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## CONTENTS

**Issue 292 - January 2018**

### COVER STORY

**PEOPLE OF THE YEAR**

Alex Elegudin and Yannick Benjamin met in rehab 15 years ago and forged a bond over a commitment to improve support systems for people with SCI. With innovative programs and services, their nonprofit, Wheeling Forward, has done just that for thousands. **SETH MCBRIDE** shows how their distinct styles complement each other and how their selfless approach has built a tight-knit New York community.

*Cover and Contents Photos by Anabella Veress*

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By Tim Gilmer

The good news: I don’t have urethral cancer. The bad news: My body has sprung a leak — a small stage II pressure sore erupted overnight into a complex stage IV sore. While all seemed well on the surface — even to home health nurses — undermining and tunneling had been doing its dirty work unseen. Many of you know the prognosis: months confined to bed, followed by flap surgery and more months in bed. So now, instead of worrying that cancer may kill me in less than a year, I get to watch my quality of life slip away, day by day, for several months.

Whoever came up with “bed rest” as a medical treatment? The same doctors who believed in bloodletting? Many of you know the effects of prolonged down time: loss of muscle mass and bone density, potential skin breakdown in areas other than the off-loaded sore, poor digestion, possible infection, diarrhea from IV infusion therapy, loss of income from missed work, and depression. Ironically, it’s kind of like chemo and cancer; if the disease doesn’t kill you, the treatment may.

But I am just pissed off enough to fight my way through it. Complex wound care is the neglected child in the health care family. The same doctors who believed in bloodletting? Many of you know the effects of prolonged down time: loss of muscle mass and bone density, potential skin breakdown in areas other than the off-loaded sore, poor digestion, possible infection, diarrhea from IV infusion therapy, loss of income from missed work, and depression. Ironically, it’s kind of like chemo and cancer; if the disease doesn’t kill you, the treatment may.

But I am just pissed off enough to fight my way through it. Complex wound care is the neglected child in the health care family. With too few doctors practicing it, too few wound care nurses and clinics, and too few proven wound care treatments. It took me six weeks to get into a wound care clinic, another six weeks to be seen by a plastic surgeon, and I’m still fighting insurance to get an appropriate wound therapy bed. Meanwhile the threat of infection rises.

Fortunately, I have the support of colleagues on staff and a dedicated wife. With their combined experience and help, I will get through this latest health crisis. Healing a complex stage IV wound and keeping it healed is a marathon, and everyone who faces it needs a working support system, just like a marathoner needs those helpers along the 26.2-mile course who hand out water and snacks at strategic intervals.

NM’s senior editor, Ian Ruder, has been stellar in feeding me helpful info and encouragement. Richard Holicky’s article on how to survive longer term bed confinement [“Staying Positive: How to Survive Medical Complications,” April 2012] has given me hope. And United Spinal’s Resource Center put me in touch with Tricia Litzinger, wound care nurse and therapy bed expert, who is giving me an eye-opening education.

Prescribing bed confinement to heal complex stage III and IV pressure wounds can be challenging, says Litzinger, since no recognized standards currently exist for evaluating the multitude of mattresses and beds that claim to promote wound healing. The result is nurses and doctors often can’t distinguish between products that are rehab grade and others that are “pharmacy” grade — and insurance is slow to approve the most effective products, which are costly.

Currently the National Pressure Ulcer Advisory Panel is developing evaluation standards, a project that began way back in 2001. In the meantime, if you have a complex wound like mine and need help, contact the United Spinal Resource Center or send me a message. You will need all the support you can get in this marathon.

“Complex wound care is the neglected child in the health care family.”
JENNI GOLD

Writer, editor, director, speaker, advocate — Jenni Gold wears many hats. A wheelchair user since the age of 7 because of muscular dystrophy, Gold is an award-winning filmmaker and director member of the Directors Guild of America. She is the founder of Gold Pictures, a production company that recently produced the feature films CinemAbility and Aaah Roach. Gold launched, "The Gold Test," as a standard for Hollywood content creators who are incorporating disabled characters. Her passion for storytelling and entertaining while enlightening an audience is clearly evident in her work and achievements.

BRIGHAM FORDHAM

Brigham Fordham is a law professor and attorney living in Phoenix, Arizona. His research has explored the legal ramifications of freak shows, the intersection between new genetic technologies and disability, and the ways that personal injury law affects how people view disability. In addition to teaching and writing, Fordham assists private clients with intellectual property questions. Fordham broke his neck as a teenager and is a C5-6 quad. He studied literature at the University of Utah and law at UC Berkeley. He has been a New Mobility reader since the beginning. His research papers are available online: ssrn.com/author=1126862.

KATE WILLETTE

Kate Willette’s most recent book, Don’t Call It a Miracle, was commissioned by the Christopher and Dana Reeve Foundation. Since her husband’s C6 injury in 2001, she has become a lively voice informing a worldwide community of people living with paralysis about the state of SCI research. When Willette isn’t roaming around Seattle’s Capitol Hill neighborhood with her dog, Utah, she’s usually at her desk, spinning new plans to comfort the disturbed and disturb the comfortable.

Want to contribute to New Mobility? Please send queries and manuscripts to Ian Ruder: iruder@unitedspinal.org
A Needed Lift
I wrote to several hotel and travel entities about this problem ["An End to Too-High Hotel Beds?" November 2017] a few years ago but did not get a response. We stayed at a Hyatt Vacation Club property a few years ago. The bed was so high that my husband, a C6-7 quad, had no chance of getting into it. I called the front desk and they came and removed the four-post bed frame, and then used the original bed frame. That solved the problem. I can’t believe the high-end resort in Hawaii didn’t have that option. Good luck to you with this product!

Katy Props
NewMobility.com

Bed Requirements Would Help
The PHRAME lift is a practical solution to a real problem ["An End to Too-High Hotel Beds?"]]. With hotels, I always ensure that beds in designated accessible rooms not be platformed, precisely so a Hoyer or other lift can be utilized. It’s frustrating that every other similar element is assigned a height or other “scoping” requirement, but not beds.

Luis Androuin
NewMobility.com

Underwear Access?
How easy is it to access your penis for cathing? ["GlideWear Skin Protection Underwear is Shear Genius," November 2017]. I can see a slight opening in the picture, but it seems a little tight and I can imagine a wrestling match trying to access that area.

Franklin Elieh
NewMobility.com

Our writer responds: The width of the fly opening on size large Glidewear shorts is 5.25 inches, which is 1.25 inches wider than on standard underwear. And since the opening is horizontal rather than vertical, it makes cathing easier than standard underwear. — Bob Vogel

Flexrim a Winner
The Flexrims are great ["Pushrim Options for Better Performance," November 2017]. You can push using only your thumb, and you don’t need to grip the rim. The concern is that the rubber pushrim usually only lasts about a year, and then gets thin or disconnects from the rim. The good news is that you can send them to Flexrim, and they will return a like-new wheel for $100.

Richard St. Denis
NewMobility.com

The Wheelie Upcharge
It would sure be nice if we could buy home gyms in the same price range that ambulatory people are able to ["7 Budget-Friendly Products for a High-Performance Home Gym," November 2017]. To get a system with no bench and upper body items like flys and a pull-down lat bar is $5-8,000 for the disabled. For the rest of the human race, it’s as cheap as $1-2,000 for a really nice set-up. It’s like we’re being punished and taken advantage of, just so they can bill Medicare or a rehab center five times as much. They charge more to take out or leave off the simplest, cheapest part of the equipment — a bench!

Mark Imwho
NewMobility.com

Hope for Access
Finally, a real world tool where people with disabilities can add comments and even photos describing what accessible features are available at public locations ["Building an Accessible Map for Everyone," November 2017]. Now, it will be up to those of us who need these features to provide accurate input to the app. Over time, businesses that provide proper accessibility will be rewarded with more sales as patrons with disabilities are more knowledgeable about where they are welcome.

Jim Costello
NewMobility.com

Give Insurance a Shot
In my experience, the options in the article ["Wheelchair Add-Ons to Make Commuting Easier," November 2017] are all private money options. It doesn’t hurt to try insurance, though. All they can do is deny it. If you work full-time, your insurance will sometimes grant exceptions and pay for things that will help you.

Samuel David Self
NewMobility.com
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HCPCS codes: E2622, E2623
If you’ve reached this page, you have probably already noticed that we’ve redesigned our departments and columns for 2018. We hope the fresh look will not only be easy on the eyes, but also better emphasize the role of our parent organization, United Spinal Association. Moving forward, you’ll see more resources, advocacy initiatives, news and events highlighted, like the hurricane response box on the next page.

We are also excited to introduce several new sections this month — plus more in upcoming issues — and wanted to share the thinking behind our changes and additions.

In This Issue

Eat Well: We’ve expanded the concept behind our bimonthly nutrition column to include neurological conditions beyond spinal cord injury. Written by certified nutritional practitioner and para Joanne Smith, the column now includes additional tips; future editions will cover dinner recipes, as well. Page 10.

Reframed: Across the spread from Eat Well sits an unassuming yet fascinating new column by Reveca Torres, who will share images and vignettes from her personal journey as a wheelchair user, artist and advocate. We are thrilled to showcase Reveca’s unique point of view every other month. Page 11.

Gear Hacks: You may have noticed a lot of Seth McBride bylines lately, as he has become indispensable in writing about products, people and advocacy — so indispensable, in fact, that we offered him a staff position with NM, which he has accepted. Check him out on the masthead under Associate Editor, and visit newmobility.com/author/smcbride to see his growing body of work. And what is Gear Hacks? Think DIY strategies for increasing independence without breaking the bank. Welcome, Seth. Page 12.

Research Matters: Kate Willette is that rare writer who turns in a sample column so polished that the editors literally spend an hour exchanging complimentary emails about it. The fact that this column elucidates spinal cord research with the perfect NM voice means that we are officially rebooting our quarterly coverage of scientists working to restore function after SCI — what some folks call “cure research.” You’ll be surprised at how fun it is to read. Page 42.

Please Remain Seated: On the lighter side, we are commissioning an original monthly cartoon strip by Mat Barton. Mat has dreamed up a diverse set of characters living independent lives on wheels — who also occasionally butt heads in a slightly dysfunctional SCI/D support group. Learn more about Mat and see his introductory strip in Crip Buzz. Page 48.

More for the New Year

We’ll unveil a few more additions in the coming months. Allen Rucker will retire his humor column and pen Media Spin to keep tabs on how today’s image makers are reinforcing or breaking stereotypes about disability. Live Well, by Josie Byzek, will focus on tips for mental and physical well-being — from mindfulness to exercise routines and lots in between. We have a couple of other ideas under development, so stay tuned.

You’ll see from this lineup that we are feeling optimistic about the future. As our new offerings mature over the next several months, tell us how they strike you — what makes your life easier, gives you a sense of community or just makes you smile? What is most valuable and meaningful to you? Let any of us know what you think, or reach out to me directly at jdobbs@unitedspinal.org.

Happy New Year from all of us at New Mobility and United Spinal!
FDA APPROVES EXPANDED E-STIM TRIAL

In December, the Food and Drug Administration granted the Christopher and Dana Reeve Foundation approval to move forward with a new set of epidural stimulation trials intended to treat the effects of spinal cord injuries. The project, named “The Big Idea” by the Reeve Foundation and administered by the University of Louisville, aims to enroll 36 candidates with chronic paralysis through the University’s “Victory over Paralysis” database. The Reeve Foundation launched The Big Idea in 2014 and has been soliciting donations to raise the estimated $15 million required to fund the trials. They are currently at 60 percent of their goal.

Epidural stimulation is a process in which an array of electrodes is implanted on the lower spine and then connected to an electronic stimulation device that controls activation of the electrodes. The beginnings of The Big Idea date back to 2009, when Rob Summers, a quad from Oregon, became the first person to participate in an epidural stimulation trial at the University of Louisville. Intense activity-based therapy combined with epistim allowed Summers to recover some volitional motor control below his level of injury, including the ability to stand with the stimulator turned on. An unanticipated side effect was the recovery of some autonomic (bladder, bowel, sexual, and temperature-regulation) function. Three others in the original trial showed similar functional recovery. A recent trial at the Mayo Clinic replicated the results of the Louisville trial with a quicker turnaround time from implantation of the stimulator to functional gains.

According to the Reeve Foundation, “The ultimate goal of this research is to demonstrate the efficacy of epidural stimulation and lay the groundwork to get this therapy to the clinic.” In addition, the Foundation hopes to develop new technologies and refine practices with the goal of increasing the effectiveness of epidural stimulation.

In a press release, Matthew Reeve, vice chairman of international development for the foundation and eldest son of Christopher Reeve, said the purpose of the upcoming study is “to prove this technology can reverse some of the most devastating complications of spinal cord injury.”

For more information on the trial and to enroll to be considered for this and other research trials at the University of Louisville, visit victoryoverparalysis.org.

PUERTO RICO HURRICANE RELIEF EVENT A SUCCESS

United Spinal staff traveled to Puerto Rico December 16 to deliver medical supplies and provide equipment repairs in the wake of Hurricane Maria. The event was part of Assisted Mobility Day and drew wheelchair users from all over the island, including many members of United Spinal’s Puerto Rico chapter (pictured). United Spinal’s efforts to assist the disability community in Puerto Rico are part of a larger initiative made possible through a $500,000 grant awarded to the organization by the Craig H. Neilsen Foundation to coordinate and support regional weather-related disaster relief efforts for the disability community.

Three months after the hurricane struck the island, large sections of the island remain without power and access to key resources. Among the goods supplied by United Spinal were inverters that allowed power chair users to charge their chairs using car batteries.

Look for a full feature on United Spinal’s hurricane response next month.

FROM UNITED SPINAL

HURRICANE RESPONSE
EAT WELL
By Joanne Smith

YOUR HEALTH IN A NUTSHELL

Many people may be surprised to learn that nuts are the hard-shelled fruit of plants. There are 53 different types of nuts in the world, and every kind has a multitude of health benefits. I won’t describe and go into the details of each one in this column, but I want to discuss three that are extremely beneficial for people with neurological conditions and/or mobility impairments.

Walnuts are a healthy source of protein, Omega 3 fatty acids and antioxidants. Eating these brain-shaped nuts is associated with reduced risk of cardiovascular disease (people with mobility impairments/reduced activity levels are at increased risk of developing this disease) and improved brain health (in some studies, spinal cord injury has been associated with reduced brain function). If this weren’t enough to get you snacking on these earthy-tasting gems, then maybe this next fact will: Research recently published in *The Journal of Nutritional Biochemistry* reveals that walnuts also contribute to better gut health. Specifically, eating walnuts can significantly increase the number and function of beneficial bacteria, like Lactobacillus, in the gut. In turn these bacteria help support the immune system, aid overall digestion and help improve bowel function/bowel management routines (many people with neurological conditions experience compromised immune function, as well as chronic digestive and/or bowel dysfunction).

Almonds, in addition to being loaded with protein and fiber, are beneficial in cholesterol management. A new Penn State study published in *The Journal of Nutrition* revealed that eating this nut as a snack, versus eating a muffin with the same amount of calories, reduces “bad” LDL cholesterol levels and increases the levels and function of “good” HDL cholesterol. (Individuals with SCI and others who have difficulty exercising regularly are especially at risk of high LDL and low HDL levels — which can contribute to cardiovascular disease).

Coconuts are officially a fruit — a drupe, a fleshy fruit with thin skin and a central stone containing the seed — but can also be considered a nut. Coconut oil contains medium chain fatty acids. While many people are hesitant to eat fats, rest assured, these fats are good for you. Unlike other fats, MCFAs are easily utilized as an energy source and not readily stored as fat, so for individuals who experience fatigue or gain weight easily, this is the fat for you. Coconut oil is also a natural antimicrobial and antifungal that can help support your immune system. Specifically, the lauric acid in coconut oil is known to fight bacteria, so it can assist in fighting infections such as UTIs. Moreover, this easily digestible oil can help reduce inflammation. People with disabilities are prone to systemic inflammation due to pain, stress, infection, medication intake and poor diets. Chronic inflammation can contribute to increased susceptibility to pain, weakened immune function and tissue damage. Coconut oil has high levels of antioxidants, which neutralize the free radicals that contribute to inflammation, thus ultimately reducing inflammation.

So, in a nutshell, a simple way to improve and protect your immune, digestive, bowel, neurological and cardiovascular health, as well as boost energy levels, is to eat some nuts every day. You don’t need a lot — just a golf ball-size of raw, unsalted almonds or walnuts will do. Or try this nutty recipe. Eat two or three of these with a banana for breakfast or enjoy as an afternoon energy boosting snack.

**NUTTY TIPS**

- Eat nuts raw.
- Avoid roasted nuts as roasting dries up their natural healthy fats, and they may be cooked in unhealthy hydrogenated oils.
- Avoid salted nuts — most people over consume salt on a daily basis. Excess salt consumption can contribute to edema and high blood pressure.
- Other exceptional nuts: Pecan, Pistachio, Brazil nuts, macadamias

**STORING NUTS**

- Nuts contain healthy oils, which go rancid easily. Keep for up to a month at room temperature, but out of direct sunlight. Store in an airtight container in the fridge for up to six months and in the freezer for up to a year.
- Keep nuts away from foods like onions, as they take on the odor.
- Unsalted/whole nuts keep longer than salted/chopped ones.
REFRAMED
by Reveca Torres

It surprised me that this man, a yoga instructor I had just met 15 minutes ago, with long hair, big muscles and tattoos all over his body, was not frightened by my disability and was so genuinely interested in working with me. “I’ve never done this before and I think I’m going to learn more from you than you from me…” he said. His honesty made me trust him even though neither of us knew what we were doing and what the outcome would be. We went into the studio and he asked me what would be the best way to get me to the floor. I guided him to wrap one arm around my back and the other under my thighs, as he scooped me up for the first time of many and lowered me to the mat. We began with breathing and basic postures.

Inhale, Exhale, Feel, Be Present.

I went into that hot room cold and afraid. I came out warm, transformed and addicted. My life changed that day. It changed the way I thought about my paralyzed body. It boosted my confidence and reduced my pain. I wasn’t broken and fragile. I felt sexy!

Over time I gained balance and strength both physically and emotionally. Although my body is paralyzed, it is still alive and I need to love it, care for it and most importantly understand and listen to it without judgement or comparison to those around me. Funny how this thing I was afraid of trying was exactly what I needed to lead me into happiness and well-being.

Reveca Torres, founder of the SCI/D nonprofit BACKBONES, is enthusiastic about cameras and photos. Her bimonthly column uses images to explore how changing your perspective can change your life.

NO-BAKE ENERGY BITES

½ cup rolled oats
¼ cup unsweetened coconut flakes
1 large tbsp. coconut oil
1 med jar almond butter
½ cup dark chocolate chips

1. Mix all ingredients in a large bowl. Place in fridge for 10 minutes to allow mixture to slightly harden.
2. Remove from fridge and form mixture into 1-inch balls and place on parchment paper
3. Place back in fridge for two hours and then enjoy!

I recommend making and freezing extra energy bites to enjoy for weeks to come.

THE DAY SOMETHING CHANGED

It surprised me that this man, a yoga instructor I had just met 15 minutes ago, with long hair, big muscles and tattoos all over his body, was not frightened by my disability and was so genuinely interested in working with me. “I’ve never done this before and I think I’m going to learn more from you than you from me…” he said. His honesty made me trust him even though neither of us knew what we were doing and what the outcome would be. We went into the studio and he asked me what would be the best way to get me to the floor. I guided him to wrap one arm around my back and the other under my thighs, as he scooped me up for the first time of many and lowered me to the mat. We began with breathing and basic postures. *Inhale, Exhale, Feel, Be Present.*

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Over time I gained balance and strength both physically and emotionally. Although my body is paralyzed, it is still alive and I need to love it, care for it and most importantly understand and listen to it without judgement or comparison to those around me. Funny how this thing I was afraid of trying was exactly what I needed to lead me into happiness and well-being.

Reveca Torres, founder of the SCI/D nonprofit BACKBONES, is enthusiastic about cameras and photos. Her bimonthly column uses images to explore how changing your perspective can change your life.
My disability makes even mundane tasks more complicated than they otherwise would be. And I don't have a surplus of money to buy every piece of adaptive equipment that might look handy. But I like to do things, and I suspect many of you can relate. As a result, the list of gear that I've designed, made or modified over my 17 years using a wheelchair is long and constantly growing: gripping gloves, backpacks, under-chair bags, sports arm sleeves, a wheelchair carrying attachment for a handcycle, a quad-friendly handcycle pedal for my “good” hand, everyday chair sideguards, a portable commode chair light enough to be pedaled to the far side of the earth, a spray cooling system for my handcycle, a bar on which I can independently do pull-ups, an adaptive hammer, a sidecar capable of safely carrying my 6-month-old baby on a handcycle, and even a cross-country sit ski.

Like many who use wheelchairs, I tinker, modify, design, and get people who know what they’re doing to help fabricate all sorts of devices in the name of living the life I want to live.

In this column, I’ll be looking at a different DIY project or “gear hack” for wheelchair users. How do we make equipment that we already have — or that may already be available but not necessarily designed for someone who uses a chair — more functional and fun?

This month, I’ll cover how to set up an accessible work space to make your DIY projects a little bit easier.

**Work Table:** Having a sturdy table that you can roll under is key, as it gives you a stable place to rest your elbows so you can work with both hands. You can do some things with a good lap board, but in my experience, the instability and smaller surface area make working more difficult than with a roll-under table or desk. Whether it’s in a garage or inside your home, you want the surface to be something solid that you don’t care about getting dinged, cut, or otherwise messed up. Functional doesn’t have to be expensive — some heavy-duty shelving brackets screwed into wall studs just above knee height with a 2-foot deep piece of .75-1-inch plywood makes for a great workspace.

**Table Vise/Clamps:** If you have a garage or a dedicated workspace, do yourself a favor and buy a table vise. Keeping a piece of equipment secure—ly and firmly in place while you work on it can save a lot of hassle. Lots of times, working from a chair, it’s hard to get leverage with tools without using two hands. A table vise can free you up to really crank on something if you need to. Similarly, having a variety of clamps comes in handy to secure what you’re working on, especially if you need to come at something from a funky angle to be able get the right leverage.

**Tools:** A mechanic’s tool set is a good place to start. Wrenches and ratchets in both standard and metric sizing are useful all the time, and if you have limited grip strength, vice grips are incredibly handy. A tool that is indispensable for DIY projects is a Dremel
— a battery powered rotary tool with a variety of attachable heads useful for everything from cutting and drilling to grinding and sanding. They are extremely versatile and easy to use, even with limited hand function. This is a good point to emphasize the importance of having and using the brakes on your chair if you’re trying to work on anything. Using two hands, especially if you have limited grip strength, is a necessity, and the last thing you want to worry about is your chair wandering away.

**And that adapted hammer?** A 5-pound dumbbell with a loop of athletic tape around the outside works great. The tape keeps the dumbbell secure (enough) in my floppy hand, and the relatively heavy weight for a hammer lets me generate a good deal of force in a short range of motion.

You can’t do everything with this setup, but for someone on a budget, it makes a great base to start from.

Next column, I’ll be focusing on what to look for and how to modify commercially available backpacks and smaller bags to be functional as a day/travel bag and a removable under-chair bag.

Have your own tricks and tips for making bags work well as a wheeler? We want this column to be interactive, so send me your ideas, and I’ll incorporate reader input into future columns. Happy hacking!

Send questions and ideas to smcbride@unitedspinal.org.
COMPUTER SOLUTION: I use two Kensington trackball mouses, so I can left click with my left arm and right click with my right. It keeps my shoulders in a better position and pain-free.

OUTDOOR ENTHUSIAST

Randy Duchesneau

Before he sustained a C5-6 spinal cord injury, Randy Duchesneau was at home on the dance floor. Breakdancing didn’t have the same appeal after SCI, but Randy found a new hobby miles away from the dance hall.

Discovering Hiking

Seated behind the wheels of his handcycle in the middle of a vacant road in Death Valley, Randy Duchesneau took a minute to soak up the beauty around him. “I could look into the distance and not see a single other person,” he says. “And that’s something that we quadriplegics don’t get that often, with attendants or somebody near us all the time.”

Hiking and exploring nature were not near the top of Duchesneau’s list of hobbies before he was paralyzed in 2006, but SCI has a way of changing things.

In the last few years Duchesneau has explored numerous national parks, including Yellowstone, Grand Tetons, Glacier, Joshua Tree, the Canadian Rockies and much more. “I’ve grown to love the scenery, the landscapes and the environment,” he says. “Also, the solitude.”

Prior to his injury, Duchesneau was a breakdancer at Cornell University. He tried to get back into it when he returned to school after his injury, but found that his interest had waned. “Even though I can move my arm around and dance a little bit now, I was nowhere near as good as I was before,” he says. “I thought finding new hobbies would be easier.”

It just so happened that one of his breakdancing friends had also moved on to a new hobby, hiking. Duchesneau tagged along and liked it. For Duchesneau, hiking often involves more than just wheeling through a new locale. While he normally uses a Permobil C500, he travels in a manual chair with e-Fix power-assist wheels to allow him more flexibility for the inevitable obstacles.

“I always try to do some trails that aren’t quite accessible just so I can feel like I’m doing something more outdoorsy,” he says. “It’s really nice to push the level of what’s accessible and see if I can go someplace that is more challenging to get to.”

His trip to Joshua Tree with some of his breakdancing friends provides a perfect example. “I had four people carry my chair and push and lift me up over all these different rocks, trying to take me as far up the trail as they possibly could,” he says. “We got 90 percent up the trail, almost to the summit, before we finally reached an impasse where it was so narrow we couldn’t fit the wheelchair through and the rocks were about 5 or 6 feet high, so there was no way someone could lift me up over them.

CAN’T LIVE WITHOUT: I use a Permobil C500 most of the time, but my e-Fix power-assist wheels allow me to travel with a manual wheelchair and still get around.
That’s as far as I got, but it was a very exciting hike.”

When not bouldering in his chair, Duchesneau finds time to explore via handcycle. Just like he chose the e-Fix wheels to give him more flexibility, Duchesneau settled on a Dragonfly as his handcycle of choice because of its ability to attach to his manual chair.

“I like it mostly because I can transport it and use it where I need to,” he says. “They have a saying: The best camera is the one you have with you. The same thing applies with the handcycle.”

Duchesneau has considered writing down all the access info he has learned to share with others. Asked for his top recommendation for accessible outdoors exploration, he chose Rocky Mountain Adaptive, a Canadian charity that promotes accessible opportunities to explore the Canadian Rockies. “They don’t have the ADA in Canada obviously, but thanks to Rocky Mountain Adaptive I probably got to do more in a week while visiting there than I do over the course of a year visiting parks here in the States.”

“Being a parent and a quad has been challenging. I think the most challenging parts were when she was an infant and there wasn’t really much I could do to help. She seemed so helpless. She was unable to turn herself and I worried about her suffocating. It was very nerve wracking watching how helpless she was. I wanted to be able to help a lot more than I could, and I was extremely nervous because I knew that if I needed to help, I couldn’t really do anything. I always had to make sure other people were around. I didn’t feel as useful as I would like to have been. But it was just a phase and since she turned about 18 months old, it has been really exciting and rewarding. She can walk around and climb up onto my wheelchair. I can talk to her and she understands what’s going on. It’s a great joy to be around her now and do things together.”

A MESSAGE FOR ELON: I’m hoping that the people building self-driving cars will keep accessibility in mind so that it can open the world for people with disabilities who can’t drive.

WHY I JOINED UNITED SPINAL: I helped found the Philadelphia chapter because it seemed like a good opportunity to meet more people with SCI and share information. Meeting other quads and finding out how they did things was a very valuable part of my progress, so I figured having a chapter in the Philadelphia area would help others.
The Broad Palette of Richard Bell

A delicious aroma fills the air as onions and peppers sizzle on the grill at Richard Bell’s Los Angeles loft. The loft doubles as Bell’s studio and its walls feature his work. Bell motions for me to follow him, saying, “Let’s talk on the patio and we can watch the sunset.” It’s a warm fall evening, and the beautiful colors of the sunset bounce off the downtown buildings. He continues, “There’s a ton of art downtown and I love it. It’s like a renaissance going on.”

Looking around at the convergence of nature and concrete, modern architecture and scrawled graffiti, I can’t help thinking he’s right. Seeing the emotion on his face, I ask him what his greatest passion is. “Food, art, and Formula One,” he says with a grin.

As the sun dips behind a building, I compliment him on the enticing smells wafting our way. His blue eyes sparkle as he turns to me. “Art and food go hand in hand. If you want a really good meal, eat at an artist’s house. The food will be delicious, I promise you!”

FINDING HIS WAY

Bell grew up in Los Angeles as a rambunctious kid who was always in trouble. “I never gave much thought to what I wanted to be when I grew up,” he says. “I liked to play sports all the time and was very athletic, but never thought of having a sports career.” A future as an artist was even farther off his radar. “As a kid I didn’t really draw at all. I did some doodling and graffiti with some friends, but nothing much.”

With urging from his parents to become a doctor, Bell enrolled pre-med at Loma Linda University. While there he met his future wife, Ema, who was also pre-med. Despite finding the woman of his dreams while he was in school, he questioned his medical career. “I just couldn’t justify the cost of med school. I remember being in the cafeteria looking at classifieds for all these jobs for IT and the pay was great. I was like, ‘I can do that.’” Bell dropped out of school and enrolled in programming courses. “Before I knew it, I was working for Rockwell International at Southern California Edison, then for the U.S. Government, and after that I went into the private sector,” he says.

Ironically, it was his IT work that led Bell to discover his artistic passion. The job required a lot of travel, so to pass the time he got in the habit of carrying...
a sketchpad with him and started doing charcoals. As he recollects, “I never considered it as a career though, maybe something to do later in life.” Finally, he summoned the courage to show his drawings to his great-uncle Raymond Howell, a famous artist in Oakland, California. Bell vividly remembers Howell’s reaction. “My uncle said, ‘Oh my! You can paint!’ And I was like, ‘I never painted in my life!’”

The realization brought the two even closer together. “We did a lot of talking and painting and eating, and I learned a lot about art and food,” says Bell. “I hoped that maybe I inherited the art gene that seems to run in our family.”

**A NEW LIFE**

In 2002 Bell’s career path took one more unexpected turn when he rolled his convertible and broke his neck at C5-6. He spent three months on life support. “I had a near death experience and I saw a lot of colors,” he says. The experience would later inspire one of Bell’s few abstract paintings, titled Reconciled, but at first his “new life” did not include art. “After my injury, I didn’t have much use of my arms. I would try to sketch with charcoal, but I was pretty apathetic about it,” he recalls.

For Bell, the best part of rehab was the camaraderie at Rancho Los Amigos National Rehabilitation Center. “My main passion is connecting with other people, so I liked talking and hanging out with different people. We used to do drag racing in the halls, which was fun. I did three months at Rancho and then a whole new life began.”

It was not long before Carlos Benavides, a friend of Bell’s, invited him to an art show at Rancho. “I thought, ‘I don’t want to see a bunch of disabled people trying to do art.’” he says. “But when I got there, they blew my mind. The art was incredible. The show was incredible.”

Benavides encouraged Bell to participate in the show the next year. That set him on a path to his future career as a successful artist, but it did not come easily. “I started with small sketches at first, and the more I did, the stronger my arms got,” says Bell. “I tried painting and before I knew it, I had enough material for the show. Thinking back, I’m not satisfied with what I did that first year, but it was a good start and it was great therapy. I figured out that I could do the same kind of art I did before and even improve on it. So, I immersed myself into it. I worked and worked and worked to better my technique.”

He is always looking for inspiration, and is committed to improving his technique. He is as likely to draw inspiration from fellow Los Angeles artists as he is from a trip to the museum to study the masters. The tools of his trade are varied and constantly changing depending on his inspiration. He started out using oil, but has expanded his repertoire to include acrylics, charcoal, pastels and more. “I might use all of them on one painting” he says. “It just depends. I also like to mix all my colors. I have a pallet of seven colors that I use to make almost any color.”

Prior to his injury, Bell trained as a jazz pianist, an experience that manifests in both the subject and style-blending aspects of work. “My art is probably more impressionistic, and surrealistic a little bit, and I dabble in realism,” he explains. “For example, in my music series I’ll have the artist as realistic as I can, but then I will add a ghost image of the musician performing, so that it’s a bit more abstract and it gives you more of an idea of what they’re feeling.”

Bell primarily paints portraits and wants to illustrate the human experience. “A lot of people have asked why I don’t paint people smiling. It’s because I’m trying to paint what that person might be feeling or going through, so that it’s more relatable. I don’t want to paint the traditional portrait look where it is fake and contrived. I am trying to convey some kind of experience.”

Despite Ema managing all of his business affairs and setting up his shows (and being his wife for 22 years), Bell has only done one painting of her. Ema confesses that it’s because she can’t sit still and is too self-critical. Bell agrees and points out that special Ema painting which hangs in their home and is not for sale.

Bell also has done a self-portrait titled Rage. In it, his face is distorted in agony. When asked what he was so outraged about he said, “Nothing; I just thought it was a funny face.” We all laugh as Ema adds, “Richard is hilarious and can make anyone laugh, but what people don’t realize is that he’s also very spiritual and extremely intelligent.”
When Bell first heard about the Beverly Hills artSHOW, which runs twice a year, he wasn't sure he was ready for such a prestigious show. "It's a juried show, so what happens is you have to submit eight pieces and then they have a blind jury review your work and determine if you're worthy to be in the show." Bell got in the first time he applied. Since then he's been selected for two more of their shows. He smiles, "The third time I did that show I actually won a third-place ribbon for best paintings!"

This past year, the California Rehabilitation Institute converted its first floor into a gallery, which will be open to the public next year to showcase the work of artists with all sorts of disabilities. Eighteen of Bell's paintings have been chosen to be displayed on rotation, with five of them on display at all times in the main gallery. "It is a tremendous honor," he says of their patronage. Until then, his work can be seen at rbellart.com.

"NO BRAKES!"

As we wrap up a lovely evening of food and art, Bell tells me about an upcoming 17-day worldwide trip that will take them to Italy, Greece, and Abu Dhabi. This trip is a lifelong dream come true. With a big grin, he explains, "I've always wanted to attend a Formula One race, and Abu Dhabi is hosting the last race of the season. I can't wait to be there!"

Bell’s passion for enjoying the rich treasures that life has to offer and his drive to live life to the fullest can be seen firsthand in his work, as well as in the way he lives his life every day. Like many artists, Bell is daring and complicated, but where those less fearless might hesitate, Bell only picks up speed, letting nothing slow him down along the way.

A Formula One fan to the core, our sensational evening ends as he offers one last note: "My life's motto is to keep chugging along. No brakes!" Bell’s trip around the racetrack of life has had some tight turns, but thankfully for art lovers he keeps moving forward at full speed, successfully crossing the finish line of the next painting … and the next adventure.
A Passion for GIVING BACK

Richard Bell may not have mentioned giving back to the SCI community as one of his greatest passions, but his track record of involvement shows it is a vital part of his life. In 2009, Bell and friend Ray Pizarro, also a quadriplegic, created an online forum to connect and support the Southern California SCI community. “Our whole focus was trying to get people back into doing things they used to do and being productive in their lives after injury,” says Bell.

They named their venture Pushrim Foundation and started off with a simple website where wheelers could share their experiences, ask questions and post pictures and videos. In the years since, the organization has grown to over 2,000 members, launched programs to support the community and gained 501(c)3 status. One of Pushrim’s most visible ventures has been its long-running video podcast series, which Bell cohosts with Pizarro.

Bell cohosts Pushrim podcasts with Ray Pizarro.

The two friends took advantage of the rise of YouTube and the growing affordability of video production to launch the series in 2012. “We started in Ray’s apartment,” says Bell. “We tried to make it look as professional as we could.” They relied on donations and their own checkbooks to fund the show.

Over the years they’ve put together almost 60 episodes, covering everything from medical issues, to technology to interviews with a multitude of SCI celebrities. “Because of the site, we were privy to a lot of people with interesting stories and we used those connections to try to get those people to come on and tell their stories,” says Bell. Pressed to pick a favorite guest, Bell chose actor and musician Tobias Forrest, but laughed as he added that his true favorites were “the one that were easy to interview.”

While Bell and Pizarro set out to create resources for the community, Bell acknowledges the program has had a huge impact on how he lives his life. As an example, he cited an episode where they test drove a Spinergy ZX-1. “I ended up getting that one and that has totally changed my life,” he says. “We didn’t put anything out that we wouldn’t use or that we didn’t think was beneficial to our community.”

Bell says the Pushrim video casts may be coming to an end, but he is looking to continue with “something similar, but a little more creative.” In the meantime, the video archives are available on YouTube at youtube.com/user/clubpushrim/videos. Find out more about Pushrim at pushrim.org.

— IAN RUDER

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GIVING BACK

A Passion for

RICHARD BELL

GIVING BACK

A Passion for

GIVING BACK
In a 2016 video, a man seated on a cool-looking modified Segway called an Ogo wowed viewers with a slick demo of the device's hands-free driving capabilities. By simply leaning in the direction he wanted to go, the rider effortlessly navigated long stretches of beach, wilderness trails and urban environments, all at high speeds. The video quickly went viral, and created a lot of buzz among wheelers. Two years later, the Ogo is finally coming to market.

Ogo is the brainchild of New Zealand design engineer Kevin Halsall. The idea grew out of his friendship with Marcus Thompson, the T12 para riding the Ogo in the viral video. Sharing a mutual passion for archery, the friends participate at a club that has shooting stations on bush trails, wooded areas and open grassland, making it tough to navigate with a manual chair. Halsall decided to design a device that would enable Thompson to easily traverse the area.

Halsall started the quest with a Segway platform, which sells for $6,000, instead of a less expensive platform. "It is the only one that has redundant sensors in areas critical for safety," says Halsall. "And this makes it the most reliable platform on the market."

Although seated Segways have been around for over 10 years, Halsall felt he could come up with a superior design compared to the ones currently on the market. Thompson, who has an engineering background, worked as the test pilot.

Their main focus was to improve the way seated riders control the device, starting with the handlebar. "We felt the center-mounted control bar was invasive for the rider. And we felt the bolt-on seating system and fixed backrest found on many seated Segways prevented leaning back far enough to enable fast braking, which is dangerous," says Halsall.

This led him to invent Ogo's key feature — a pivoting seat that controls the Segway via custom electronics called the Dynamic Seat Control. He even created a functional and cool-looking shape to incorporate it.

Three years of development went into honing a solid prototype. In 2015 they posted an introductory YouTube video that quickly gained over 1.5 million views. They continued with refinements, and in 2016 posted the Indiegogo crowdfunding video featuring
Thompson. The crowdfunding goal fell short, but they were able to complete the project with sweat equity, sheer will, and support from New Zealand and international communities. “We developed a product with elegance, performance, and just a bit of cool,” says Thompson.

**COOL, WITH A LEARNING CURVE**

That cool factor has lured in many users, including Gretchen Ryan, an L1 para. “I saw the Ogo video and it looked awesome,” says Ryan, 42. “What really grabbed me was watching the rider travel across the beach hands-free. It looked so agile and fluid, going where you want by simply leaning … it was beautiful.” She was so stoked by the video that she placed an order, and became an Ogo agent.

Ryan got to demo the Ogo for two days at various places, starting in a grassy backyard. “It’s challenging, there is a learning curve to keeping yourself centered. If you lean forward, back or to one side the Ogo is going that way — unless you lower the feet [landing gear],” says Ryan. “I felt like a toddler learning to walk. At first it was turning and twisting under me. I had to re-learn to use all of my core muscles to stay centered without using the handles.”

After a while she dialed in, and that evening drove it in a Fry’s Electronics store. “I was cruising up and down the aisles and one of the things I noticed is the kids that saw me just lit up and said, ‘Wow! I want one of those!’ I can see how this will be cool for everything from pushing a grocery cart to holding a child in my lap. Plus, it is going to help me protect my shoulders.”

While it might help save users’ shoulders, the people behind Ogo emphasize that the Ogo is a personal mobility device, not a medical device. Don’t expect your insurance to cover it and don’t assume you can’t hurt yourself. “An Ogo is like a motorcycle or quadrunner — it’s fast and powerful,” says Thompson. The Ogo website suggests wearing a safety helmet and other protection deemed appropriate when using it, and allowing at least an hour of learning in an open space before driving it in public areas.

“Learning to operate an Ogo is like learning a Segway or riding a bicycle. There is a learning curve that takes any-

**HOW IT ALL WORKS TOGETHER**

At 143 pounds, 25.2 inches wide (32.7 inches with off-road tires) and 24 inches high with the backrest down, the Ogo can be transported in vehicles as small as a hatchback car by pushing or driving it (without a rider) up a set of generic collapsible tunnel ramps. With two lithium ion batteries, travel range on a full charge is up to 24.8 miles. It can climb impressive inclines of 20-25 degrees and descend inclines of 30 degrees. It comes
with a gel cushion, but users can switch to their wheelchair cushions for added protection.

The Ogo relies on four self-leveling feet to provide the stability wheelchair users need to transfer safely.

A push of a remote-control button on a key FOB puts the Ogo into balance/drive mode and raises the feet, which are deployed in the “off” and “stand-by” modes. In balance/drive mode, the Ogo stays stationary with a straight-up “neutral” sitting position, and moves in the direction you lean — forward to go and speed up, side to side for steering and leaning back to slow, stop, or back-up depending on angle and length of backward input. A direct lean to the side will produce a turn-in-place.

The Ogo has grab handles located on top of each fender to enable people with limited or no trunk support to control their body-lean-input with their arms. The grab handles also enable quick aggressive movements for advanced riding. Riders have the option to switch to joystick control — it can be mounted on either side — which controls steering in tight areas or for people that have difficulty controlling leaning. Switching from lean steer to joystick control is done by flipping a lever on the rear fender. It has two performance modes, “turtle,” for learning, provides forgiving input response and a max speed of 6 mph, and regular mode with a top speed of 12 mph.

“When you are moving, Ogo compensates your seating — keeps you centered without pulling you forward or back. It leans back when you go down a hill, slow down or stop at full speed, just like your body does when you are walking or running,” says Thompson. He emphasizes that riders need to have enough arm control and strength to stay upright. “If you do flop onto your knees and can’t get upright and lean back, you will accelerate to full speed and won’t stop — in essence your body balance is the stop button.”

“We have had over 300 people demo the Ogo in the past few years and have had people with injuries as high as C5-6 that are able to drive it, though not as aggressively as somebody with a lower level injury,” says Thompson. “It is fun to see people learning how to work it. And when they do, they get this ear-to-ear grin — we call it the Ogo grin — and they are hooked.”

All it took to hook Kenza Kadmiry, a C5-6 quad, was a

$4 MILLION TO IMPROVE MOBILITY PRODUCTS

The high cost of bringing a product like Ogo to market is something that stops many promising mobility ideas in their tracks. To offset those costs, Toyota Mobility Foundation announced the Mobility Unlimited Challenge, a $4 million prize designed to spur innovation that will improve mobility for people with lower-limb paralysis. The challenge was launched November 16 at a press conference in Los Angeles. For the contest, Toyota has partnered with Nesta’s Challenge Prize Center, a U.K.-based foundation.

The challenge runs for three years and has several award levels. Ten awards of $50,000 will go to groups that come up with promising concepts. Five finalists will each receive $500,000 to further their design. The winner will receive $1 million for the prototype that best meets the challenge statement: “create game-changing technology that will help radically improve the mobility and independence of people with paralysis.” The winners will be announced in Tokyo in 2020.

The challenge aims to attract innovators from all over the globe, including people who wouldn’t otherwise have the resources to break into the assistive technology market. One of the many exciting aspects to the challenge is the absence of restrictive parameters, and the acknowledgement that mobility improvements mean different things to different people. Winning entries could be anything from exoskeletons to artificial intelligence to radical improvements in batteries. “I think of this as a challenge in universal design,” said Deborah McFadden. She is one of the ambassadors for the challenge, served as U.S. Commissioner of Disabilities from 1989 to 1993, and is also the mother of Paralympian Tatyana McFadden. “A successful outcome for me will be finding those creative people that think outside of the box. More importantly, [the winner] should be something that is available and affordable to people in developing countries, because bringing mobility to people in the entire world is important.”

“We look for particular areas where perhaps there isn’t enough innovation happening,” said Tris Dyson, director of Nesta’s Center For Challenge Prizes. “We are in the midst of a fourth industrial revolution, and there is so much happening in artificial intelligence, robotics, etc., so let’s focus this on the challenge of mobility. This is an opportunity for unknown entrepreneurs to bring up new and novel ideas and get funding to develop game changing ideas.”

• Toyota Mobility Foundation, Mobility Unlimited Challenge, mobilityunlimited.org
Andrew Hippert is the founder and owner of Living Spinal, one of the leading U.S. distributors for seated Segway modifications. He currently sells nine versions, including Ogo, and is an enthusiastic advocate and regular user. “Seated Segways are more fun than anything you will ride. They will get you into an adventure zone, on trails, cruising on a sandy beach or enabling working on a farm,” he says.

Hippert, a C6-7 quad, sells the promise of adventure, but without caution. “They are a mobility device, not an FDA approved normal power chair — they’re more like a bad-ass hoverboard. They have tons of power, speed and maneuverability, which is a lot of fun, but has the capability to buck you off if you push it hard, or hit a bump or curb at any speed,” he says. “It’s got two wheels, so ride with caution.”

He estimates there are between 800 and 1,200 seated Segways in the U.S., many of which he has sold. Although there are less expensive self-balancing power bases on the market, Hippert prefers the Segway base because of its built-in redundant safety features, superior speed (12 mph) and distance (24.8 miles range on a charge). He explains that models vary in driving and safety features as well as price, and his company’s goal is to help match a customer’s ability and pocketbook to the best machine for them.

Hippert’s seated Segway of choice is the Going, made in Italy. “I like the Going because it has a spring-loaded backrest that enables extra backward movement for slowing and stopping,” he says. “It also has several safety features, including a steering arm that locks in place when the machine is on so it can’t accidentally pull out when moving, and a two-stage footing system that first lifts an inch and reminds the rider to make sure the machine is turned on before lifting the rest of the way. On other seated Segways, except the Ogo, if you forget to power up the device before lifting up the feet, you will fall over.” The Going retails for $14,498 with Segway base, or $8,499 for the seating system.

“I drove the Ogo and I think it’s awesome,” says Hippert. On the other hand, he finds that the center-mounted steering handle, which is removable for transfers and found on most seated Segways, makes riding easier for people with higher-level injuries because it provides a lever to push and pull on for the forward and backward motion needed for control input. “I’ve had some higher-level quads with super-limited arm movement be able to ride seated Segways, and the steering handle becomes important for them for balance,” he says.

Hippert’s best-selling seated Segway to date is the Blumil, made in Barcelona, Spain. It has a static, rigid-seat frame, and is also the least expensive model, coming in at $9,649, complete with Segway base, or $3,648 for just the seating system.

Another popular model is the AddSeat, made in Sweden, which has a steering handle and features a seat that glides forward and back, providing easier and more intuitive control input. It retails for $13,998 with Segway base, or $7,999 for the seating system.

**RESOURCES**
- Ogo Technology, ogotechnology.com. Ogo’s videos are available on its site under the “video” tab.
- Living Spinal, 619/810-0010; livingspinal.com/power-assists/seated-segways/

**It’s fun to see people learning how to work it. And when they do, they get this ear-to-ear grin — we call it the Ogo grin — and they are hooked.”**

**demo. Kadmiry, 26, normally pushes a manual chair and has good arm function, but limited hand function. “It is surprisingly easy to drive,” she says. “It is sensitive to minimal movements, and I found I could stay centered, balanced in one place, without hanging onto the handles. I liked it — it is on my wish list for sure. When I got back in my manual chair it felt heavy, like gravity was pulling me down.”**

“It’s the closest thing to walking that I’ve experienced in my 20 years as a T10 para,” says Travis King, 50. “I got it going as fast as it would go and then threw myself backward and it came to a complete stop within 15 feet. It’s also really good in tight areas. I can see where it would be great for practical things like carrying grocery bags into the house or mowing the lawn. Also, you feel more that you are part of the crowd. If a person calls your name you just lean that way and you turn to face them, rather than having to grab your push rims, or move a joystick to turn to see the person.”

King sums up what many people who have seen and/or tried the Ogo are saying. “I’m really into it! I just need to figure out how to raise the money.”

The initial run of 60 Ogos have been purchased — most are headed to customers in the U.S. — and are set for delivery in late January 2018. Retail price is $16,996 plus $350 for off-road tires, plus freight from New Zealand at an estimated cost of $150. For demos, sales and support, Ogo has set up an expanding network of Ogo agents and dealers who have purchased an Ogo. In the U.S. this network is through Living Spinal, and contact info is listed on the Ogo website.
In an unremarkable brick building just a few blocks from Central Park, two young women prepare for a boxing lesson. They’ve come as they are, in street clothes and power chairs, with no special gear except the padded gloves their trainer slips onto their uncooperative hands. Neither has a ton of upper body function, but both are ready to exhaust everything they do have.

“Right, left, right, body, body,” the trainer yells out over a din of bass-heavy music and the voices of the 40 or so people that currently fill the main room of the East Harlem location of the Axis Project. One lady shadow boxes while the other throws shots — hooks, jabs, and uppercuts — then bobs down, bending side to side as her trainer passes the mitts over her head in swooping arcs.

This ever-evolving, sometimes halting dance is but one small scene of activity within the large, fluorescent-lit space. On the street-side of the room, another trainer leads a small group of wheelchair users in a modified spin class. They alternate arm ergometer intervals with lightweight dumbbell exercises, and are wearing themselves out rather quickly. To their left, two guys bullshit and laugh as they grab steaming plates of rice and chicken for dinner. Across the room, a man lies on an elevated mat as a trainer manipulates his legs and hips, slowly lengthening muscles and tendons tight from daily sitting. Next to him, a guy and a girl look down on the room from a pair of standing frames, while in front of them a man in a power chair and his caregiver get him set up to do some single arm pull downs on a cable machine. There’s so much going on in here that it can take a while to process it all, but for all the activity, this is just the tip of the iceberg.

Alex Elegudin and Yannick Benjamin launched Wheeling Forward in 2011, eight years after sharing a room in rehab at New York City’s Mount Sinai Hospital. Since then, the nonprofit has grown into an invaluable resource for the thousands of New Yorkers with SCI. It has provided over 350 wheelchairs, transitioned approximately 75 people out of nursing homes, given away college scholarships, helped people find their first post-injury jobs, hosted dozens of adaptive sporting events around the city, and organized urban outings to cultural and sporting events. In recognition of their contributions to the disability community through Wheeling Forward, we are proud to honor Elegudin and Benjamin as our 2017 NEW MOBILITY People of the Year.
The Axis Project is just one of the many programs of Wheeling Forward, a New York City nonprofit founded by our 2017 People of the Year, Alex Elegudin and Yannick Benjamin. Like the broader organization and its founders, the Axis Project can be hard to sum up because it kind of does everything.

It is a fitness center for people with disabilities that offers activities from spin classes to yoga, Pilates, boxing lessons, spinal mobility classes and weight lifting. It also offers acupuncture and massage services. The posted schedule features art therapy on Friday and a wheelchair cleaning and maintenance service on Monday. The center offers a regular “Cooking for Quads” class and a recent outing had lead physical therapist Lawrence Harding helping members learn to navigate the byzantine and only intermittently accessible NYC subway system. Through all of this, the project ends up serving as a de facto social club for its members.

Being a member of the Axis Project, along with everything that entails, is covered by New York’s Medicaid. If you don’t have insurance, they’ll work with you, and probably figure out how to get you covered in the process. Adaptive fitness and providing assistance to climb the bureaucratic hurdles necessary to obtain needed services might seem like two very different things, and they are. But they’re both well within the purview of Wheeling Forward. Everything it does is driven by a mission as simple as it is comprehensive: helping people with disabilities in New York City to live as they so choose.

Support Makes the Difference

Elegudin and Benjamin first met in 2003 as roommates in the rehab unit at Mount Sinai Hospital, on Manhattan’s Upper East Side. Elegudin had C6 quadriplegia the result of a car accident. Benjamin had T6 paraplegia, also the result of a car accident. Benjamin was a sommelier, who, at 25, had already been working at some of the finest restaurants in New York. Elegudin was a sophomore at Carnegie Mellon University in Pittsburgh studying biomedical engineering. They bonded quickly since they were both young people from immigrant families — Elegudin moved from Russia when he was 4, and Benjamin’s parents both immigrated from France just before he was born.

“It’s a relationship that grew, it wasn’t like we [immediately] became the Matt Damon and Ben Affleck of the non-profit world,” Benjamin says. “I think most of all we had the same background. Both from immigrant backgrounds, both growing up in New York. I think we’re both extremely loyal people, the cultural background was very similar, I think maybe the passion, the drive, the want to be better, on an individual basis, but also to see other people grow and be better, is something we share.”

Coming out of rehab, both Elegudin and Benjamin set themselves to reframe the lives they’d been constructing prior to their injuries. Practical by nature, Elegudin shifted his focus from biomedical engineering to law. “I understood that manual labor was going to be tough now, but I could still speak pretty well, and had won a lot of arguments with friends, and girlfriends,” he says with a smile. He attended law school at Hofstra University and found work as a practicing attorney.

Benjamin’s goal remained the same. He loved working on the restaurant floor as a sommelier, and he didn’t want to give that up just because he had to use a wheelchair.
After seeing a picture of a waitress using a lap tray to serve food from her wheelchair, he designed a custom tray that allowed him to hold wine glasses, bottle, and decanter while wheeling — a must to continue working as a sommelier. He was hired as a sommelier at Le Du’s, a wine shop that is now recognized as New York City’s best.

Both Elegudin and Benjamin realized that their personal stories were too often the exception and not the rule for people with disabilities. They were young, smart, motivated, hard-working and resilient, all of which are extremely helpful when trying to rebuild a life after paralysis. But neither will point to those qualities, or any other personal attribute, as reasons they’ve been able to succeed. Instead, they cite their support systems — family, friends, and mentors — as the key factor in why they have been able to navigate a world not set up for those with disabilities.

Perhaps their most important mentor was George Gallego, a leader in the New York City SCI community and the founder of Wheels of Progress, a nonprofit focused on creating accessible housing solutions. Gallego provided both an example of someone who’d been able to build a life after paralysis, and a wealth of practical knowledge on how to do so. The three would become close friends, and eventual partners in the Axis Project.

For those who have a physical disability, the obstacles to success can be pervasive. Accessible housing requires money. Work requires education and training. Education requires money, or the know-how to obtain aid. Just getting around and living with independence requires the proper medical equipment, which requires money, insurance, and often both. Staying active requires equipment and know-how. If you don’t have a support system, figuring all these things out on your own can be next to impossible.

Elegudin and Benjamin had everything going for them, and still it was incredibly tough. They wanted to build a support system for all those who weren’t so lucky.

Figuring it Out

In 2010, Elegudin was mentoring a young man in a nursing home whose insurance wouldn’t buy him a power chair, a situation that is all too commonplace. If the man was going to transition out of the nursing home into independent housing, he would need a wheelchair. So, Elegudin got on eBay, found a used wheelchair and drove to Delaware to get it.

It was a simple thing — getting a wheelchair for someone who needed it — that made a big difference in that man’s life. But when Elegudin approached established nonprofits about doing this, they balked. Too much liability. Sorry, not something we can do. Elegudin says, “The thing that took me a while to realize about advocacy is that you don’t need any special training to start helping people.” There’s no playbook for most of the stuff they do. Rather, “advocacy is about screaming loud enough for people to hear.”

Around this time, Benjamin tried to put together a fundraiser to benefit a program that Elegudin was involved with. It was envisioned as a way of connecting New York’s wine community to its disability community, but the idea quickly fell apart because of planning disagreements, and Benjamin was soured by the experience.

“I wanted to be able to support organizations I believed in,” he says. But he didn’t know anyone doing the kind of things he wanted to support. Except Elegudin.
In 2011, Elegudin and Benjamin started their own organization, Wheeling Forward. They had no long-term plan. No list of action items, or detailed agenda. What they did have was a desire to aggressively help people and a weariness of hearing no. “What do you mean, no?” Benjamin asks. “Don’t tell someone no, just because you don’t know how to do something. Figure it out!”

Benjamin and Elegudin held their first fundraiser for Wheeling Forward in 2012 and immediately churned that money into their wheelchair giving and scholarship programs. Then they partnered with Gallego in 2014 to start the Axis Project. Together, they’ve expanded from a cramped corner of a single room to two large spaces — the East Harlem location, and a brand-new gym space in Brooklyn, all while expanding the rest of Wheeling Forward’s litany of advocacy, support, giving, and recreation efforts.

A large part of their success is a clear delineation of Elegudin and Benjamin’s roles. “Our end game is the same, but how we go about it is different,” Benjamin says. “He’s all about the program—
“The thing that took me a while to realize about advocacy is that you don’t need any special training to start helping people.”
— Alex Elegudin

The Money Man and The Mayor

Benjamin is a man with an ingrained sense of service, and a pervasive guilt that he is not doing enough, or perhaps more accurately, that he could be doing more. “I’m selfish with my time,” he says. Yet when pushed, will admit to regularly putting in 10-12 hour days between his night job at the University Club and his work with Wheeling Forward. At first, this seems an odd attitude for someone who does so much — who co-founded and serves as Wheeling Forward’s fund-raising and marketing head, while being recognized as one of the best sommeliers in the country. In fact, who is the first and only sommelier to use a wheelchair. Or who will teach spin classes at the Axis Project, serve as its motivator in chief, and cajole members into making signs for and attending protests and advocacy events across the city.

Benjamin is passionate about many things, yet reflecting on his accomplishments is not one of them. But when the...
subject turns to any number of issues affecting the disability community, his hands chop the air as his voice rises and falls in well-reasoned, expletive-punctuated sentences. Take the New York City Marathon’s policy to restrict push wheelchair entrants to racing chairs, which Benjamin found out about when he signed up to do the race this year as part of a fundraiser for Wheeling Forward. “It’s hard enough for someone in a wheelchair to be able to train to push a marathon,” he argues. “Now you’re going to tell them they’re required to have a piece of equipment that costs thousands of dollars just to do it? That’s not fucking inclusive.” Benjamin pushed the marathon in his everyday chair. “I was dreaming that some official would stop me and I could make a scene,” he says.

This is clearly a man who understands the proper ingredients for, and power of, a good news story. Unfortunately, he was allowed to push unmolested, and finished the race in his everyday chair.

Another thing Benjamin is passionate about is raising money. “No money, no programs’ is something I tell Alex all the time,” he says. He clearly has a gift for fundraising, often securing in a single event the kind of money that many nonprofits would be thrilled to raise in a year [see “Wine on Wheels” sidebar]. The funds Benjamin brings in, along with the exceptional work ethic and attention to detail that Elegudin brings to the running of their programs, and the passion that both of them infuse into the whole operation has fueled Wheeling Forward’s rapid expansion.

At the Axis Project Elegudin acts a bit like a small-town mayor. He knows everyone and everyone knows him. There are always a thousand things to be attended to — whether it’s discussing building operations with the other tenants of the space, programming needs with staff, or employment opportunities with members — and there is never a better time than the present.

The political metaphor only goes so far though, as Elegudin isn’t fond of sugar coating things to keep people happy and he’s far more talented than most politicians at actually getting things done. He’s the archetypal New Yorker in these respects: He tells it like it is, and if the truth is unpleasant, deal with it; and it’s quite possible that he may never sleep. "I've always been a man in a rush," says Elegudin.

His day job is with the New York Taxi and Limousine Commission, where he is the accessibility program manager, tasked with increasing the accessibility of New York’s enormous Taxi fleet. He also works what amounts to at least a full-time job managing the operations of Wheeling Forward, while being regularly involved with other disability-advocacy work whenever and wherever it pops up. It’s a hectic life, but one that Elegudin consciously chose after he started working as a lawyer. "I worked at a few firms, but after a while I realized there were thousands of other attorneys in New York City who could do the legal work I was doing, he says. "That wasn't the case with disability advocacy."

Elegudin and Benjamin believe in the power of coalitions, so Wheeling Forward partners with United Spinal’s NYC Chapter, George Gallego’s Wheels of Progress, which focuses on accessible housing issues, and Independence Care Systems, a nonprofit that helps coordinate in-home care services, among others. Depending on what they’re trying to get done for a given client, Wheeling Forward is willing to collaborate with anyone who does good work.

As a board member for United Spinal Association’s New York City chapter, Debra Poli knows she can rely on Elegudin and Benjamin. “Frequently we [the NYC Chapter] have requests for help that we’re not equipped to handle,” she says.
“But if I send Alex and Yannick an email that ‘this and this is happening, can you do anything?’ they’re on it in a minute.”

Some of that stems from Benjamin’s hospitality background. “Hospitality doesn’t only apply in a restaurant. It’s a 24 hours a day, seven days a week thing,” Benjamin says. “I hope that each member [of the organization] is treated with the best hospitality possible. Our job isn’t to say no, it’s to provide solutions.”

“They’re very kind, likeable guys. There’s nothing that they wouldn’t do for other people,” says Poli. “They have big hearts, and that comes through with everything they do. So when they put out a request for help, or they say, ‘gee, this is something we need to work on together,’ people rally around them. They’re really, truly, leaders in the community.”

Talent Attracts Talent
Lawrence Harding was Elegudin and Benjamin’s physical therapist at Mount Sinai, before joining them to work at the Axis Project. He says they helped provide him the answer to a fundamental question he had when he was working in the hospital — what happens to people when they leave rehab? “Community integration was a big buzz word in the rehab world,” he says. “But here, they’re actually providing it.”

A therapist, professor and dancer, Harding is but one example of the kind of motivated, multi-talented people that Wheeling Forward attracts as employees, volunteers and members. There’s Manny, a former investment banker who sustained a C6 spinal cord injury, and now manages operations at the Axis Project. There’s José, the boxing trainer, who also just inked his first book deal — an educational text about immigration for sixth graders. There’s Arianny, who started as a
David Simond’s Story

If there was a genesis point for everything that Wheeling Forward does, it was in what Alex Elegudin calls, “one of the most unjust places in New York City.” Goldwater Memorial Hospital was a chronic care facility for those with physical disabilities, one of New York’s “last remaining stains of mass institutionalization,” as Elegudin puts it. It was built on Roosevelt Island, separated from Manhattan by a narrow stretch of the East River, constructed on the remains of a prison, near the now-shuttered doors of what was once known as the New York City Lunatic Asylum.

In 2003, as Elegudin worked through the rehab unit of Mount Sinai hospital, Goldwater was still operating. Once Benjamin left, Elegudin’s new roommate was a 17-year-old named David Simond who had a high-level cervical injury. Simond was depressed. He had limited function, came from poverty, and had no support system, family, friends, or otherwise. He’d lived in an upper floor apartment and his family moving to an accessible apartment simply wasn’t going to happen. The little hope he had for some sort of post-injury life worth living was given to him by rehab therapists and staff.

A few weeks after Elegudin was discharged from Mount Sinai, he heard that Simond had been discharged as well. Instead of going back to live with family, as Elegudin had, Simond was sent to Goldwater. Getting discharged to a nursing home or long term care facility was, and still is, common for anyone who doesn’t have a place to go after rehab.

When you go to a nursing home, “Everything disappears,” Elegudin says. “They’re housed there like it’s prison. Can’t go out when they want, can’t do what they want. Routinely they don’t even get an hour a day outside like you would in prison.”

Fostering Community

On any given night, the Axis Project is illustrative of what is found when those with disabilities are viewed as individuals with talents, wants, and goals, rather than as patients in need of a cure, or numbers in a system. Here, says Poli, “No one’s giving them the poor little patient routine. They’re treated like grown-ups who are expected to have goals and they’re encouraged to be well, to take care of themselves, to work out, to get active, to be involved in the community.”

At 9 p.m. on a Friday in November, the Axis Project has been buzzing with activity for hours. The classes, workouts and sign-making for a healthcare protest at Trump Tower have all wound down. Elegudin, just back from a side trip across town to speak at a disability symposium, is in a back room meeting with Manny about next week’s activities. Benjamin and Lawrence sit at one edge of the room, beverages in hand, listening as a Karaoke session winds down the day. Eli, a natural linguist with a surprisingly velvety voice, croons “Le Café des Trois Colombes” in impeccable French. “On n’avait rien, mais on avait toute la vie …” — We had nothing, but we had our whole life.

Stephan, an engineering student, whom Wheeling Forward has helped with scholarships and assistance in find-
ing affordable, accessible housing, sips a drink just to Lawrence’s right as Eli sings. Stephan and Eli, both quads, have partnered to start a business called Level the Curve that designs, manufactures and sells adaptive products. Their first product is a sleek, 3-D printed eating tool that allows those with limited dexterity to use multiple utensils independently.

The song ends. Benjamin, who is fluent in French, is impressed with Eli’s eloquence. “Eli, that was great,” he marvels as Eli rolls up after singing. “Man, we gotta hang out.”

Donohue, a double amputee with a SCI who sometimes helps José with his boxing lessons, wheels over and chats Benjamin up about getting wine for an adaptive fashion show that he’s helping another member host. The wine, Benjamin assures him, isn’t a problem.

José, the boxing trainer, sits on a couch with his feet up, finally relaxing for a moment. This scene is exactly why he works with the Axis Project. Earlier in the week he’d mentioned that a lot of people talk about community, but it can be hard to find these days. People lost in their own worlds, as they are. But he works here because he genuinely enjoys coming, hanging out with people that are motivated to work, to get fit, to help each other move forward with their lives.

Elegudin and Benjamin set out to create a support system for those who didn’t have one. Listening to Karaoke in East Harlem on a Friday night, it’s apparent they’ve gone a step further and helped foster a community—a group that makes each other, and their whole city, stronger.

For years, Benjamin and Elegudin have brought a lot of heart to the great independent living endeavor, and their New York community knows it.
Everything was going according to plan. I had made it through law school, found a job that paid enough that I could pay for caregivers without government assistance, and found and married a beautiful redhead who happened to be my soul mate. We bought a house and got a dog. Next on the agenda: kids. That is where things went awry.

I had always heard having a spinal cord injury does not interfere with one’s ability to have kids, so I took it hard when my doctor officially declared I was shooting blanks. I had never really asked, “Why me?” when I broke my neck and became a quad many years ago, but for some reason finding out I was infertile shook me to my core. It is one thing to lose the ability to move your limbs; it is quite another to be stripped of your manhood — which is strangely how I felt about infertility. It took several rather awkward tests (I’m not one to enjoy an audience) to push me past denial. My wife overcame the loss much more quickly than I did, and eventually she pulled me through to the other side. We began to talk about adoption. I had no idea how little I knew about what that means.

But for everyone — wheelchair or not — it is rarely a smooth ride. In many ways, adopting a child is like falling in love. It is exciting. It is frustrating. It is expensive. It can be a beautiful journey, or a trail to heartbreak. (And often you’ll find some of each.) The only thing for certain with adoption is that you will never be the same again. Our adoption journey changed the way I view parents of every type, and it proved that sometimes what you want is not as good as what you get.

WHY WOULD ANYONE PICK A CRIP?

We decided we wanted to adopt an infant, perhaps because it is the closest to having a child the old-fashioned way. But we soon learned there are far more people hoping to adopt infants than there are healthy infants available for adoption. There are considerably more infants with complications or disabilities who are available to be placed for adoption, but we did not feel ready for that challenge. Honestly, I felt a little guilty, like I...
was falling into the trap of ableism by narrowing our search to “healthy” children.

When we first went to visit the social worker at our adoption agency, I asked him pointedly about my biggest concern: “Can we realistically expect to adopt given the fact that I’m mostly paralyzed?” We had heard stories of quads being turned away by adoption agencies based on the assumption that a quad cannot be a parent. Really, why would anyone choose to place a child with us when there are plenty of nondisabled couples to choose from? The social worker stammered around a bit, finally saying he saw no reason why we should not be able to adopt. This wasn’t terribly comforting.

Then came the paperwork. Most people don’t have to do much to start a family. There are no laws that require a couple to become certified before conceiving a child. It is so easy that some people do it on accident! But if you can’t have a child the traditional way and want to grow your family through adoption, you have to prove you are fit to be a parent.

Each state varies some in requirements, but as a general rule, you must be ready to lay bare your life to the person conducting your “home study.” A background check just scratches the surface. We were asked to provide detailed information about our finances, parenting styles, relationship with each other, experience with adoption, medical history, and, yes, even our sex lives. They came to our house to make sure it was toddler-proof (even though we were adopting an infant), checked to make sure our dog was licensed, looked in the cupboards, interviewed us, and asked for character references. If everyone had to go through this process before having kids, overpopulation would not be an issue.

This hyper-invasive inquiry has a salutary purpose: to protect children from those who are not likely to be good parents. But it also creates opportunity for abuse. The information can be used to discriminate against or manipulate couples hoping to adopt. More on that later.

Along with the paperwork, we created a “profile,” a collage of photos mixed with a letter addressed “Dear Birth Mother,” introducing ourselves and explaining why we are hoping to adopt. The first time we adopted, we obsessed over every word of the profile, trying to give a flavor for our lives and personalities. Despite the temptation, we did not downplay my disability or overemphasize it by jumping on the inspirational bandwagon. We played it straight, hoping someone might like us for who we are.

The way things are supposed to work
What Do Birth Mothers Say?

We talked with three birth mothers who placed a child in a family where at least one of the parents is disabled. Here is what they shared about their experience.

Q Why did you decide to place your child with a family with a disabled parent? Were you looking for this attribute or did you just get lucky?

Alyssa: The bio didn’t place a lot of emphasis on the adoptive parent’s wheelchair, but rather on the accomplishments and desires of them as individuals and as a couple. What really solidified it for me was that the hopeful adoptive dad had gone on to do great things in the face of adversity. His wife very clearly loved him and his chair didn’t stop her from marrying him, and pursuing the life and family they wanted.

Coley: I wasn’t actively searching for a family with a disabled parent, but [the prospective adoptive mother] became the ideal choice for me because I knew she would raise our son to not see disability — and that would help him in having a relationship with my parented son, who has a disability.

Lindsey: When my boyfriend and I were looking for a family to place our son, the first thing on our list was not a parent in a wheelchair. But we found it so clever how the couple outlined the strengths of wheelchair users, that they made it look natural.

Q There are a lot of profiles of parents hoping to adopt. What tips do you have for wheelchair-users who are trying to match with an expectant mother?

Alyssa: Include good photos. Also, make sure your bio mentions disability, but doesn’t focus on it, and that it highlights skill, experience, or passions that would make you a good parent — and be real. We’ll realize your wheelchair is normal and fine if that’s how you talk about it, right?

Coley: Don’t be afraid to talk about your disability. Be upfront and honest about what you can and cannot do. And don’t be offended at any questions an expectant mother may ask you.

from here, is that the agency would show our profile to parents considering placing a child for adoption. Eventually, an expectant mother would tentatively choose us, we would meet her, and if things went well, we would be considered “matched.” We would continue contact as we waited for the baby to be born, and shortly after the blessed day, the birth mom would sign away her parental rights to us. Up until that paperwork is signed, which by law cannot be before the birth or too soon afterward, the birth mother could change her mind about placement and the whole process starts over.

I’m not sure if our social worker was a poor communicator or if we were just overanxious, but soon we got into the ritual of calling once a week to see if anyone had looked at our profile. It was a very disappointing update. The agency had shown our profile several times, but no one had expressed the slightest interest. One day, when we called, we were told the social worker would be out of town for the next two weeks and no one would be handling our case in the interim. I was frustrated, but also, in a weird way, kind of relieved to put it aside for a while.

THE PHONE CALL

Later that week, I was in an office building with a room full of attorneys, taking the deposition of a man who claimed to know nothing of consequence about anything important. In the middle of the questions, a woman came into the room and put a note in front of me. It said, “Call home immediately. (It is not bad news.)”

I took a break and called my wife. I told her, “Talk fast; my phone is almost dead.” Her response: “We need to go pick up our baby. They want us there before 5 p.m.” Huh? Baby? Boy or girl?

As it turns out, the birth parents had chosen our profile earlier that morning. The baby was just one day old when we picked her up from the agency — a tiny little bundle with a full head of dark hair. Nothing was official yet. We were to come back the next day to meet the birth parents and, if everything worked out, sign the initial paperwork.

We didn’t sleep at all that night. Nobody can sleep when there is a newborn in the house, but it was more than that. We had already fallen in love with that little girl, and the next day we were scheduled to meet the birth parents in what felt like the biggest job interview of a lifetime. What if they didn’t like us in person?

I remember feeling very self-conscious about looking disabled as we were waiting to meet the birth parents. Then the birth father came in — a towering, athletic man with ocean blue eyes. He already had lines down his face from the tears. The birth mother and father had each written us a letter, which they handed to us as we introduced ourselves. Through tears, we read the letters, which described why they had chosen to place their baby with us. The strange part was we were so grateful that they had chosen us, and yet, they kept thanking us for providing their child the stability and opportunities that they could not provide for her at that time. Clearly, everyone in that room had the same motivation: to do whatever is best for that little girl who we
all barely knew and already loved. Our worry that my disability might put off birth parents proved unfounded. In his letter to us, the birth father wrote they chose us in part because we had experienced the challenges of disability and would therefore be able to teach our child the value of persistence and compassion.

The next several months were pretty great, and at the same time, pretty rough. Because our little girl, who we named Olivia, has a few beautiful drops of Native American blood, we needed to get permission from her tribe and jump through various legal hoops. This all would have been simple enough if the attorney for the agency knew anything about how this process is supposed to work. Instead, I had to keep checking on what he was doing (or failing to do), all the while knowing the adoption could fall through at any moment if the birth parents changed their minds. We were whiplashed back and forth between enjoying our new baby and worrying that we might fail to cross some t’s or dot some i’s and as a result, lose our little girl. Finally, after eight months of worrying, nagging, and lawyering, we were able to go to court and finalized Olivia’s adoption. It happened to be the same day as our wedding anniversary.

**LIVING OPEN ADOPTION**

Early in the process of becoming certified to adopt, we were asked if we were willing to consider an “open adoption.” This, we soon learned, means that the adoptive parents remain in contact with the birth parents, and may even arrange to have the birth parents involved in the child’s life. When I first heard about open adoption, it sounded to me like a train wreck. Won’t our child be confused about who her parents are? What if after the adoption the birth mother changes her mind and goes Fatal Attraction on us? What if our child loves her birth parents more than us?

Despite these concerns, we agreed we would consider an open adoption in part because we thought it might increase our chances of being picked by an expectant mother. Now, after living 10 years of open adoption, I wouldn’t want it any other way. My fears about an open adoption were largely the result of my own insecurity about being a parent and common misapprehensions about birth parents.

When we first met the birth mother of our daughter, it was abundantly clear that she was acting solely out of concern for her baby. She was not trying to escape responsibility; quite to the contrary, she thoughtfully decided to sacrifice the joys of immediate motherhood in order to guarantee her child a better future. It was one of the most selfless acts of love by a mother I have ever encountered.

For us, open adoption has provided our children with clarity, not confusion. Olivia responded to learning that she was adopted the same way she responded to seeing that I use a wheelchair — without judgment or the slightest hint of shame. When Olivia was younger, she would run over to greet other people in wheelchairs (complete strangers!) as though they were family. When my wife asked her why I use wheelchair, my daughter responded without hesitation, “Some dads walk and some dads roll.”

Adoption was similarly unalarming for her. At first, Olivia assumed that everyone is adopted. One day she asked me who my sister’s birth mother is. When I answered, “Grandma,” she said, “No, her birth mother.” I had to explain several times before she was satisfied. Because Olivia developed a relationship with her birth mother at an early age, she never has to worry about where she came from or whether her birth mom loves her. She is showered with love by birth parents and birth-grandparents, as well as my wife’s family and mine.

Of course, not everyone has such a positive experience with open adoption. Some adoptive parents struggle to maintain healthy boundaries between their families and the birth parents of their kids. And some birth parents get frustrated because the adoptive parents are permitting too much or too little interaction with the adopted child, contrary to what was discussed before the adoption. Some of these problems can be avoided by careful planning prior to placement; but, as in all relationships, there’s bound to be miscommunications and struggles over boundaries. Adoption can be tough on all sides, but it is definitely worth the struggle.

**From Fostering to Adoption**

**Kirstin Wansing and her husband Drew, a C4-5 quad, started off providing respite care for kids. After they got to know caseworkers and foster families, they decided to become licensed for foster care. To date, they have provided respite for 34 kids, emergency placement for three kids, and long-term placement for two kids. They recently adopted one of these children — an 11-month-old boy. She shares the following tips:***

- **Find a foster/adoptive support group.** “This is a long, hard road and it doesn’t end the day the adoption is finalized,” she says, noting that the grief and loss of their biological family may affect some children forever.
- **Be patient.** “There is a lot of waiting and a lot of things are out of your hands and none of that is specific to disability,” she says. Even though her state does not discriminate against a prospective parent because of their disability status, she says the child’s needs must be met by at least one parent. “My husband can’t physically change diapers or lift our son, but I can. But there are also plenty of other things my husband can do and can do really well.”
- **Accept help when it’s offered.** “There are only so many hours in a day and I have to take care of myself, too,” she says. Also, she utilizes whatever resources are available to her and her family.
- **Give yourself grace.** “It’s OK if my house looks lived in rather than perfect or pristine. Oh, and coffee helps … lots of coffee.”

**THE NEW NORMAL FOR ADOPTION**

Four years after we adopted Olivia, we decided it was about time we found her a sibling. As we began the process for the second time, we were amazed how much had changed. The rise of open adoption, in combination with the omnipresence of social media and the internet, had changed the locus of power in adoptions.

Traditionally, adoption agencies have been the control center for adoption, collecting profiles...
and showing them to expectant parents who are thinking of placing a child for adoption. Domestic adoption is all about networking. You can troll adoption “situation” Facebook groups, create “hoping to adopt” business cards to give friends and pregnant strangers (not really), and create an adoption blog that builds on your profile.

While we were waiting to be matched with an expectant mother the second time around, my wife spent countless hours reading blogs written by birth moms, hoping to gain better insight into their emotions and expectations. This experience helped her feel more connected to birth moms, and the adoption community in general. Through reading about birth moms’ experiences — both good and bad — she felt better prepared to further develop her relationship with our daughter’s birth mom or any other expectant mothers who came our way. She also joined an adoption support group of fellow adoptive/hopeful adoptive moms. Sharing experiences with and supporting one another was invaluable to her in surviving the process. Think “free therapy.” Many of those women are now some of her closest friends.

Part of networking is learning how to talk adoption. We all know the words used to describe disability are laden with social assumptions and history. I cringe when an outsider talks about persons who are “wheelchair-bound” or — worse “invalid” — because such words imply a helplessness that I do not embrace. The language of adoption is similarly pregnant with subtle prejudices. For example, when someone says a mother “gave up” her child for adoption, it sounds like she got rid of something she didn’t want (like someone “gives up” smoking) or that the person shrunk from a challenge (as when one “gives up” fighting). It is better to say she “placed” the child for adoption. This suggests birth parents are not trying to escape responsibility, but rather trying to give their child greater opportunities in life.

One other rule on adoption language. Don’t ever ask an adopted child who her “real” parents are, unless you want to be slapped in the face by a very real, though perhaps not biologically related, parent who has labored for years raising the child. Trust me on this.

**RESIGNING TO FATE**

As we ventured into the new normal of online adoption, my wife used the internet and various Facebook groups to learn about adoption laws in different states, which agencies were deemed more reputable than others, and which of those agencies seemed to have the most adoption situations advertised. Much of the information was helpful; some of it was horrifying. In Hitler-esque fashion, healthy, blonde, blue-eyed babies — especially girls — were attached to higher adoption fees. We also heard stories of agencies that lured expectant mothers from other states with promises of free rent and with the aim of circumventing birth father rights. And we heard of agencies failing to provide psychological support for expectant mothers, charging hopeful adoptive parents outrageous fees, and keeping the money if the expectant mother decided not to place her child for adoption.

You would think this information would have led us to carefully select an agency we could trust. But the truth is we never had a chance to choose. Once we found and connected with a particular set of expectant parents, we knew we had to play out the process to get our baby home. It may sound strange, but we knew when we first read the profile of a certain expectant mother that she would be the one to bring our child into the world. This was confirmed when she met us via Skype and revealed that she had the same impression.

Unfortunately, unbeknownst to the expectant mother, she was working with an agency that was particularly greedy, manipulative, and (we later learned) in constant violation of the law. Their fees were outrageously high, and their contract about as dirty as they come. (Have I mentioned that I’m an attorney?) Under their contract, which was not negotiable, we had to pay a quarter of my annual income up front and another lump sum in the same amount before the child was born. These fees were non-refundable, though the agency said if the adoption

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**Adoption Resources**

- **AbleThrive**, ablethrive.com. This website has articles on parenting from a wheelchair, including some adoption stories.

- **American Academy of Adoption Attorneys**, 317/407-8422; info@adoptionattorneys.org, adoptionattorneys.org. AAAA has a directory of over 400 adoption attorneys nationwide.

- **AdoptMatch**, 215/735-9988 or 800/TO-ADOPT; match.adopt.org. A service of the National Adoption Center, AdoptMatch allows you to search for adoption agencies, read reviews left by other families who have worked with the agency and correspond directly with the agency anonymously via the AdoptMatch website.

- **Center for Adoption Support and Education**, 301/476-8525; caseadopt@adoptionsupport.org; adoptionsupport.org. CASE provides research and access to mental health professionals who specialize in adoption issues.

- **Child Welfare Information Gateway**, 800/394-3366; childwelfare.gov/topics/adoption/. The Child Welfare Information Gateway has resources on all aspects of domestic and intercountry adoption, with a focus on adoption from the U.S. foster care system.

- **Creating a Family**, creatingafamily.org/adoption/comparison-country-charts/. Creating a Family tracks the requirements for adoption in various countries, so you can see which countries have “medical history” limits on parents hoping to adopt.

- **National Council for Adoption**, 703/299-6633; nca@adoptioncouncil.org, adoptioncouncil.org. The National Council for Adoption’s website has a wealth of information and links. Check out the “financial resources” tab, which provides links to adoption grants, loans, and fundraising sites.
failed they would put the money toward another adoption, if we so happened to use them again. Every part of my legal, rational mind told me to run from the agreement, but deep within my heart, I knew it would work out.

That’s not to say, of course, that I never had second thoughts or concerns over the next few months. At one point, the expectant parents cut off contact with us, and we thought all was lost. The agency strategically kept us on a tight leash, withholding information and inserting themselves in the middle of every discussion with the expectant parents, even redacting emails.

Eventually, our son, Isaac, was born, and in due course, the adoption was finalized. Being born into an open adoption, Isaac gets the benefit of not only grandparents on each side, but also birth grandparents and birth aunts and uncles, and even birth great-grandparents. Basically, this means he gets lots of presents, so he likes it.

THE WHEELCHAIR ADVANTAGE

When we were looking to adopt the second time, we paid a specialist to give us advice on our profile and publish photo booklets with our story. It was worth every penny. After getting to know us, she recognized our profile completely left out an important element of our personalities — humor, especially what some might call “sick” humor. We revised the profile and included a box listing the top 10 reasons why it is great to have a dad in a wheelchair. This unabashed reference to the wheelchair, it turns out, was one of the deciding factors for the birth parents of our son. They had both grown up with a father who is disabled, and they knew something that I hoped was true but couldn’t know for sure: Sometimes, having a disability helps you to be a better parent.

When we first began our adoption journey, we were worried my disability would limit our ability to adopt. And it may very well be that we missed out on some adoption opportunities because of how others view disability. But when it came down to finding expectant parents who appreciated us for who we are, paralyzed limbs and all, it worked out perfectly. They chose to entrust us with what they held most precious, not despite my disability, but because of what it showed about us. As our kids grow up, I’m excited for them to learn about the courage, sacrifice, and love their birth parents demonstrated when faced with an excruciatingly difficult decision.

International Options

Surprising as it may seem, people also have babies in other countries! Different countries have different rules for adoption, and they change often. So do your homework. Here are two international adoption stories.

Barb and Brett

When Barb, who is a para, and her husband decided on international adoption, they intentionally chose a country they knew would work with adoptive parents with disabilities without requiring both parents to travel. In 2003, China was that country. They had to provide extensive documentation, but the adoption went off without a hitch. When asked about how her daughter, who was 14 months old at placement, reacted to the wheelchair, Barb said, “I don’t recall her ever thinking twice about the chair. She seemed to instinctively know that she had to help me out by standing to get out of the crib and climbing up on my foot rests to get into my lap. She never ran away from me, and frankly, I think I’ve done too good of a job being independent. I think she still believes I should open the doors for her and not the other way around!”

Cheryl and Mick

What do you get when you cross a friend, a doctor, and nun? A very different route to international adoption. Cheryl and her husband, Mick, a C1-2 quad, decided to adopt a child from El Salvador. They did not use an agency. Instead, they used a series of personal connections to find their child. The outbreak of civil war slowed the process, but they were eventually matched with twin newborns. They were cleared to bring the children to the U.S. by the U.S. embassy. The Division of Family Services in El Salvador, however, recommended they not be allowed to adopt the children because of Mick’s disability. Cheryl and Mick appealed the decision, but they were denied a second time. They appealed again, this time to the Supreme Court. In an unprecedented move, the judge did not follow the recommendation of the Division of Family Services and granted permission for the children to be adopted. The family later found out that the judge had had throat cancer and used an electronic device to communicate. This may explain his more enlightened perspective on disability.

Olivia sets the pace for a stroll with her doggie and her Daddy.
The Sam Car: Driving Into Our Future

People who are paralyzed at a high cervical level or who cannot use their arms for another reason may soon benefit from a promising development that could open up the world of driving for them. The breakthrough is the result of an effort by Arrow Electronics to develop a system that would allow quadriplegics to control all aspects of driving using only their heads. The result is the SAM Car, which stands for Semi-Autonomous Motorcar.

Arrow Electronics’ vision went beyond the basic operation of a car. The company wanted a system that could control a car in all driving situations, including in traffic, on winding roads and even at extremely high speeds. They believed that speed was important in order to show the safety of the system, as well as to generate interest in the project and momentum for future applications.

This is surprising, since Arrow Electronics is not in the business of building automobiles. As an international company that provides technological solutions and electronic components to customers around the world, this particular project was unlike anything they had undertaken in the past. Its plan was to use existing components, including a high-speed automobile that is available to everyone, and to put them together in a manner that would accomplish its objective.

The initial team, consisting of eight engineers who worked for Arrow and three from a tech partner company, set to work in 2013. Today there are three Arrow engineers working on the project, aided by contractors when needed, and another critical team member — the driver. When it became clear that the team required the addition of someone who was quadriplegic and also a successful racing driver, the obvious choice was Sam Schmidt.

Schmidt has driven race cars for most of his life, but his successful racing career was cut short as a result of an accident during a practice session for an IndyCar race in 2000. A C3-4 spinal cord injury left him paralyzed from the shoulders down, but did not prevent him from remaining involved in the sport. In 2001 he established Sam Schmidt Motorsports, and in 2013 he partnered with Ric Peterson to form Schmidt Peterson Motorsports. Those teams have campaigned multiple cars in the Indy Lights and IndyCar racing series.

Prior to Schmidt’s involvement with the SAM car, he had been firmly committed to the search for a cure or treatment for spinal cord injury that could allow others who are paralyzed to improve function. He formed the Sam Schmidt Paralysis Foundation in 2000, which was renamed Conquer Paralysis Now in 2014. Since its inception, the foundation has raised and awarded over $10 million in the form of grants. “The foundation has invested heavily in everything from stem cell research to exoskeletons to rehabilitation techniques,” says Schmidt. “All with the goal of solving as many problems as possible that face the community.”

For Joe Verrengia, Arrow’s global director of corporate social responsibility, Schmidt’s racing talent and knowledge, coupled with the mission of his foundation, was impressive. “Once we met Sam, it instantly became a partnership of ideas and skills. While Arrow had the SAM Car idea prior to meeting Sam, the actual car and technology package were developed with him. This has evolved every year. We don’t develop the technology in our own lab and just ask him to drive it. The development process continues to be a joint effort.” Schmidt points out that being a partner on the team has made the entire process go smoothly. Within four months he was driving in a simulator, and soon after was driving the car on the track.

The Car

The SAM Car is a modified 2016 Corvette Z06 that is equipped with control systems that can be operated by the driver using the tilt of a head to turn, sip and puff for acceleration and braking, plus voice commands for accessories like turn signals, wipers, etc. Unlike the self-driving vehicles that appear on the verge of being unleashed on our roadways fairly soon, the SAM vehicle is controlled completely by the driver and not under computer control.
HOW THE SAM CAR HAS IMPACTED SAM SCHMIDT'S LIFE

Since he started driving the SAM Car, Schmidt has...

- Driven the SAM Car at 152 mph around the oval track at the Indianapolis Motor Speedway.
- Raced head to head with Mario Andretti on the road course at the Indianapolis Motor Speedway.
- Driven the Pikes Peak International Hill Climb course with a finish time of 15 minutes, which required negotiating a mountain road with precipitous drop-offs throughout the 12 miles and 156 turns to reach the 14,110-feet summit. While he was not entered in the race, his time was faster than more than 20 of the race competitors.
- Received a four-year renewal of the first semi-autonomous driver's license issued by the state of Nevada.
- Driven the SAM Car at 192 mph on a runway at Nellis Air Force Base in Nevada — a new speed record for a semi-autonomous vehicle — during the base's 2017 Aviation Nation celebration.

Being able to be back in control of a vehicle after his injury has made a big difference in Schmidt's life. "This situation reminds me of being an IndyCar driver again. I provide ideas of how to make the drive system intuitive and safe so that we can go faster. I am surrounded by a team from Arrow that takes that information and makes it happen. I can't tell you how awesome it feels to be a driver again!"

In the not too distant future, the Arrow team plans to allow other drivers with disabilities to take a drive in the SAM Car or one set up with a similar control system. Perhaps more importantly, Verrengia says that the team is already thinking beyond the SAM project. "While SAM stands for Semi-Autonomous Motorcar, in the future we are leaning towards changing it to Semi-Autonomous Mobility as we look to pursue other human-to-machine interface technologies beyond the car that will help the disabled community," he says.

Furthermore, Arrow Electronics has not patented the technology it developed, and will share it with other organizations that would use it to help people with disabilities re-enter the workforce. The company will assist those developers by selling them the components needed to complete their projects.

Some of the desirable long-term results mentioned by the SAM project team would include applications so that people with similar disabilities can work as shuttle or rideshare drivers, farm equipment operators or forklift drivers. For Schmidt "the goal is not only driving, but putting thousands back to work with this technology." He also points out that "for disabled veterans, the ability to pay the mortgage and put food on the table will have an immense impact on their quality of life."

The importance of rediscovering driving cannot be overestimated for those who may benefit from the SAM Car system. Schmidt has also driven the SAM Car on the streets of Las Vegas, Washington, D.C., and San Francisco, allowing him to drive with his family in a car for the first time since his injury in 2000.

Resources

- Conquer Paralysis Now, conquerparalysisnow.org
- Schmidt Peterson Motorsports, spmindycar.com

Schmidt and his team are all smiles after he completes a four-lap run at the Indianapolis Motor Speedway.
Sometimes I think of the paralysis research world as a sort of Pentagon. It’s a monster-sized building labeled Spinal Cord Injury Repair, and nobody can get in without a lot of specialized credentials. Like the actual Pentagon, the one in my imagination has several wings, one for each of the main research thrusts. Today we’re outside the wing with the gold-plated sign that says Stem Cell Research, standing in front of a small window with the blinds pulled down. Someone inside has tilted the blinds to let us get a peek at what’s happening inside the room.

Unfortunately, we still can’t look directly inside. Instead, it’s as if we’re looking into a sort of fun-house distorting mirror. Things in this mirror are not as close or as large as they seem. Usually this blinds-tilting moment happens in the form of a news story, or a video someone shares to your social media feed. Today’s example is a 74-second video with an impressive headline: *Paralysis Treatment with Stem Cells: Paralyzed patient treated with stem cells regains upper body movement.*

That was posted on August 16, 2017, through an online magazine called *The Science Explorer*. By the end of the month, it had more than 440,000 views and 7,551 shares in social media. It came with a brief video showing a young man named Kris Boesen using his iPhone, opening a bottle of Gatorade, lifting weights over his head, and managing a coffee cup. Boesen had a high, motor-complete cervical injury, so all of that would be unusual, to put it mildly.

The video itself had hit the internet a week earlier as part of a press release offered to the public by a company called Asterias. I was one of the thousands of people who got tagged by friends who thought I’d be interested in that news. It made sense; my husband has a C6 injury, and I’ve made it my job to follow any science that promises to help him.

So, what should our community make of this video?

First, notice that it’s in a press release. This is a company offering its best version of what it’s doing to the press — the video is advertising.

Second, what’s the company’s reason for trying to draw attention to itself in this way? This is a product in development, meaning it’s not ready for the public yet. They’re not selling it, at least not to us. The company’s target for the announcement is not you or me, it’s investors.

Third, what are they selling? At this point, Asterias is selling the potential of the eventual product to investors. That’s the reason for the press release. They want people with money to notice them and become convinced that investing now is a good idea. I can’t say how glad I am to see them doing this; I’ve met some of the scientists at Asterias, and they’re very disciplined, ambitious people. This press release means they believe they have something that will be of great value.

So, here’s what our partial and distorted view into the Stem Cell Wing shows us:

“My husband has a C6 injury, and I’ve made it my job to follow any science that promises to help him.”

“Quad Kris Boesen demonstrated manual dexterity in a video that went viral.”

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*By Kate Willette*
Asterias has created some kind of cell-based product aimed at our community. They’re testing to find out whether or not their designer cells do no harm and improve life with SCI in a measurable way. They’re pleased with the results so far. They’ve named the test they’re conducting SCIStar.

Just what are these designer cells?

Cell Replacement Strategies: A Primer

There are three main kinds of cells in a working spinal cord. You need all three, because they have to work together, and if you lose some of them to injury, one of the ways to repair that loss seems obvious: get some replacement cells. This is harder than it sounds, because we don’t have big stashes of these three kinds lying around, and we don’t have bodies that can build them out of spare parts. If the cells are going to be replaced, we’ll need a source. The three kinds of cells are, in very rough lay terms:

**Message carriers (neurons).** A message-carrying cell does its job by sending chemical/electrical signals down gossamer strands called axons. Each message-carrying cell has just one axon for sending information, along with lots of little feelers (dendrites) for taking in information from other axons. You have about 86 billion of these cells in your brain, and another 15 billion in your cord, give or take.

**Wrappers (oligodendrocytes).** A wrapper cell’s job is to produce this stuff called myelin and get it wrapped around every single axon. Without the wrapping, axons don’t work right. The messages aren’t sent, or are sent distorted, or aren’t received, or travel too slowly. This means that even if you have plenty of perfectly good messenger cells, your cord still isn’t going to work properly.

**Management and Maintenance (astrocytes).** These guys mainly do the care and feeding and cleanup after their two partners. They’re like facilitators at a giant meeting, making sure the air-conditioning works, everybody has enough to eat and there’s plenty of toilet paper. They’re essential.

So what is the SCIStar trial all about? It’s about replacing lost cells, and the cells they’re trying to replace are the wrapper cells. Their plan is to put what you might think of as infant wrapper cells (called oligodendrocyte precursors) into damaged cords. The infant wrapper cells will then mature into adult cells, which will produce enough myelin to wrap up lots of healthy-but-nonproductive axons that were left naked by the injury. In theory, what happens next is that the axons get back to work. Fingers move. Numb spots wake up. Boom, sensation and function. That’s the agenda.

Where do they get these wrapper cells?

That’s a long, involved story that goes all the way back to the late ’90s. The infant wrapper cells are all derived from a single donated human blastocyst that has grown from a fertilized egg left over and donated after a fertility treatment. That means the cells used in this trial started out as stem cells, which means that they can — under the right conditions — be kept alive and reproducing indefinitely.

In 2005 some scientists in California published a paper showing that they’d succeeded in using those stem cells to create a healthy line of infant wrapper cells. It was quite a trick, and the fact that those cells helped paralyzed rats to regain function is one of the memorable moments in SCI history. That same line of infant wrapper cells is the product that Asterias is using today — it’s what they put into Boesen’s neck.

The 2005 paper also holds the key to another big question for us: Will this ever help me or someone I love who has a spinal cord injury?

The answer is, not directly. If you read the fine print at the Asterias website, one question that pops out is who exactly is a candidate for their study. The answer? People with injuries that are between two and six weeks old. This is the range they’re calling “subacute,” and the reason for that particular restriction is that when those scientists back in California tried putting their cells into rats with longer-term injuries (usually called “chronic SCI”), the rats didn’t get better. Some of them actually got worse.

This particular wrapper cell replacement project, then, is only aimed at people less than two months post-injury. So when your friends link you to the next story of how Asterias is on the brink of solving spinal cord injury with stem cells, you can tell them that this will, maybe someday, be a therapy for those unlucky people whose injuries are still in the future. May it be so.

In the meantime, there are other projects aimed at people whose injuries are much, much older. More on that another time.
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For more information on how you can support United Spinal and become a business member, please contact Megan Lee at mlee@unitedspinal.org or 718/803-3782, ext. 7253.

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Cartoonist Mat Barton has been passionate about drawing since the second grade, and in 2014 he and collaborator Adam Cooper joined the exclusive ranks of cartoonists who’ve been published in the New Yorker. Where will Cooper and Barton (CAB) take “Please Remain Seated”? Barton’s not sure how it will unfold, but his all-time favorite comic strip is Calvin and Hobbes. “I still go back and reread those and I’m just amazed at what a perfect strip it is,” he says. A T5 para since a 2012 mountain biking accident, Barton lives in Portland, Oregon with his wife, Jessica, and 7-month-old son, Theo.

PLEASE REMAIN SEATED

ALRIGHT EVERYONE, BEFORE WE GET STARTED, WE HAVE A NEW ADDITION TO THE ABLE STABLE...

LEMME GUESS, JIM- IS IT THAT SCARED KID WHO LOOKS LIKE HE'S NEVER SAT DOWN BEFORE?

WELCOME, PHIL! I'M BRITNEY- DON'T MIND FRANK, HE'S A JERK.

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HERE'S THE DEAL, PHIL. RIGHT NOW, YOU'RE AT THE BOTTOM OF A GIANT STAIRCASE, AND YOU'RE THINKING “GEEZ, I'LL NEVER GET UP THERE.” BUT WAIT- WHAT'S THAT OVER THERE? IT'S AN ELEVATOR.

AN ELEVATOR.

THE IMPORTANT THING, PHIL, IS THIS- WE'VE BEEN WHERE YOU ARE, AND WE CAN HELP GET YOU WHERE YOU WANNA GO. WELCOME TO THE ABLE STABLE.

YOU CAN STILL DO ANYTHING YOU WANT, PHIL. YOU CAN DATE GIRLS IN WHEELCHAIRS. YOU CAN DATE GIRLS WHO WALK, SKY'S THE LIMIT, BRO.

OR YOU CAN BE A NORMAL GUY LIKE ME, WITH A FAMILY THAT FILLS YOU WITH JOY, AND A JOB THAT JUST SUCKS IT RIGHT OUT OF YOU.

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