leon Katavich and I am the Parafed Auckland Office Administrator. I am a born and bred Aucklander. I did spend a few years overseas as a number of New Zealanders do when they are in their 20's for an O.E.

It was during the second part of my O.E., 9 ½ years ago, that I was injured while Snowboarding in Canada. I had been snowboarding for a few years and snow in Canada was something I couldn't miss. While riding on one of my mornings off work I was involved in a collision with another boarder, which resulted with me breaking my back and becoming a T2 Paraplegic. After a couple of surgeries in Calgary's Foothills Hospital and a months rehabilitation I was flown home to Auckland and a stay the Otago Spinal Unit awaited me.

Sport has always played a big part of my life. Football was the first sport I tried which I played into my teens. Skateboarding was another passion of mine. I started when I was around 7 years old. While not being a great skater, it was something I really enjoyed and there was barely a day that went past that I didn't get onto my skateboard. I skated right up to the time of my injury and skateboarding was a big driver for my interest in snowboarding.

After my injury I wanted to get back into sport and a physical activity. Parafed Auckland helped me get into sport after my accident. Thanks to Parafed Auckland I was given the opportunity to try Basketball, Archery, Tennis, Table Tennis, Sailing, Shooting and Rowing. While I did enjoy all of the sports I am currently focused on Shooting and Rowing. I am only a part time Sailor, preferring the warm weather for my chance to get out on the Harbour. I still play the odd Tennis match and I intend to get some more court time later this year.

Sport isn't just good exercise, it's a great way to meet people and has a great social aspect which is important following a serious injury. I would recommend to people to give as many sports as they can a try. You never know where it can lead.

Wheel Chair Tennis



If anyone is interested in getting started in wheelchair tennis?

Wheelchair tennis is extremely competitive so please do not think it is a sport you can be good at in a short space of time. If you like individual sports and have a competitive nature then this is the sport for you. I have applications in to funding sources for coaching for group lessons to teach you

the basics. I have a few tennis chairs available. If you stick with it, Parafed will fund to get you your own tennis chair. Our group practice sessions are at the Manukau Tennis Centre and normally on a Saturday morning or afternoon to accommodate people that work. The core group of players we have practice most days of the week. If you can handle getting beaten by one of our older players till you improve then come and give it a go.

Call Robert Courtney on 278 7140 or txt 027 278 7140

Upcoming Event Calendar

July

Sat 2nd	Powerlifting	Auckland Bench Press Champs	Auckland		
Tues 5th	Basketball	Regional —Round 9	ASU	6 pm	9 pm
Sat/Sun 9 –10 Sat 9th	Rugby- Power Chair	NZ WRC Round3 Power Chair Sports	Auckland ASU	2 pm	4 pm
Sat 23rd	Powerlifting	Auck Novice Champ	Auckland		
Tues 26th	Basketball	Regional – Round 10	ASU	6 pm	9 pm

August

Fri/Sun 5-7	Powerlifting	Nat Power Champs	Tauranga		
Sat 6th	Power Chair	Power Chair Practice	ASU	2 pm	4 pm
Sat/Sun 6-7 Tues 9th	Basketball Basketball	Otago Tournament Regional—Round 11	Dunedin SCU	6 pm	9 pm
Fri/Sun 12-14	Rugby	NZ Nationals	Auckland		
Sun 14th	Table tennis	North Harbour Closed	Nth Hrb		
Sat 20th	Power Chair	Power Chair Practice	ASU	2 pm	4 pm
Tues 23rd	Basketball	Regional—Round 12	ASU	6 pm	9 pm

September

Fri/Sun 2-4	Rugby	Wblack training camp	ASU		
Tues 13th	Basketball	Regional—Round 13	ASU	6 pm	9 pm
Sat/Sun 24-25	Shooting	NZ Cup 2	TBC		
Tues 27th	Basketball	Regional—Round 14	ASU	6 pm	9 pm
Fri 30th	Rugby	Wblack training camp	ASU		

Membership fees have gone up from \$5 to \$20

Memberships forms are available on the website
www.parafedauckland.co.nz

Parafed van is able to be hired out

Sports provided by Parafed Auckland

Basketball

Sailing

Shooting

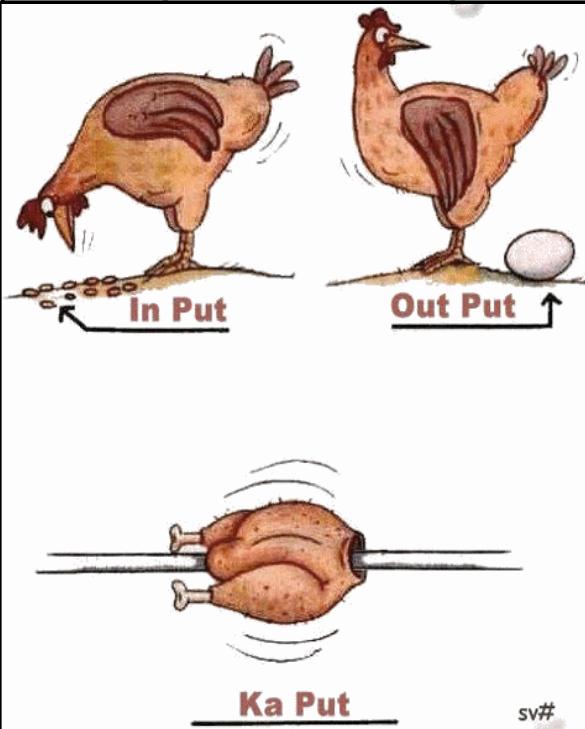
Table tennis

Wheelchair Tennis

Wheelchair Rugby

Jokes and Bits and Pieces

The life cycle of a hen in three pictures



Man is a woman's best friend.

He will reassure her when she feels insecure and comfort her after a bad day.

He will inspire her to do things she never thought she could do; to live without fear and forget regret.

He will enable her to express her deepest emotions and give in to her most intimate desires.

He will make sure she always feels that she's the most beautiful woman in the room and will enable her to be confident, sexy, seductive, and invincible.

No wait..... sorry..... I'm thinking of wine.

Yes...wine.

It's wine that does all that.

Sorry.

This is for all you women out there who think all men are heartless



"I figured you should have breakfast in bed on your birthday. Can you reach the stove okay?"

Angles as Explained by Children

I only know the names of two angels, Hark and Harold— Gregory, age 5

Everybody's got it wrong. Angels don't wear halo anymore. I forget why, but scientists are working on it—Olive, age 9

My guardian angel helps me with math, but he's not much good for science— Henry, age 8

Angels don't eat, but they drink milk from Holy Cows!!! - Jack, age 6

Angels talk all the way while they're flying you up to heaven. The main subject is where you went wrong before you got dead.—Daniel, age 9

Angels live in cloud houses made by God and his son, who's a good Carpenter— Jared, age 8

My angel is my grandma who died last year. She got a big head start on helping me while she was still down here on earth— Ashley, age 9

It's not easy to become an angel! First, you die. Then you go to heaven, and then there's still the flight training to go through. And then you got to agree to wear those angel clothes _ Matthew, age 9



If you can't afford a doctor, go to an airport - you'll get a free x-ray and a breast exam, and; if you mention Al Qaeda, you'll get a free colonoscopy.

A BIG THANK YOU TO OUR SUPPORTERS



Also to all the staff at the Auckland Spinal Unit where TASC is based for their continued support during the year

Specialised homebased care for spinal and traumatic brain injured persons



About us

- We provide reliable, well trained staff, employed for you and supported by local managers.
- Support is available throughout the North Island and Canterbury regions.
- We are certified to meet Home & Community Support Sector Standards NZS8158:2003.

What makes us different to other care agencies?

- We only work with spinal and traumatic brain injured people.
- Our caregivers are selected in conjunction with our clients.
- We work in partnership with our clients in the development of their unique service plan.
- Our caregiving staff are employed full-time, specifically for a client. We do not operate as a bureau.
- We provide local area supervisor support to ensure timely and responsive management to caregivers and clients.
- Our employee training covers both foundation skills and specialised training on spinal and brain injury care, based on the latest, best practice. We take guidance from clinical trainers at the Auckland Spinal Unit and Burwood Hospital.

McIsaac Caregiving Agency

LIMITED

Contracted to ACC for supply of homebased services



Call Toll Free: 0800 621 222

Phone: 09 414 4530

Fax: 09 414 4570

Email: caregiving@mcisaac.co.nz

Website: www.mcisaac.co.nz

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caregiver teams
throughout the
North Island and
Canterbury regions.

