



CLOSED DOORS — Quadriplegics who need more than 2½ hours nursing care a day, and who don't have enough money to pay the costs are staying in hospital beds at \$120 a day. Nursing home doors are closed to them in Nova Scotia said Donald E. Curren, executive director, Atlantic division, Canadian Paraplegic Association.

(Wamboldt-Waterfield)

Two kept in hospital due to lack of funds for nursing homes

By **BARBARA HINDS**
Medical Reporter

Two men in their mid-20's, paralyzed from the neck down and rehabilitated are in the Victoria General Hospital, because they have not enough money to pay nursing home fees.

The situation begs the question: Are Nova Scotia's nursing homes closed to quadriplegics who do not have enough money because of their disabilities?

In the opinion of Donald E. Curren, an executive director, Canadian Paraplegic Association, badly disabled people need not bother applying for nursing home admission if they need government financial help to stay there.

No nursing home accept any person who requires more than 2½ hours nursing care in a 24-hour period.

Quadriplegics — persons who have suffered spinal cord injury in the neck region and who are paralyzed in legs and arms, may need assistance for up to two hours at the outset of their long days. And if they need help to eat three meals a day, they are precluded from nursing homes by lunchtime, any day in the week.

The help the quadriplegic needs is not necessarily nursing care. Unskilled people can help to dress, wash and shave a man, and give food to those few quadriplegics who are unable to move their arms at all.

In an editorial, carried on the front page of "The Wheelers' Log" published by the CPA, Atlantic Division, Mr. Curren, a paraplegic, former wartime pilot and lawyer by training, states:

"When the new breed of nursing homes began to appear on the scene a few years ago, there was great rejoicing.

"Among those who were particularly pleased to see something better developing in the way of a haven from some of life's storms were those quadriplegics and paraplegics who had no adequate home facilities which they could call their own.

"Indeed, some of the newer nursing homes in the province of Nova Scotia represented a vast improvement over earlier accommodation faced by those in this situation . . .

"Now, however, it appears all this has changed for the worse, as the result of a policy pursued by the Nova Scotia Department of Social Services, the Department of Public Health and the Nova Scotia Hospital Services Commission for the past two years.

"Under this policy, now no

nursing home need accept any person requiring more than 2½ hours nursing care in a 24-hour period.

"Furthermore, the director of nursing home placements will not authorize the placement of anyone requiring more than 2½ hours nursing care in a nursing home.

"The effect is to bar from the better nursing homes some of the very people who most require a favorable nursing home environment.

"It appears that, rather than permit the quadriplegic person who desperately needs this type of care to receive it, this person must now remain in hospital, perhaps for the rest of his or her days."

In interview, Mr. Curren said the editorial was triggered by the situation now being faced by two young men in Halifax.

They are in the wards of the Victoria General Hospital at a cost of \$120.75 a day each, indefinitely.

Neither man is ill.

Both men were in nursing homes. They came to Halifax for medical treatment, last Fall and because of imposition of the 2½ hour barrier, neither could return to the place they had accepted as home.

One of the young men was hurt in 1966. Paralyzed from the neck down, he strove to make a recovery. He was living in Spring Garden Villa, Sydney, in his native Cape Breton until September, when he came to Halifax for treatment.

When he was ready for discharge, he could not go back to the villa because he needed more than 2½ hours of nursing care.

"The government has this policy . . . and if a nursing home needs government assistance towards nursing costs, the government won't pay. He will not be readmitted. He is 24 years old now. The man is still in the Victoria General," said Mr. Curren.

"He was greatly agitated and disturbed when he learned he couldn't go back. It was the only home he knew

during the past few years.

"The other chap was in Pine Haven Halifax after spending two years in the rehabilitation centre. He was readmitted to hospital for some treatment, last fall.

"When he was ready for discharge, the nursing home was prepared to have him. The placement officer could not authorize nor could he sanction his readmission. So he too remains in the Victoria General at \$120.75 a day."

The financial cost is not the only expensive factor . . . In terms of disappointment and hopelessness faced by such young men, the cost is disquieting.

In addition to these two men four new accident victims, two of them quadriplegics, aged 17 and 18 were admitted this winter in the neuro-surgery wards. "Each will cost \$40,000 in hospital care before he gets out of the front door of the rehabilitation centre, if he stays for only the minimum of three months in neuro surgery and one year in the rehab centre," said Mr. Curren.

Mr. Curren believes the situation strongly emphasizes the need for a first class special care residence where the severely disabled, who have no home to go to, can find a cheerful, home-like environment in which to live.

"This gap in health care facilities must be closed without further delay," he said.

"If this move constitutes an effort by the government bodies concerned to force the Nova Scotia government to provide more adequate facilities, they are deserving of praise for their goal — but brickbats for the manner in which they have chosen to pursue it.

"Clearly, the correct approach is for government first to provide the needed extended-care facilities; then, and only then, to enforce the policy in question.

"Quadriplegics, and other helpless victims of fate, should not be used as pawns in a power push of this kind, commendable though the goal may be."

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Rehabilitation centre

Health Minister William MacEachern has announced that a 50-bed rehabilitation hospital will be built at the corner of University Avenue and Summer Street with a start this autumn and completion target of 1977.

That announcement has been long awaited.

Apart from the patient capacity, the new facility is intended to serve out-patients and to provide a variety of other services.

It will be a major addition to the highly-rated medical facilities of metropolitan Halifax.

Of the estimated cost of \$5 millions, \$2 million will be provided by Ottawa.

All concerned with the negotiations leading up to Mr. MacEachern's announcement are to be commended. It is encouraging to see the end of discussion and negotiation and a firm decision to go forward with a necessary facility.

The plans, as described, appear to be on a sufficient scale to make the new centre serve a variety of needed purposes within the community.

Progress from here forward as construction proceeds will be followed with encouraging interest by all citizens who have awaited a move to get this project underway to completion.

First work begins on rehabilitation centre for N.S.

By BARBARA HINDS
Medical Reporter

Years of waiting by disabled persons and those who care for them culminated in action yesterday when Premier Gerald Regan bulldozed the ground where Nova Scotia's new rehabilitation centre will stand on Anderson Square.

Despite chilling winds and persistent drizzle, about 100 persons cheerfully watched the giant sod-turning ceremony.

Among them was Lloyd Caldwell, Q.C., chairman of the building committee, and chairman of the ceremony.

Standing beneath an umbrella in the rain was Dr. Arthur Shears, medical director of the N.S. rehabilitation centre which is housed in antiquated facilities and which has been held together largely through esprit de corps and fortitude during 18 years of waiting for new and better premises.

He listened to tributes paid the rehab centre staff, men and women who have worked in inadequate and cramped facilities for so long. Near him was Donald E. Curren, executive director of the Canadian Paraplegic Association, Atlantic Division, and one of several people seated in wheelchairs happily oblivious to weather on the satisfactory occasion.

Both men have been among the tireless advocates of a modern rehabilitation centre, but it was not until last July that newly elected Health Minister William MacEachern announced that a 48-bed facility would be built at the Anderson Square site on University Avenue. The health minister has called himself "a product of rehabilitation."

He spent a year in such a centre after being injured in a mining accident when he worked in Ontario has a hard rock miner in his early 20's, before becoming a journalist and politician.

Architects of the new building are Dumaresq and Byrne who had plans drawn up at least six years ago. The design will be "flexible," to allow extension and addition of accommodation to meet need.

It will be possible to add two more floors without disruption as occasion demands.

Asked for comment, Mr. Curren said: "Marvellous. We needed this 15 years ago."

Dr. Shears said: "It's wonderful and it's for real . . . We're going to try to duplicate the terrific esprit de corps we have had. We have had no problems with staff turnover, despite the facilities.

"There have been 18 years of elusiveness and committee meetings leading into so many blind alleys. But with people like these fighters, you can't give up. With time comes all things."

Mr. Caldwell who has been chairman of the rehab building committee for 11 of the 15 years since its inception, said: "It's a real red letter day. Things take time, time for the idea to mature and to which time is irresistible."

The building will be of precast concrete slabs, with a basement and six levels

above, with provision for two more floors, containing 48 beds, air conditioned and with a large roof deck for the patients to get out in fresh air. At present, they are able to go out only on the sidewalk of local streets.

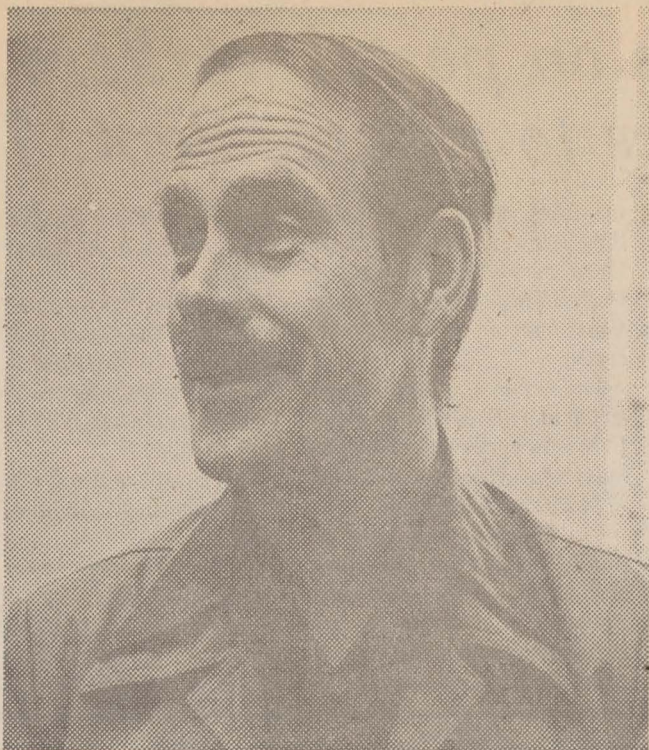
Services such as food, laundry and maintenance will be provided by the Victoria General Hospital through a

connecting tunnel beneath University Avenue.

The site was formerly an RCAF mess, in buildings erected in wartime. Prior to that it was used by the cathedral tennis club.

Site preparation begins today and foundation digging will begin on Monday when Fundy Construction moves in its heavy equipment.

Wednesday, March 26, 1975



Michael Ryan

'Society fails disabled by attitudes, financially'

By BARBARA HINDS
Staff Reporter

Michael Ryan is a gently spoken, persuasive activist in a new job.

He is the newly appointed director of national services for Canada's paraplegics and quadriplegics.

At least 8,000 people with paralyzing spinal injury are known. It is suspected an unknown but significant number of others languish in the country. No central registry is required to be kept.

Mr. Ryan's job is a newly created post, intended to make the nation-wide association a more cohesive, forceful agency.

He brings to the position an idealism and energy formerly channelled into Oxfam Canada, and an advisory group concerned with the building of cooperative housing in British Columbia. He is not a paraplegic himself.

Wednesday, Mr. Ryan was in Halifax, visiting the Atlantic Division of the Canadian Paraplegic Association—one of eight divisions strung across the country.

In interview, Mr. Ryan said society fails its disabled members in two ways — in its ingrained attitudes and financially.

Most new paraplegics are men; usually aged between 18 and 36 years, and most of them are likely to have been thrust into wheelchair life suddenly by car accident or industrial mishap.

Equally suddenly, the attitude of family, friends and employers is altered, yet the disabled are still the same people, though in wheelchairs, said Mr. Ryan.

"The rest of us do things and live without having the disabled in mind. The wheelchair epitomizes disability in our society. If something is accessible to a person in a wheelchair, then anyone with a disability can use the service.

"But too often we have steps all over. Parking is a problem for the disabled. Things are too high or inconveniently placed — such things as the telephone, door handles or narrow doorways and there's a lack of ramps or level entrances to buildings. "The other area where we fail is in terms of financial support. It is forgotten that a disabled person needs an increased amount of money to live — for medical supplies, aids for everyday living, adaptations in the house," said Mr. Ryan.

Government financial aid and

other significant benefits are tied to job training. If a quadriplegic's or paraplegic's disability does not allow him to pursue vocational training, he often has to rely on welfare for subsistence.

For most people who suddenly become disabled, welfare is an unaccustomed way of life, he said.

Public attitudes can be changed, but the speed with which that change will come will depend on the rate at which amenities are made accessible to wheelchair users.

"There's nothing like seeing a paraplegic in his wheelchair doing his work, on the job, or in a shopping centre.

"Only when it's easier for paraplegics to get about will attitudes change.

"Recreation, particularly wheelchair basketball, is an important manifestation of the amazing ability and energy of paraplegics," said Mr. Ryan.

Money is well spent on recreation, and anyone who has watched wheelchair sports sees a manifestation of unconquerable spirit, he said.

A major function of the Canadian Paraplegic Association is to provide counselling in the broadest sense to help injured people to adjust to and reaccept their disability.

"Life is not over. It is changed. We can tell them a level will be reached, though drastically different from life before," said Mr. Ryan.

Most CPA counsellors are paraplegics themselves, trained in the art and philosophy.

"They have an experience to share. They have social work training, or a degree. The paraplegic counsellor has an important dimension to bring to counselling the disabled.

Advice is given by the CPA not only in acceptance and physical adjustment, but in sexuality, job referral, financial assistance, the return to daily life.

"Sexuality to the male is very important . . . You can see the importance of the peer counsellor," said Mr. Ryan.

His own job was created by the CPA because the executive felt a need to provide more service from the national office.

"We hope to offer guidance and assistance in planning and analyzing needs, programs and strategies," he said.

The national office intends to provide a certain dynamism at a national level to reflect what is happening in local divisions.

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Centre's outpatient capacity doubled, inpatient capability quadrupled

Nova Scotia's new Rehabilitation Centre at 1341 Summer Street will more than double the 80 outpatient capability of the old centre in existing programs. Also planned for the new centre are additional programs for persons with other types of problems that have not been dealt with so extensively in the past, such as cardiopulmonary

rehabilitation, which will increase these numbers to four times the previous capacity. For the first time the centre will have available full cardiac and respiratory rehabilitation facilities complementing diagnostic and treatment facilities provided in both of these areas at the Victoria General Hospital and Halifax Infirmary.

Inpatient services previously limited to 19 beds at one time will be increased to 52 beds. The provision of these additional bed services will permit the Centre to provide services to more than the increased bed total would indicate because of the flexibility provided by the larger number. It is expected that four to five times the number of patients previously served in the inpatient service will be possible.

In addition to the services provided previously, extensive hydrotherapy services utilizing two Hubbard tanks and a large

therapeutic pool, plus a number of smaller whirlpool tanks, will permit more extensive use of hydrotherapy than was possible in the old facility.

A feature of the new occupational therapy program at the centre will be provision of specific automobile access and egress training in addition to a testing and training program for handicapped drivers which is being made available for the first time in Nova Scotia.

The potential for integration of full bracing and artificial limb facilities (orthotic prosthetic unit) is great and is

expected to greatly facilitate provision of a rapid, satisfactory service for all Nova Scotians requiring these appliances. The presence of the shop within the Centre should also provide an opportunity for the development of better types of appliances for those who require them.

The provision of a recreation area is necessary because of the long periods of time many patients have to be in hospital or in the centre.

Previously patients spent their spare time or off time on bright summer evenings sit-

ting in their wheelchairs in the driveway in front of the old centre. Provision of the new recreation room and outdoor terrace will greatly improve upon this making it more tolerable for those persons who, because of their injury or illness, must be confined to hospital for long periods undergoing rehabilitation.

Other recreational sporting equipment will be provided in the centre to a greater extent than was possible in the past. Inpatient services are the first to be specifically designed for this service in the Province.

Each patient has own 'territory'

In contrast to the old Rehabilitation Centre the new Centre's capacity to provide services has been greatly increased in all areas. The whole centre is designed to provide full wheelchair mobility in all areas.

The top two floors, bright and cheerful in decor, will provide four inpatient services or rehabilitation units of 13 beds

each, or two rehabilitation units per floor. Each unit will be staffed by a complete rehabilitation team with each consisting of doctors specialized in physical medicine and rehabilitation, rehabilitation nurses, physiotherapists, occupational therapists, a rehabilitation social worker, a vocational counsellor and a speech therapist.

Each inpatient floor is designed as a double corridor with all utilities in the centre core. Included in the centre core are specially designed bath facilities, both tub and shower, to make it as easy as possible for a disabled person to do or learn to do their own bathing.

Patient rooms are divided into four bedrooms, two bedrooms and a few singles. The singles are not "private rooms" in the sense that they can be requested or obtained by paying more but are assigned according to the patient's need and stage of rehabilitation.

The multiple rooms are laid out in such a fashion that each person can feel that he has his own "territory" and be relatively private when he wishes. Each room is complete with separate, wheelchair-accessible wash basin and toilet areas. This will facilitate not only daily hygiene but in many instances, the extremely important bladder and bowel retraining.

At the north end of each inpatient floor there is a large wheelchair-accessible dining room — an essential part of retraining a person for day-to-day living. Each patient, regardless of how severely handicapped, unless he is ill at the time, must learn to eat in the dining room with other persons. This is after the beginning of relearning how to feed himself again but also is often the beginning of resocialization through meeting and talking with other persons.

After meal hours the dining room will double as a TV viewing room. Colored cable television will be provided in this room as part of the over-all plan for persons to be up and about. Small bedside TV units will be provided only when the patient is necessarily confined to bed.

At the south end of each inpatient floor there is a solarium for reading, other quiet activities, or visiting.

Examination and interview rooms are located on each floor to be available to varied health professionals, both staff and students, for private discussion with patients and necessary examinations.

Level five, below the two inpatient floors, provides a "mid-building" point for necessary electrical, mechanical and air conditioning equipment. A large indoor-outdoor recreational area for patients is also located on this level. Research space is provided on this floor for development of research programs.

A personal laundry room and "snack kitchen" for patients' use is adjacent to the recreation area. A general duty room for on-call staff and office space for the centre's recreational director is also provided.

Below the recreational area and inpatient floors on the fourth level is the large physical treatment and retraining area. This consists of appropriate waiting and reception area, individual treatment cubicles, mechanotherapy room and large treatment gymnasium. In addition to the usual treatment and training devices, equipment for cardiac rehabilitation and pulmonary

rehabilitation is provided here.

At the north end of the physical treatment floor there is, for the first time in the history of the centre, a sufficient amount of hydrotherapy equipment. This consists of a 22x40 foot therapeutic pool accessible by wheeling or walking in on a ramp; sliding over the side from wheelchair level; sliding in from the deck at water level; by electric hoist. In addition, for individual treatments there are two large

tanks — cloverleaf shaped, known as Hubbard tanks, plus many arm and leg whirlpools. This unit is complete with changing, shower and locker rooms for patients and staff.

Level two, below street level, accommodates a department for light, medium and heavy types of occupational therapy. This area also includes staff and student locker space. The northern section of this floor accommodates the Orthotic and Prosthetics Unit.

Rehabilitation History

Development of medical and public interest in rehabilitation of the handicapped followed World War II and was directly linked to provision of rehabilitative services to the war injured.

Similar services were unavailable to civilians. This situation was recognized by the federal government in 1950 when a national conference on rehabilitation was convened. The following year a National Advisory Committee on Rehabilitation was established, followed in the Spring of 1952 with the appointment of a federal co-ordinator and in 1953 the federal government extended health grants to include aid for rehabilitation of the handicapped.

By 1953 a number of voluntary agencies in Nova Scotia, each recognizing the urgent need for rehabilitation of the particular group in whom it was interested, were urging establishment of rehabilitation facilities for its own particular group.

In an effort to prevent duplication of facilities, the Halifax Welfare Council called a meeting of all organizations interested in rehabilitation, which led to the formation of the Nova Scotia Council for the Rehabilitation of Disabled Persons.

Without funds or staff, this council set out to establish a rehabilitation centre. Federal and provincial grants, along with the interest and enthusiasm of many devoted volunteers, both individual and representative of voluntary societies, led finally to request, to the city of Halifax for use of a city-owned building in which to establish a rehabilitation centre.