

AN EDITION DEDICATED TO PROF. NIEL VILJOEN



Transformation for PEOPLE with disabilities

MAY 2011
VOLUME 17

VOC is a non-political, non-religious, non-governmental and non-profit-making organisation in partnership with the University of the Free State. We give a voice to people with disabilities by giving different academic disciplines a chance to write about their news and views.

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We honour a legend

A pioneer in the field of students with disabilities at the UFS

Magteld Smith

VOICES of Change (VOC) would like to take this opportunity to honour and thank Prof. Niel Viljoen, the Vice-Rector: Operations of the University of the Free State (UFS) for the pioneering role that he has played in the university's recognition and accommodation, without compromise, of persons with disabilities. His support of VOC from the outset has been of paramount importance to us. This has resulted in a campus where persons with disabilities can feel welcome and play a part in securing their own future.

Prof. Niel has played a role in the UFS for 26 years and his decision to retire has come at a time when the UFS looks back at the role he has played in the lives of staff members and students on all three of the UFS's campuses.

Prof. Niel obtained his M Com (Economy) from the UFS in 1972. He lectured in the Department of Economics in the UFS from 1975 until 1980.

He had to work in various departments before being

appointed as the Vice-Rector: Operations of the UFS in 2009. With this appointment, he had to take responsibility for the Finances, Human Resources, Information and Communication Technology Services (ICT Services), Physical Resources (Maintenance and Planning), Security Services and Health and Welfare divisions of the UFS.

Something Prof. Niel is extremely proud of is the fact that he was the founding director of the UFS School of Management in 1998.

Colleagues have gathered in honour of him in the past few months at various opportunities to thank him for his large contribution to the UFS.

The UFS's QwaQwa campus also honoured Prof. Niel when Mr Teboho Manchu, the Director of Student Affairs, thanked Prof. Niel on behalf of the entire staff community of the campus for his hard and devoted workmanship in the UFS.



Mr Teboho Manchu, the Director of Student Affairs and Prof. Niel Viljoen, retired Vice-Rector of the UFS

Photo: Thabo Kessah

Manchu stated that they were very grateful for having had the opportunity to work with the retiring professor. His hard work and dedication had rubbed off on all the staff members and a lot had been learned from him.

Prof. Niel then received a Basotho blanket, *kobo*, as a gesture of goodwill. Kobo is known to have different meanings in the Basotho language. Some have even coined that the more modern significance of the blanket is as an attribute to nationality and the pride of being a Mosotho.

Another opportunity to honour Prof. Niel took place when Prof. Johan Henning, Dean of the Faculty of Law in the UFS, presented him with the *Facultate Legum* award thereby also thanking him for his contribution to the university and the faculty throughout his career.

He has set an enduring example for us all. We are indeed proud of him and hope that after his retirement he will still be able to make a contribution to people with disabilities at the university.

Inserted in: **Sunday Times**

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Letter from the Editor:

DEAR READER

Be sure to use the correct language

What we see, hear, read, say or write in the media about disability is often decided and influenced by a small group of decision-makers. As the equality and transformation agenda evolves, so does our understanding of the impact it has on our communities. Some editors tend to listen to their own opinions on disability, hoping it would ensure more readers.

Knowing what to say and what not to say without understanding the rationale behind the context can lead to people thinking it's political correctness gone mad, and resist change. As someone once said, "A person convinced against their will is of the same opinion still."

So, by understanding the origin of words and the influences they have, we can start to make sense of these changes. It is therefore important to keep abreast of how these changes impact the language we use to refer to people of a particular condition that affects an individual's life activity, such as walking, seeing, hearing, speaking or feeling.

Like any other large, yet identifiable group of people, not all people with disabilities agree on what language or terminology should be used. Individuals will vary as to how they refer to themselves and others.

The suggestions given will apply to most people and be correct in most situations.

Refer to a person's disability only when it is related to what you are talking about. For example, don't ask "what's wrong with you?", "what can you see?", "how can you speak when you are deaf?" or "how much can you hear?"

Don't make assumptions and refer to people in general or generic terms such as "the boy with the hearing aids" or "the Down's Syndrome child."

Use the term disability and take the following terms out of your vocabulary when talking about or to people with disabilities. Don't use out-dated language and terms such as handicapped, differently-abled, crippled, victim, retarded, stricken, poor, unfortunate, Deaf-and-Dumb, Deaf-Mute, crazy, insane, wacko, sufferer, brain-damaged, deaf or one-who-talks-bad.

When talking about disability issues, it is acceptable to use words or phrases such as disabled, disability or people with disabilities. Respectful language and correct terms are: visually impairment, hearing impairment, speech or communication disability, learning disability, cognitive disability, mental disability, physical disability or multi disabilities.

If you are with somebody with a disability, ask him or her which terms they prefer using. When talking about people without disabilities, it is acceptable to say people without disabilities. But do not refer to them as normal or healthy. These terms can make people with disabilities feel as though there is something wrong with them and that they are abnormal. When in doubt, call a person with a disability by his/her name.

Prof. André Claassen
Editor-in-Chief
Chairperson

Rubber bullets are not the answer

A description of the poverty-disability

Prof. André Claassen

Recently a frightening statistic came to my attention. In South Africa every new day provides us with an additional 150 cases of persons with a disability. These disabilities result from a wide spectrum of causes as you can imagine. Motor vehicle accidents, physical violence, disease processes and congenitally acquired conditions make out a significant proportion of these.

However another form of impairment which we normally do not associate with a disability, is poverty. Poverty is so common in our country that sometimes we do not notice it anymore. It is a direct result of socio-economic conditions and unemployment. This impairment (not being able to get a job) disables an individual to participate in the economy of the country. Not being able to get a job makes a destructive impact on the individual as far as his or her self esteem is concerned. These frustrated people are entrenched in townships where tax payers' money fails to provide their needs. When they try to protest against poor service delivery, rubber bullets are fired at them. I recall very distinctly two patients that I had personally operated on after they had been struck by rubber bullets to the head and neck region. In both cases the bullets had penetrated the skin. This resulted in permanent damage to

the nerve that innervates the muscles of the face in the one case. Then the tragic case of Andries Tatane shocked the world. The concept of "rubber" bullets is that it should be bounced off the ground to dissipate some of the energy before striking the target. But

even then I would regard it as attempted murder because it can kill, especially when striking a child.

So it is not possible to fix poverty from the top with rubber bullets.



Chaos in Ficksburg

Photo: Willem van der Berg
Volksblad, 2011-04-14

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Front: Prof. André Claassen (Editor-in-Chief & Chairperson), Magteld Smith (Researcher & Co-ordinator) & Prof. Hennie Oosthuizen (Head: Dept Medical & Constitutional Law)
Back: Prof. Riaz Seedat (Head: Dept Otorhinolaryngology & Editor) & Dr Iain Butler (Senior Otolologist & Editor).



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Voices of Change Editorial Policy

THE articles and features published in Voices of Change undergo a rigorous editorial process. This includes extensive reviews by medical professionals and academics. This supplement, however, is not intended to provide medical care, jobs, financial aid to the public or to sponsor disability assistive devices. The information in this supplement is for educational purposes only. For specific medical advice, diagnoses and treatment, please consult your doctor.

The articles, photos, animations, and features found in VOC are created and revised by members, physicians, writers, editors, and graphic designers of the VOC team. Our goal is to make sure that all information is accurate, balanced, current and family friendly.

The VOC editorial members review all our readers' comments on articles in this supplement and suggestions for possible improvements and corrections.

The VOC team makes every effort to be neutral and objective when focusing on different disabilities, sex, race, religion and age. Within the articles, VOC takes turns referring to human beings as "he" or "she". Remember that, even when the author of an article refers to "he" or "she", the information provided is applicable to both male and female readers, unless otherwise specified.

Although every effort is made to verify that the information provided by resources – which includes websites, organizations, books and contact particulars – is up-to-date and accurate, the information tends to change and not all of it was necessarily reviewed by Voices of Change. These resources are provided solely as a convenience to our readers and are not an endorsement by the Department of Otorhinolaryngology within the Faculty of Health Sciences at the University of the Free State (UFS).

Wat word van doofblindes?

Die kompleksiteit van doofblindes se onderrig

DIE meeste doofblindes in Suid-Afrika leef in 'n wêreld van stilte en donkerte, waar hulle weinig met die res van die gemeenskap kontak het. 'n Aansienlike persentasie van hulle gaan steeds nie skool nie en dié wat gelukkig genoeg is om wel te gaan, kry weens besnoeiing van geld lankal nie meer die gespesialiseerde aandag wat hulle benodig nie.

Bettie Boshoff, die hoof van die afdeling vir meervoudig gestremdes in die Pionierskool in Worcester sê: "Ons regering erken nie regtig doofblindes nie. Elke kind wat 'n beduidende gehoor- en visuele uitval het, het die reg op een-tot-een-onderrig en oorsee word hulle absoluut so gehanteer. Hier gebeur dit egter nie."

Elzette Verwey, 'n arbeidsterapeut in dié skool bevestig dat sommige van dié kinders weens die personeeltekort nie eens by die skool toegelaat kan word nie. Daar word nie net vir doofblindes nee gesê nie, maar ook vir ander kinders wat op 'n baie lae vlak funksioneer, want as die kinders in die koshuis geplaas moet word, het hulle nie die personeel om hulle te versorg nie.

Boshoff vertel in haar klassie het al die doofblinde kinders minstens 'n bietjie visie. Drie van hulle kan praat en het gehoorreste, die ander drie is heeltemal doof – sonder taal.

Haar eerste en belangrikste taak is om dié kinders te leer oogkontak maak.

"As só 'n kind hom wegdraai, kan ek niks vir hom sê nie," sê sy beslis. "Partykeer is hulle al 'n jaar hier, en dan moet hulle dit steeds leer. Hulle is afgesny van die wêreld. Hulle hoor niks en sien min."

Die volgende stap is om vir hulle gebare soos "jy gaan huis toe" of "jy gaan toilet toe" te leer. Terselfdertyd probeer sy hulle soveel moontlik woordeskat voer. Indien die kinders reeds van kleins af totaal doof en blind is, maak dit egter geen sin om hulle gebaretaal te leer nie, want hulle het geen idee waarna die gebare verwys nie, sê sy. "Baie van hulle is ook bang, want hulle kan nie sien of hoor dat jy na hulle aankom nie, en hulle skrik vreeslik as jy ewe skielik aan hulle vat."

Volgens haar is die enigste manier om hulle taal te leer deur vroeë ingryping en een-tot-een-begeleiding. "Baie van die kinders is ongelukkig in 'n situasie waar hulle eers later geïdentifiseer word, en daar is net nie die middele beskikbaar om 'n heeltydse begeleier aan te stel nie."

Maar selfs vir dié wat "hoogs funksionierend" is én goed leer kommunikeer het, is die kans dat hulle soos David Geyer in die ope arbeidsmark werk sal kry uiters skraal. "Die wêreld daarbuite het nog nie oopgegaan vir dowes of blindes nie, wat nog te sê van die doofblindes?" –Beeld

Saamgestel deur Magteld Smith

OUERS STEEK GESTREMDE KINDERS WEG

DIS bekend dat daar ouers is wat hul doofblinde kinders by die huis hou, veral in armer gemeenskappe. Daar is selfs baie doofblinde kinders wat weggesteek word omdat die ouers skaam is vir hulle. Dikwels word die kinders ook tuis gehou sodat die ouers van hul gestremdheidstoelae kan leef.

André van Deventer, wat veral oor doofblindheid navorsing doen reken in Suid-Afrika moet tussen 4 000 en 5 000 doofblindes wees. Tot dusver is egter nog net 300 tot 400 geïdentifiseer.

"Dit laat my yskoud word, want ons weet nie waar hulle is nie," sug André (42), wat heeltemal blind gebore is en op 16 geleidelik sy gehoor begin verloor het. "Hulle is dikwels só geïsoleerd dat dit amper onmoontlik is om hulle op te spoor. Hulle sit waarskynlik in plakkerskampe en "townships" – agterkamerkinders en agterkamervolvassenes."

Hy praat danksy die kogleëre implanting wat hy 'n paar jaar gelede gekry het sonder die hulp van 'n tolk en vertel baie doofblindes is selfs van ander dowes en blindes geïsoleer. Hy praat uit ondervinding.

"Ek het op 'n stadium "perfect pitch" gehad en aan talentkompisies deelgeneem en al daai goed, maar op 17, 18 het ek agtergekom ek kan nie regtig meer noot hou nie. Ek het al hoe moeiliker begin kommunikeer, en in 'n sekere sin word jy binne die blinde gemeenskap uitgestoot as

jy 'n ander gestremdheid behalwe net blindheid het. Jy's die een wat anders is. Vir 'n blinde hang jou mobiliteit egter van jou gehoor af. Jou balans ook, want jou oë kan nie opmaak vir die feit dat jy jou gehoor verloor nie, en jy kan nie meer die rigting hoor waarvandaan klank kom nie. Jy moet ook probeer verwerk hoekom is jy anders, want op 16 of 17 wil jy nie anders wees nie. Jy wil by die "crowd" inpas."

"Daar was dus twee dinge wat ek geleer het: om goed te verbaliseer en in my gedagtes vir myself dinge uit te klaar, want om te oorleef, het ek nie veel van 'n keuse gehad nie. Ek moes ook leer om met myself saam te leef. Daar is sekere dinge wat jy nie kan verander nie, en die vraag is: Wat maak jy daarmee?"

Geleidelik het André besef daar is 'n gemeenskap van mense wat dieselfde probleme as hy ervaar. In 1996 het hy en ander die organisasie Deafblind South Africa (DBSA) gestig, waarvan hy in 2000 die eerste nasionale direkteur geword het.

Sy stem is trots. "Dooftblindes raak só geïsoleerd dat jy voel jy hoort eintlik nêrens nie, tot jy by mense kom en vir hulle laat verstaan jy behoort êrens. Jy sal jou verstom, dis asof 'n nuwe wêreld vir hulle oopgaan."

VERVOLG OP BLADSY 4

Werkgewers wil nie hande in sakke steek

DIT is 2011 en statistieke bevestig steeds dat mense met gehoor- en visuele- gestremdhede beswaarlik in diens geneem word. Om 'n blinde in diens te neem, beteken jy moet sy rekenaar aanpas en om 'n gehoorgestremde in diens te neem, beteken daar moet in die

Instituut skip werksgeleenthede vir doofblindes

keuse van kommunikasie voorsien word. Om 'n doofblinde in diens te neem, is egter meer radikaal. Werkgewers is nog nie bereid om hul hande so diep in hul sakke te steek nie, selfs al is die doofblinde 'n hiperintelligente persoon.

Om dié rede is slegs drie van die 40 doofblindes van die Instituut vir Blindes in

Worcester in die ope-arbeidsmark geplaas. Een van hulle is Org Scheepers (39), wat net 'n bietjie meer as lig en donker kan sien, maar danksy 'n kogleëre implanting 'n gedeelte van sy gehoor teruggekry het. Hy doen proeflees- en rekenaarverwante werk in die Pionier-drukkery.

Die ander twee werk in 'n hospitaal – die een in die teater, die ander in die washuis. Die ander 37 doen as deel van 'n beskutte

arbeidsprogram by die instituut enigiets van perskepitte pak tot matrasse maak en rottangwerk.

Wat hier gebeur, is eintlik 'n wonderwerk, want dis werkverskaffing vir mense wat anders nutteloos in die gemeenskap en van die wêreld afgesny sou wees. –Beeld

Saamgestel deur Magteld Smith

Omskep jou drome in aksies – word deel van die Fakulteit Ekonomiese en Besuurswetenskappe by die UV.

Ons sal jou leer om met jou kop vir syfers 'n winsgewende somtotaal te skep.

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OPTOMETRISTS SEE OPPORTUNITY TO HELP COMMUNITY

Learners from Botshabelo and Heidedal benefited from a mass-scale school vision screening initiative



Nashua Naicker
Dept of Optometry
UFS

an intense and rigorous vision screening initiative.

More than 70 optometry students and staff members examined the eyes of almost 1 600 school children. The ages of the learners screened ranged from six to 18 years from nine schools in Botshabelo and seven schools in Heidedal.

In both communities, approximately 60% of the children tested were found to have eye health problems and visual deficits ranging from very minor to severe cases. All school children who failed their vision screening would have their names sent to their respective schools. They would then be called in by the department of Optometry, which is based in the National Hospital in Bloemfontein, for a comprehensive eye test and be managed thereafter.

SCENES of excitement and hype were seen in Botshabelo and Heidedal outside Bloemfontein recently when staff and students of the Department of Optometry in the University of the Free State (UFS) converged onto these communities and embarked on

The purpose of the vision screening ventures was to provide learners in these communities with the opportunity to have a free vision screening in their community in order to identify those that may have problems with their eyes.

The goal was to screen as many scholars as possible within a short space of time, as a child's vision is crucial to his or her learning and any visual compromise may hold back a child from succeeding in the classroom.

The motivation for such was that the much younger children are unable to describe or articulate their concern with their eyes to their parents or teachers. Sometimes the younger children are even unaware that they have a visual problem and hence, live for many years with compromised vision that could be easily have been managed. Furthermore, not many children get that opportunity to be consulted by a primary eye care worker at the eye care facilities. What better way than to bring the service to the children in their community?

A local optometrist, Mrs Aasia Rajah, whose passion for primary health care and public health optometry had made it possible for both these vision screening projects to materialise. Through her continued support to the department and with the help of Prof. Tuwani Rasengane,

the head of the Department of Optometry at the UFS, they provided a platform for the optometry students to be involved in community service and public health. This exposure had allowed students to experience the gratification of making a difference to the lives of children, in which during their own education as optometrists-in-the-making, is a reward in itself.

None of these eye care projects would have been possible if not for the generosity of the sponsors and the assistance from the communities. The Department of Optometry would like to thank Batloun Business Trust, Bonval Trading, the Vusumuzi Wellness Clinic for the Botshabelo project and Foodzone, Shoprite, the speaker of the Motheo District Municipality, assistant co-ordinators Mss Joan Pietersen and Amanda Bruinjtjies and warrant officer Lance Williams and colleagues for the Heidedal



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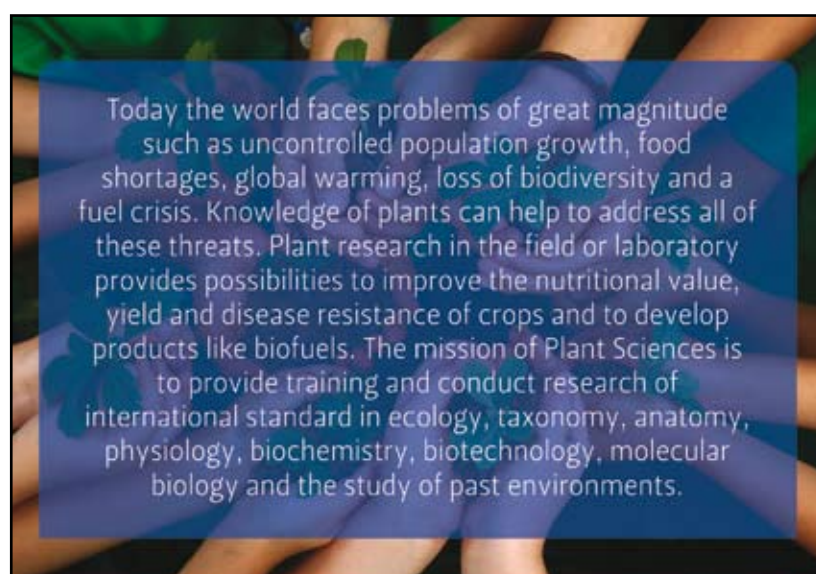


Third year student Ms Meyer testing school child's eye movements
Photo: Muhammad Rajah



School learners lining up for a chance to get their eyes screened in the tents

Photo: Muhammad Rajah



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VERVOLG VAN BLADSY 3

Hy het ook by al hoe meer internasionale organisasies betrokke geraak. Hy is byvoorbeeld sekretaris-generaal van die Wêreldfederasie van Doofblinde Persone. Namens hulle dien hy in 'n paneel wat oor gestremdheid aan die Verenigde Nasies rapporteer.

Weens finansiële probleme het die nasionale kantoor van DBSA gesluit en is André nie meer 'n betaalde amptenaar nie. Gelukkig het hy kort daarna in die Deafnet-kennissentrum werk gekry, waar hy al hoe meer in die geestesgesondheid van doofblinde mense geïnteresseerd geraak het.

"In Swede het hulle 'n studie gedoen waarin hulle doofblindes mense gevra het hoe dikwels kommunikeer hulle met iemand, en heelwat van hulle het gesê nie eens een keer 'n week nie."

Hy voeg by: "My ondervinding is dat allerlei emosionele probleme begin kop uitsteek: Mense raak paranoïes, want hulle dink mense praat agter hul rug, en dit sneeubal later van tyd, en baie groot konflik word veroorsaak. Die vreemde ding is dat die emosionele probleme dikwels erger is by die meer intellektuele

The CDS want to take this opportunity to congratulate you on a distinguished career at the UFS, and wish you our very best in your future endeavors in phase and full retirement.

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doofblindes omdat hulle besef daar gaan dinge buite aan, maar hulle kan nie deel wees daarvan nie."

Boonop, sê hy, is daar nog nie werklik 'n doeltreffende beradingstelsel vir hulle nie en moet hulle maar self sien kom klaar. —Beeld

Saamgestel deur Magteld Smith

Faculty of Law • Fakulteit Regsgeleerdheid

We would like to honour and thank Prof. Viljoen for the pioneering role that he has played in the University's recognition and accommodation, without compromise, of persons with disabilities. This has resulted in a campus where persons with disabilities can feel welcome and play a part in securing their own future. You have enjoyed a long and productive career of which you can justly be proud. Enjoy your phased retirement.

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Kunstenaar se lewe met epilepsie

Talentvolle kunstenaar wil voluit leef

Jan-Chris Cilliers

Ek is op 22 Maart 1969 in Bloemfontein gebore. Ek het hier grootgeword en was 'n leerling van die destydse Hoërskool J.B.M. Hetzog, wat vandag as die Hoërskool Bloemfontein bekendstaan.

Ná ek gematrikuleer het, het ek kuns aan die destydse Tegniese Kollege (vandag se Sentrale Universiteit vir Tegnologie) gaan studeer.

Na afloop van my studies, het ek vir SUKOVIS, wat vandag as PACOFS bekendstaan, as 'n deorskilder begin werk. Ek het dit veral geniet om daar op groot doeke te werk. Ek het definitief in daardie tyd baie ondervinding opgedoen en my talent het sodoende baie ontwikkel.

Ek is as kind met epilepsie gediagnoseer. My pa is ook met epilepsie gediagnoseer en my oorlede ma was self 'n epileptisielyer.

Die epilepsie-aanvalle wat ek al gehad het, het deur die jare tot heelwat skade aan my gesig gelei. Met my laaste aanval het my neus en oog baie seergekry. Die oog se bo- en onderlede het geskeur en moes onder 'n mikroskoop met steke geheg word.

Epilepsie het nog altyd my lewe moeilik gemaak, veral terwyl ek gewerk het. Ek het selfs al weens my epilepsie my werk verloor. 'n Mens verstaan die redes hiervoor: ek stel ander mense ook in gevaar, nie net myself nie.

Ek is vandag 'n voltydse skilder. Ek doen opdragwerk en wanneer ek kan, stal ek graag Saterdagoggende my werk in die Boeremark in

Langenhovenpark in Bloemfontein uit. Wanneer ek my werk in die Boeremark uitstal, werk ek aan charcoal-sketsse terwyl die persone wie ek skets, voor my sit. Ek verkies dit egter om met olies te werk. Ek neem ook bestellings.

As gevolg van my beroep, is dit nogal moeilik om 'n vaste maandelikse inkomste te verseker en te weet ek sal kop bo water met maandelikse rekeninge en dies meer, hou.

Op my webblad, <http://impastoart.yolasite.com>, kan geïnteresseerdes meer oor my te wete kom en na van my werke kyk.

Enigiemand wat my wil kontak, of moontlik van my werke wil bestel, kan my per e-pos by impasto.janchris@gmail.com kontak.



Jan-Chris Cilliers, 'n talentvolle kunstenaar met epilepsie

Foto: Marié Rossouw

"WIE HET IN ELK GEVAL TWEE OË NODIG?"

Philip se houding inspireer ander

PHILIP Dobson (45), is nie een vir sit nie – al het hy op 15 weens meningitis (breinvliesontsteking) heeltemal doof geword. In 1993 het die retina in sy regteroog geskeur en het die sig in dié oog binne 'n dag swart geword. Hoewel hy steeds 'n bietjie met sy linkeroog kan sien, het die dokter tóe reeds vir hom gesê dit is 'n kwessie van tyd voordat hy heeltemal blind word.

Philip, wat steeds goed kan praat en liplees, onthou: "Eers het ek baie emosioneel geraak, maar ek het besluit ek gaan nie selfmoord pleeg nie. 'n Mens oorweeg dit, want ek het gedink om doof én blind te wees, is dieselfde as om dood te wees." Hy glimlag. "Maar dis dinge wat gebeur in die lewe, en dit kan met enigiemand gebeur."

Hy bestuur ook steeds sy eie motor. Sy stem is vasberade.

"Hoekom mág ek nie bestuur nie? Ek sal weet as ek nie meer kan nie. Ek laat nie toe dat my gestremdheid my beperk nie." En toe lag hy asof dit die snaaksste ding in die wêreld is. "Wie het in elk geval twee oë nodig?"

Hoe kommunikeer doofblinde mense?

Wanneer jy in die pratende, horende gemeenskap iets wil sê, maak jy jou mond oop en die klank vloei moeiteloos uit.

Vir doofblindes is kommunikasie egter 'n soort wildernis omdat baie – ten spyte van goeie verstand – nooit leer om meer as hul basiese behoeftes oor te dra nie. Vir die res is daar nie sprake van een "taal" of selfs 'n homogene groep nie. Soos die kenners jou gou sal vertel: Elke doofblinde is 'n individu.

Daar is dié wat uit die blinde wêreld kom en later doof geword

het, en dié wat eers doof was en later sig verloor. Om te kan kommunikeer gebruik hulle enige gehoor- of gesigste wat hulle het, en hul verkose kommunikasiemete sal afhang van wanneer hulle doof en blind geword het. Só kan sommige wat nog 'n bietjie kan sien, liplees, en dié wat 'n bietjie kan hoor, kan (veral met die hulp van gehoorapparate en kogleëre implantings) duidelike spraak volg in 'n plek waar daar nie te veel agtergrondgeraas is nie.

Dié wat egter glad nie meer kan hoor of selfs gebaretaal kan sien nie, beroep hulle meestal op "tasbare gebaretaal" om te "hoor" wat ander vir hulle sê: hulle voel die handgebare wat die ander persoon maak met hul hande of op hul lyf. Dit word dikwels

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saam met "tasbare vingerspelling" gebruik, waar elk van die letters van die alfabet 'n simbool kry wat met die vingers gespel word. Ander doofblindes verkies weer dat die persoon wat met hulle

"praat", met hul wysvinger in hul hand "skryf". –Beeld

Saamgestel deur
Magteld Smith

Doofblinde Suid-Afrikaner kommunikeer sonder tolk

'n MAN van Worcester is een van slegs 50 doofblinde mense wêreldwyd wat 'n unieke kommunikasievorm kan gebruik.

David Geyer was sewe jaar oud toe hy doofblind geword het nadat hy meningitis

(breinvliesontsteking) gekry het. Hy spreek elk van sy woorde duidelik uit, met harde rollende klinkers – al was dit 55 jaar gelede dat hy die laaste keer taal gehoor het.

En ofskoon hy net vaagweg bewus is van die vorms en die mense rondom hom in die werkwinkel van die Instituut vir Blindes op Worcester, is hy die enigste doofblinde in Suid-Afrika wat sonder 'n tolk met die buitewêreld kan kommunikeer.

Geyer is die enigste persoon in Suid-Afrika wat dié kommunikasievorm,

bekend as die Tadoma-metode, baasgeraak het. Geyer, oorspronklik van Brakpan, het in 1959 sy skoolopleiding aan die Pionierskool in Worcester begin. Destyds was daar geen ander fasiliteite vir doofblinde leerders in Suid-Afrika nie.

Wanneer 'n persoon praat, plaas Geyer sy duim op die persoon se lippe, en sy ander vingers op die keel en kakebeen. Só kan hy letterlik voel en verstaan wat die persoon sê. Die metode is bekend as die Tadoma-metode. In sy Engels wat soms effens na Russies klink, vertel hy: "Eers het ek na 'n gewone skool gegaan, maar toe ek doofblind word, was daar geen geriewe vir die onderrig van doofblindes nie. My ma moes baie moeite doen sodat ek kon skool toe gaan."

Alhoewel dit eenvoudig klink, verg dit baie harde werk en deurstellingsvermoë om die Tadoma-metode aan te leer. Geyer het reeds op 15-jarige ouderdom met

die Tadoma-metode begin. Sy ouers het destyds tot by die parlement gaan pleit dat hul seun ook die reg op 'n opvoeding moet hê. Uiteindelik het hul pogings vrugte afgewerp en is mej. Katie van Rensburg van die Pionierskool vir Blindes op Worcester na Amerika gestuur vir opleiding in die Tadoma-metode.

Dit het hom en van Rensburg, 'n jaar van een-tot-een intensiewe opleiding geneem. Sy het Geyer ook geleer hoe om sy tong te beweeg en die woorde behoorlik uit te spreek. Dit was baie moeilik, maar David het nooit vir "moeilik" geskrik nie.

Dit was 50 jaar gelede en vandag het nog geen ander persoon in Suid-Afrika die metode bemeester nie. Hy gebruik ook die eenhand- en die tweehandvingerspellingmetode. Hy is ook gebaretaal baas. Alhoewel Geyer doof is, kán hy praat.

Geyer is ook rekenaarvaardig. Die bekende Worcesterse digter Floris Brown

leer mense soos Geyer om die internet en e-pos te gebruik en maak hierdie wêreld vir hulle oop.

Hierdie jaar werk Geyer al 36 jaar vir die Instituut vir Blindes. Deesdae hou hy hom doenig in die rottangafdeling. Hy het ook as 'n gedugte skaakspeler ontpop, en nou nog word vertel hoe hy sy kokketiel, Kokkie, leer praat het – glo komplete met dieselfde rollende r'e.

Sy lewensmaat, Marlene, 'n siende vrou, wat David spottenderwys sy "gidshond" noem het saam met hom Worcester op 'n tandem verken, en selfs op 'n bootreis na die tropiese eilande gegaan. David glimlag, al kon hy op dié reis nie die see sien, of selfs sy vrou se gesig nie. "Ja, ek is gelukkig. Ek hou daarvan om dinge te doen."

–Worcester Standard

Saamgestel deur Magteld Smith



Gebore Vrystater maak 'n verskil

Perde word gebruik om lewens te verander



Madeleen van Niekerk

SIR Winston Churchill het jare gelede gesê: "There is something about the outside of a horse that is good for the inside of a man."

By Horse Dynamics word die emosionele, fisiese en psigiese behoeftes van voorskoolse, sowel as laerskoolkinders deur middel van terapeutiese perdrylesse aangespreek. Ek is 'n gebore Vrystrater en het op 'n plaas in die Memelidistrik grootgeword. Daar het ek my liefde vir

perde ontwikkel, wat nou 'n uitstekende kombinasie met my liefde vir kinders is. Ek is 'n equi-terapeut en perdry is net nie vir gestremde persone of siekes nie. Die perd-mens samesyn het in vele aspekte 'n betowerende uitwerking op die mens.

Equi-terapie is op die beweging van die vloeistof in die binne-oor gebaseer. Om te kan leer, moet ons liggaam waarneem en ons brein moet hierdie waarnemings korrek organiseer en verwerk. Navorsing het reeds bewys dat leerprobleme, romprotasie, ruimtelike oriëntasie, middellynkruising, oogbewegings en aandagafleibaarheid weens 'n disfunksie van die sensoriese integrasiesistelsel ontstaan. Die organisasie van waarnemings vind met ander woorde nie korrek plaas nie.

Die ponie se driedimensionele en ritmiese beweging aktiveer die vestibulêre sisteem heeltemal. Daar vind dan 'n optimale sensoriese integrasie plaas, wat die kommunikasiekanale tussen ons waarnemingstelsel en die twee hemisfere van die brein oopstel.

Perdry is die enigste oefening wat lae- sowel as hoë spiertonus normaliseer. Alhoewel ek die kind met 'n gestremdheid ook self op die perd evalueer, moet die kinders vooraf deur 'n arbeids en fisioterapeut geëvalueer en verwys word.

Kinders ontwikkel selfvertroue, selfrespek en empatie vir diere. Horse Dynamics is deur Reach for a dream genooi om deel te word van die uitreik na kinders in die kanker-afdelings in 'n paar hospitale in Suid-Afrika.



Callen Wagner tydens een van Horse Dynamics se sessies by Tygervally College

Foto: Madeleen van Niekerk



Caragh Halvey (Down Sindroom) op Silent

Foto: Madeleen van Niekerk

Trelan, my beautiful son

Having a son with William's Syndrome comes with its challenges, but it is all worth it

Coralie Diaz

TRELAN is an adorable four-year old boy with a very friendly, broad smile and sparkling eyes. Born and living in South-Africa, he was diagnosed with Williams Syndrome (WS) at the young age of seven months.

We are a very loving, ordinary family who strive to treat everybody with the same respect.

Trelan was born on 24 June 2006 at a premature stage of 29 weeks. Because

he was admitted to hospital regularly, he was submitted to extensive blood tests, eventually leading to the WS diagnosis.

I must admit that finding out Trelan had WS didn't come as a shock to me. It was not very hard for me to accept it. I just loved him. I considered him a blessing from God and I knew he would be treated like any other child. We loved Trelan from the moment he came into our worlds. I knew that if I treated him differently, he would grow up thinking that he was different and he would then expect to be treated differently.

After birth, he required treatment for pneumonia. Trelan also had neonatal jaundice. It was suspected that he had a cardiac abnormality since shortly

after birth. Trelan underwent a surgical repair of bilateral inguinal hernias when he was about four months old.

Investigation has shown that Trelan has a tight supravalvar aortic stenosis with a mild branch pulmonary artery stenosis. I was contacted by the doctors at Johannesburg General Hospital in November 2007 to tell me that we would have to do the heart operation as soon as they had an opening in the theatre. I could not believe that it was happening already.

After the operation, Trelan started walking at age two years and three months. The rest followed slow but surely. He turned four in March this year. He recently stopped using nappies and started composing sentences.

Having another baby boy after Trelan made it easier because I could never give the one child specifics and not the other.

Because Trelan is developmentally slow it is almost as if he and his brother are at the same stages in life. They learn together. I started with their potty training at the same time. They also started composing sentences at the same time. They are almost like twins.

Trelan is a loveable child and I am blessed to have him. He enlightens my life every day.

Almal in die Departement Otorinolaringologie aan die UV wens prof. Niel 'n rustige aftrede toe. Ons sal u mis, prof. Niel.

Everybody in the Department of Otorhinolaryngology in the UFS wishes Prof. Niel a peaceful retirement. We shall miss you, Prof. Niel.

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Trelan Diaz

Photo: Coralie Diaz

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THE BUZZING IN YOUR EAR MIGHT HAVE A NAME

Tinnitus is a common, yet poorly understood disorder which may lead to you wasting a lot of money

Dr. Iain Butler
ENT Specialist
Universitas Hospital/UFS

TINNITUS can be defined as the perception of a sound for which there is no external stimulus. This definition allows for the inclusion of sounds generated within our own bodies as causes of tinnitus. This most commonly includes sound generated by blood flow and is usually synchronised to our heartbeat. For this reason, these are usually classified as "pulsatile tinnitus".

Pulsatile tinnitus should always be evaluated by an ear, nose and throat (ENT) specialist, as an underlying cause can often be identified. This may range from atherosclerosis in the large blood vessels in the neck to vascular tumours in the ear to raised intracranial pressure.

Perhaps the most disappointing reality of tinnitus, is the fact that there is absolutely no scientifically proven drug registered for the treatment of symptoms. Unfortunately, many people fall prey to purchasing extended and expensive vitamin supplement therapies that promise to cure the tinnitus if taken for a few months. Should you experience these symptoms, it is extremely important to visit an ENT specialist and resist buying expensive medication that will ultimately make no difference to the symptoms. These merely demonstrate the power of suggestion, the placebo effect and benefit of time on resolving this irritating sensation.

Tinnitus that is experienced as a constant, high-pitched buzzing sound is classified as 'non-pulsatile tinnitus'. This form of tinnitus is usually caused by damage to the highly sensitive hair cells in the cochlea of the ear. This damage often does not result in an appreciable decrease in hearing. However, parts of our brainstems which are involved in processing all the information that our ears are hearing, try to compensate for the lack of information coming from the damaged hair cells and generate the buzzing noise. This damage may be caused by exposure to loud noise (the louder the noise, the shorter the duration needed to cause permanent damage), medication, trauma or disease.

Non-pulsatile (buzzing) tinnitus is not damaging to your hearing, but may be caused by an underlying process which can lead to hearing loss. This is, however, rare. An ENT specialist can assess each case individually and rule out the potential causes. In most cases, no other cause is found and management of the tinnitus revolves around reassuring the patient this is a benign sensation and explaining what has caused it. In most cases, this simple explanation puts the patient's mind at ease and the tinnitus simply fades away. It may still be heard in moments of quiet, but is no longer troublesome.

It is well established that the more one focuses on the tinnitus, the more intrusive it becomes in one's life. To this end, patients with high levels of anxiety relating to their tinnitus may need psychological support in order to deal with the symptoms.

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Die pad met Lupus en Addison's

Die uitdagings daarvan om op 16-jarige ouderdom met SLE en Addison's Sindroom gediagnoseer te word



Melyni van Niekerk

EK was skaars 16 jaar oud toe ek 'n uitslag op my rug en bors ontwikkel het. Hierdie "butterfly rash" is kenmerkend van Sistemiese Lupus Eritematose (SLE of Lupus). 'n Geweldige moegheid en swakheid in my gewigte het hierop gevolg. My liggaam het baie verswak en ek het geweldige pyn ervaar. Ná 'n hele aantal toetse en doktersbesoeke het 'n internis met Lupus gediagnoseer. Ek het spoedig sterk behandeling hiervoor begin kry.

Ek moes vrede maak met die feit dat ek nie weer aan sport sou kon deelneem nie. Ek moes ophou dans, wat my groot passie was. Dit was vir my

'n groot uitdaging om van 'n aktiewe tienermeisie na 'n bedgebonde, pyn-ervarende jong vrou te gaan.

Lupus en Addison's het my wel van 'n paar van die lewe se vreugdes ontnem, maar ek het ook baie ander vreugtes ontdek. Ek het 'n gesin se liefde, die pragtige natuur en God se groot krag opnuut begin ervaar.

Ek wens dit was makliker om mense te laat besef waardeur persone met Lupus gaan. Dit laat ons nooit goed voel om bejammer te word nie. Ek hunker veral na aanvaarding en ondersteuning.

Om met Lupus gediagnoseer te word, is nie soortgelyk aan 'n doodsvonnis nie. Elkeen met hierdie gestremdheid moet besluit of die pyn hom of haar regtig gaan onderkry. 'n persoon met Lupus se liggaam is baie sensitief. Ons benodig 'n goeie ondersteuningsnetwerk.

Elkeen met Lupus se behandeling verskil van ander, omdat mense verskillend op pynmedikasie reageer. My behandeling behels hoë dosisse kortisoon en Methotrixate ('n soort chemoterapeutiese behandeling wat een maal per week mondelings geneem word), tesame met sterk pynmedisyne. Die res van my daaglikse medisyne is as volg: Folic Acid, Omega 3, MenaCal.7, Staminogro, Slow-k, Covocort, Florinef, Pantaloc, Duphaston, Nivaquine, Seroquel, Serlife en Zopi-Vane.

Dit was 'n groot aanpassing om elke dag hierdie klomp pille te drink. Maar ná vyf jaar is dit vir my soos 'n gewoonte.

Soos my organe en bloedsuiker op hierdie stadium lyk, is my prognose baie goed. Ons is bevrees dit kan egter net

tydelik wees. Enige vorm van infeksie kan 'n opvlamming veroorsaak en my organe aanval. Daarom word alles gereeld gemonitor om sulke gevalle te verhoed. Lupus is baie onvoorspelbaar.

Ek sal graag meer bewusmaking van Lupus verseker. Ek studeer tans onderwys aan die Universiteit van Suid-Afrika (Unisa) en ek help 'n nege-jarige seun in die middag met sy huiswerk. Ek droom daarvan om met siek kinders

wat nie na 'n skool toe kan gaan of individuele aandag benodig, te werk.

Met hierdie gestremdheid is elke dag 'n uitdaging, omdat ek geen idee het wat my liggaam volgende gaan aanvang nie.

Ek het 'n span dokters wat my op die hande dra, 'n gesin wat my steunpilare is en 'n God wat my hand vashou met elke liewe stap wat ek neem.

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Causes and treatment of Meniere's disease

An attack can be a combination of severe dizziness or vertigo, tinnitus and hearing loss lasting several hours

Dr Iain Butler
ENT Specialist
Universitas Hospital/UFS

The classic presentation of Meniere's disease involves a sudden onset of symptoms that last from a half an hour to as long as many hours. The patient may experience a cluster of these attacks over the space of a few days to weeks and then extended periods of calm before another cluster of attacks are experienced.

The hearing partially recovers between attacks, but there is usually a steady decline

in hearing over time in the affected ear. In most cases, the person has some idea that an attack is imminent and can go and lie down before his or her world starts spinning. A small group of patients experience "drop attacks," when they fall down instantly, usually with painful consequences.

The vertigo associated with Meniere's disease is that of a sensation of rotatory movement and often results in the patient falling over. This is extremely debilitating and forces the person to lie down to prevent getting hurt. The patient is extremely nauseous as a result of this and will experience a sudden worsening of the hearing in the affected ear during an attack, as well as a loud machinery-like buzzing sound in the ear.

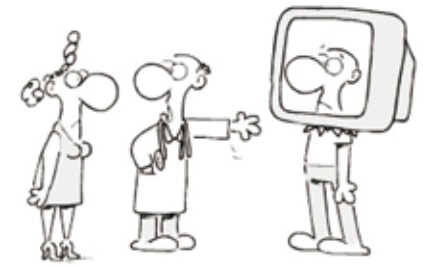
The disorder may affect both ears in less than half of patients. This generally occurs within five years after the onset. The process does tend to burn itself out

after a number of years. It is important to differentiate this condition from other balance disorders, such as dizziness associated with fainting (syncope) or slurred speech, as these may indicate a cardiovascular disorder.

Meniere's disease is thought to result from a loss of fluid and/or electrolyte homeostasis in the inner ear. Many different treatments have been proposed over the years for treating this condition. These range from low-salt diets to surgical procedures. Unfortunately, all long-term treatment is directed at managing the vertigo – the hearing will progressively deteriorate regardless of the treatment. The best non-surgical management involves maintaining as stable an electrolyte and fluid balance in the body as possible.

Drinking alcohol results in fluid shifts in the inner ear, which may trigger attacks and is best avoided. Surgical interventions vary, depending on the severity of the symptoms, the current level of hearing and whether one or both ears are involved.

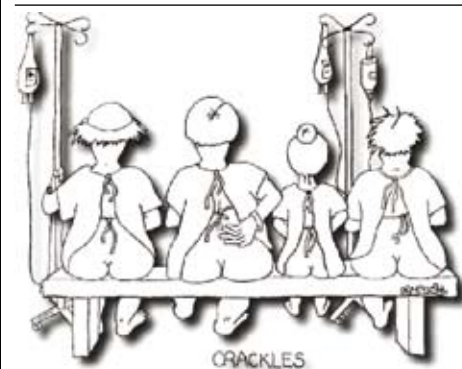
Other causes of balance disturbance are often confused with Meniere's disease and need to be ruled out by an ear, nose and throat (ENT) specialist.



"Well, the good news is your husband is OK. I can not say the same for the TV..."



"I like to practice before I start acupuncture treatment!"



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THE FOCUSES OF FRAILTY

Frailty can strongly affect how an elderly person will respond to medical treatment, as well as how long and how well they will live. Surprisingly, though common, it remains poorly understood.

Dr Deon Greyling
Dept of Internal Medicine
UFS

FRAILITY is a clinical state of increased vulnerability and decreased ability to maintain a balance in health status. It is an age-related condition and is characterised by declines of the physiology of multiple systems, a change in body composition and muscle loss.

Frailty is defined as having three or more of the following criteria:

1. Decline in strength
2. Loss of energy
3. Decline in walking speed : less than 0,8 sec/meter
4. Diminished physical activity
5. Weight loss

Frailty increases with up to 25 % in people aged 65 years and older and up to 45% in people older than 80 years.

Frailty, co-morbid diseases and disability is overlapping, casual-related, but distinct entities. Age-related changes in all the organ systems of an elderly person can lead to a decline in health status and aid to progressive impairment. It is a continuum of resilience to recover to a continuum of a high risk to die in the next year.

Daily activities of living, like the ability to do shopping, eating, drive a vehicle, bath and care for oneself become impossible once frailty sets in. The burden of being dependant can lead to depression and hopelessness. These elderly patients with frailty can lose the will to live and this usually leads to further deterioration.

The complexity of this condition makes it difficult to treat. Treatment requires substantial clinical experience of the treating doctor and a team of professionals experienced in rehabilitation. In South Africa, rehabilitation institutions are limited and it is very expensive to undergo long-term rehabilitation extensively. With the worldwide increase in the aging population, more effort and resources are needed. Changes in nutrition and exercise are the only proven interventions to improve frailty.

Help with the management of frail patients is obtained from medical health care workers. Nursing staff in frail care units is the eventual means of care for these patients.

Local old age homes will provide information on caring for and the care possibilities of these patients.

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DM KISCH INC. Fully supports Prof. Niel Viljoen in his initiative to promote Voices of Change for the transformation of people with disabilities.