

**Volume 16 Issue 9**

**AUGUST 2016**



**BC ELDERS COMMUNICATION CENTER SOCIETY**

**ELDERS VOICE**

**ATTENTION: Elder's Contact People**  
**Please Make Copies of the EV Each**  
**Month For Your Elders, Chief &**  
**Council or Board of Directors.**

**EV'S 189th Issue!**

**To: The Tl'etinqox Government, Elders and Co-Hosts Nations of**  
**The 2016 - 40th Annual BC Elders Gathering In Williams Lake, BC**  
**Our Hands Are Raised Up To You!**

**You Have Everyone's Heartfelt Thanks! Today and Always!**  
**For Your Commitment, and Dedication to our Provincial FN Elders!**

**HAPPY BIRTHDAY TO ALL ELDERS BORN IN AUGUST!!**

**41st Annual BC Elders Gathering - July 11-13, 2017**

**Strathcona Gardens Recreation Complex,**  
**Campbell River, BC. Info on Pg. 4 and Back Page**

**Our Grateful Appreciation**

**To: The First Nations Health Authority For Continuing to Help Support**  
**Your Provincial Aboriginal Elders Office, Gilakasla, BCECCS**



**First Nations Health Authority**  
**Health through wellness**

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## **Easy Bakers Corner – Patti’s Perfect Red Velvet Cheesecake**

Preheat oven to 325°F.

Sift together 1 1/2 cups chocolate graham cracker crumbs, 1/4 cup of melted butter, and 1 Tbs. granulated sugar, press mixture into bottom of a 9-inch spring form pan.

Beat 3 (8 ounce) packages cream cheese and 1 1/2 cups granulated sugar at med. Speed with an electric mixer for 1 minute.

Add 4 large eggs, lightly beaten, and 3 Tbs. unsweetened cocoa, 1 cup sour cream, 1 1/2 cups whole buttermilk, 2 tsp. vanilla extract, 1 tsp. distilled white vinegar, and 2 ounce red food coloring. Mixing on low speed until fully combined.

Pour batter into prepared crust. Bake at 325°F for 10 minutes; reduce heat to 300°F, and bake for 1 hour and 15 minutes or until center is firm.

Run knife along outer edge of cheesecake, and let stand in oven for 30 minutes.

Remove cheesecake from oven; cool in pan on wire rack for 30 minutes.

Cover and chill for 8 hours.

Beat 1 (3 ounce) package of cream cheese, softened, and 1/4 cup of butter, softened, at med. speed with an electric mixer until smooth; gradually add 2 cups of powdered sugar and 1 tsp. of vanilla extract, beating until smooth. Spread evenly over top of cheesecake. Remove sides of spring form pan. Serve and enjoy!

## **What Can you please share?**

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries, etc. Submissions are best forwarded to me via email by the 15th of the preceding month. If you are interested in providing articles, please do so, I look forward to hearing from anyone who wants to contribute to the content of your newsletter.

Gilakasia, Donna Stirling

## **‘PRESERVING THE PAST’**

The *First Ever* Elder’s Website “Preserving the Past” is now online (as of Sept. 2002). Registration forms, booth forms, maps of the host territory, accommodation information, etc. concerning the Annual Elders Gatherings are available each year on the BC Elders Communication Center Society’s website [www.bcelders.com](http://www.bcelders.com) as soon as they are made available from each new host community.

As of Aug. 1st. 2011 issues of your Elders Voice Newsletter will be emailed out to all contacts as well as posted on the website [www.bcelders.com](http://www.bcelders.com) the 1st of each month. Although we mailed out the issues for almost 11 years (128 issues) we can no longer afford the cost to do so. Please email [bcelders@telus.com](mailto:bcelders@telus.com) to be added to the email list. Thank you

### **Disclaimer:**

Health articles, etc. are provided as a courtesy and neither the BC Elders Communication Center Society’s Board Members or anyone working on its behalf mean this information to be used to replace your doctor’s and other professional’s advice. You should contact your family physician or health care worker for all health care matters. Information is provided in the Elders Voice for your reference only. And opinions contained in this publication are not those of Donna Stirling, Coordinator unless her name appears below the material.

# BCECCS 15th Year GRATITUDE LIST

Support Fee from Nov. 1st 2014 – Oct. 31st 2015

(In the past the fee has always been \$250 yearly, but in these economic times it has become necessary to ask groups to consider assisting more, if possible, to make up for groups who cannot help.)

Your support is much appreciated!

## LEVELS OF SUPPORT

\$15,000 - Thunderbird

\$10,000 - Killer Whale

\$5,000 - Eagle

\$1000 – Salmon

\$750 – Frog

\$500 – Sisiutl

\$250 - Hummingbird

### Thunderbird Level - \$15,000

1. First Nations Health Authority

### Killer Whale Level - \$10,000

- 1.

### Eagle Level - \$5,000

1. Provincial Health Services Authority
- 2.

### SALMON LEVEL - \$1,000

1. Lhoosk'uz Dene Nation
2. Kwakiutl Band Council
3. Halfway River First Nation
4. Neskonlith Indian Band

### FROG LEVEL - \$750

1. Tale'awtxw Aboriginal Capital Corporation
2. Westbank First Nation
- 3.

### SISIUTL LEVEL - \$500

1. Tk'emlups Te Secwepemc
2. Weiwaikum First Nation

### HUMMINGBIRD LEVEL - \$250

1. BC Association of Community Response Networks
2. Chawathil First Nation
3. Hailika'as Heiltsuk Health Centre Society
4. Spuzzum First Nation

5. Ki-low-na Friendship Society
6. Mamalilikulla Qwe'Qwa'Sot'Em Band
7. St. Mary's Indian Band
8. K'omoks Health Centre
9. Irving K. Barber BC Scholarship Society
10. First Nations Tax Commission
11. Doig River First Nation
12. Naut'sa mawt Tribal Council
13. Skidegate Band Council
14. Osoyoos Indian Band
15. First Nations Tax Commission
16. Da'naxda'xw First Nation
17. Neskonlith Indian Band
18. Adams Lake Indian Band
19. Tseil Waututh Nation
20. Lhtako Dene Nation
21. Chief Harvey Paul for Sts'ailes Band
22. Whispering Pines/Clinton Indian Band
23. Halalt First Nation
24. Lower Kootenay Band Health
25. BC Aboriginal Friendship Centres
26. Tl'esqox Band Health
27. Ts'kw'aylaxw Elders
28. Ki-low-na Friendship Society
29. Dzawada'enuxw First Nation

**TO: THE ELDERS OF ALL NATIONS IN BC,  
First Nations Leaders and Community Members**

**IT IS WITH THE GREATEST HONOUR THAT WE ANNOUNCE THAT**

**THE BC ELDERS COMMUNICATION CENTER SOCIETY**

**HAS BEEN AWARDED**

**THE 41<sup>ST</sup> ANNUAL BC ELDERS GATHERING FOR CAMPBELL RIVER FOR 2017!!**

**The BCECCS Is Extremely Proud To Announce Today That**

**Allan (Ollie) & Edwina Henderson of the Wei Wai Kum Nation**

**ARE NOW THE REIGNING KING AND QUEEN**

**Of The 2017 41<sup>st</sup> Annual BC Elders Gathering**

**(Nations wishing to book the Royal Couple are invited  
to email Donna Stirling at [bcelders@telus.net](mailto:bcelders@telus.net))**

**The BCECCS will have been operating here for 18 years by the time Campbell River, and Vancouver Island, welcome the provincial elders back for the 2nd time and we all couldn't be more excited or proud to have the City's complete support for Your Gathering!**

**\*Rooms in CR and the Comox/Courtenay area are all booked now. Groups began booking while we were still on stage accepting the event in Williams Lake. At this point, look to Parksville, Qualicum, or Nanaimo for rooms, but book immediately and make sure everything is held with a credit card to secure your reservations. Forms will be available soon in the EV, but book your rooms now!**



For Immediate Release

June 30, 2016

## **Collaborative Journal Showcases Indigenous Knowledge of Health and Wellness**

**Unceded Coast and Straits Salish Territory (Vancouver and Victoria, British Columbia)** – The International Journal of Indigenous Health (IJIH) and First Nations Health Authority (FNHA) are pleased to announce the collaborative publication of the Special Thematic Issue “Wellness-Based Health Research and Promising Practices” Volume 11(1).

This special edition focusses on Indigenous wellness-based health research and promising practices in First Nations and other Indigenous communities. The issue features fifteen innovative articles from academic and community-based researchers and practitioners in Indigenous health.

“The IJIH collaborates with leading health researchers and Indigenous community-based practitioners in its authorship and peer review to share knowledge that advances Indigenous wellness,” said Dr. Charlotte Loppie, IJIH Editor and Director of UVic’s Centre for Indigenous Research Community-Led Engagement (CIRCLE). “Ultimately research that is reflective and inclusive of Indigenous communities will be of benefit to them as well as other Indigenous peoples looking for ways to increase wellness in their own communities.”

In addition to publishing high quality papers, IJIH is interested in sharing research presented with an Indigenous lens, grounded in meaningful partnerships. This is the first collaboration between the IJIH and the FNHA. The journal values partnering with leading health practitioners, organizations or agencies around specific themes in Indigenous health and wellness.

The FNHA promotes First Nations involvement in the creation of evidence to be utilized in defining wellness in a strengths-based, culturally grounded and self-determined community-driven context. The collaborative editorial process prior to peer review, identified papers that were grounded in wellness, cultural and asset-based approaches to Indigenous health research and practice.

“This collaborative journal contributes to an emerging evidence base showcasing practices passed down from our Elders that have helped our people since time immemorial,” said Richard Jock, Chief Operating Officer of the First Nations Health Authority. “Knowledge transfer and knowledge exchange are priorities for the FNHA to support, promote and share in a good way. The more we can document and learn from Indigenous ways of health and healing the better we can plan and implement the changes needed for better health outcomes.”

This special thematic issue shares evidence-based promising practices with a focus on health and wellness, explored through an Indigenous lens, within Indigenous communities. These community-based papers reflect full collaboration with Indigenous partners and are focused on and grounded



in the intellectual traditions and voices of Indigenous peoples globally as well as First Nations residing within the geographic boundaries of what is now known as British Columbia, Canada.

Topics covered by the papers in this issue include: honouring Indigenous nursing knowledge, community-based palliative care, youth mental health based on Inuit knowledge and ways of knowing, Indigenous models of youth leadership, as well as prevention and wise practices related to HIV. Also featured are articles on colonization and chronic illness, Indigenous culture and tradition in physical activity, knowledge translation, traditional food systems and culture, and more.

**IJIH Editor Dr. Charlotte Loppie and Special Edition Co-Editor Dr. Amanda Ward welcome readers to view it online [www.uvic.ca/ijih](http://www.uvic.ca/ijih).**

Connect with the International Journal of Indigenous Health online: [www.uvic.ca/ijih](http://www.uvic.ca/ijih)

Connect with the First Nations Health Authority online: [www.fnha.ca](http://www.fnha.ca)

#### **About the International Journal of Indigenous Health:**

Published annually by the Aboriginal Health Research Networks Secretariat in Canada, the International Journal of Indigenous Health was established to advance knowledge and understanding to improve Indigenous health. The journal seeks to bring knowledge from diverse intellectual traditions together with a focus on culturally diverse Indigenous voices, methodologies and epistemology. This peer-reviewed, online, open-access journal shares innovative health research across disciplines, Indigenous communities, and countries. Integral to the journal's mandate is the foundational body of knowledge formed by the Journal of Aboriginal Health established by the National Aboriginal Health Organization (2004) and transferred to the Aboriginal Health Research Networks Secretariat (2012). International Journal of Indigenous Health is hosted at and by the Centre for Indigenous Research and Community-Led Engagement (CIRCLE), University of Victoria.

#### **About the First Nations Health Authority:**

The First Nations Health Authority is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in BC. The organization works to reform the way health care is delivered to BC First Nations through direct services, provincial collaboration, and health systems innovation. For more information on the FNHA visit: [www.fnha.ca/about](http://www.fnha.ca/about)

#### **Media Contacts:**

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## **First Nations Health Authority calls for cultural safety in B.C.**

**JOE GALLAGHER** Contributed to The Globe and Mail

**Jun. 20, 2016**

*Joe Gallagher is of Tla'amin (Sliammon) Nation ancestry and serves as the chief executive officer of the First Nations Health Authority*

The loss of a child is a devastating trauma and extremely difficult to articulate in mere words. Four years ago, my little two-month-old niece, Makara, passed away suddenly without warning. This tragedy was only the beginning of a traumatic series of events within a system that is intended to provide care.

As Tla'amin people, our traditional laws direct us to carry out our death protocols within a week's time, with our loved ones' bodies intact so they can carry out their role in the spirit world. We also appoint an advocate to speak for the family in their time of grief. For Makara, an autopsy was ordered by the coroner, as with any infant death, and the report came back clear of any criminal wrongdoing. We were then informed that, without our consent, her body was being returned to us but her brain stem was to be retained for several weeks for medical investigation despite no further legal concerns. We were told that, regardless of the will of the family or the additional trauma and grief this would cause, this was standard practice and was for the greater good of society.

This conflict between cultural ways of living and systemic policies is a tragic example of culturally unsafe services that can do more harm than good. As a result of the BC First Nations Health Partnership with federal and provincial governments, work is under way to begin to address these challenges. In July, 2015, CEOs of each B.C. Health Authority, the First Nations Health Authority and the Ministry of Health signed a Declaration of Commitment to advance cultural humility and safety within their health service organizations.

Cultural humility is a process of self-reflection to understand personal and systemic biases and develop relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving and making decisions about their health care.

This commitment, made in 2015, gives a mandate to health professionals to pay attention to and advance cultural humility in their practices with First Nations and aboriginal peoples. The progress we make in this area will not only benefit First Nations peoples, but also lead to more culturally safe services for all British Columbians.

The work with the BC Coroners Service was difficult at first, but we have built relationships that have lasted to this day. We taught them about the importance of our cultural practices to our peoples and they have shared their processes that support fact-finding for public safety. Through challenging but respectful dialogue, we encouraged the BC Coroners Service to understand our interests and to review the evidence on the value of brain-stem retention.

After this request, they reported back that in 138 infant death autopsies, neuropathological examinations added no value to the investigations nor illuminated findings that hadn't already been identified. The Coroners Service acknowledged these practices caused harm to families and were unnecessary.

Their new practice provides all B.C. families with the choice to determine how their children's remains will be treated once legal requirements are satisfied. Since October, 2014, B.C. families have chosen to avoid brain-stem retention 52 out of 54 times where possible.

Makara's legacy is a Coroners Service that acts with cultural humility. Their willingness to consider the voices of the people they serve and review their practices has helped them establish culturally safe practices for all British Columbians.

Tomorrow, on National Aboriginal Day, we will be launching the Declaration of Commitment for cultural safety and humility in B.C. health services with a suite of educational materials and an opportunity for health service providers to pledge their commitment with the hashtag #itstartswithme.

Find out more about the movement for cultural humility and cultural safety in our health system and read the declaration of commitment at [fnha.ca/culturalhumility](http://fnha.ca/culturalhumility).

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## **Expansion of Dental Services to Increase First Nations Access to Culturally Safe Oral Health Services in BC**

Jul 12, 2016

### **Communique**

(Coast Salish Territory – Vancouver) - The First Nations Health Authority (FNHA) is pleased to announce recognition of dental hygienists as independent service providers within First Nations Health Benefits. With this change, Health Benefits now offers coverage for services provided by dentists, dental therapists, denturists, and now dental hygienists. Direct access to dental hygienists, who are primarily focused on oral disease prevention and oral health promotion, is aligned with FNHA's commitment to transform health programs upstream with a focus on health and wellness.

"These newly formed partnerships will aid the connection of dental hygiene providers to communities where services are needed most," said John Mah, Vice President of First Nations Health Benefits with the First Nations Health Authority. "This integration will support the FNHA's goal of bringing services closer to home, where people live, and help to reduce access to care barriers."

To seamlessly expand dental services in BC, FNHA is partnering with both the College of Dental Hygienists of British Columbia (CDHBC) and the British Columbia Dental Hygienists Association (BCDHA). The recognition of dental hygienists at FNHA also compliments changes taking place at the national level within Health Canada's Non-Insured Health Benefits Program.

**"As regulated health care professionals, dental hygienists follow a Code of Ethics which states that clients are to be treated with respect for their individual values and needs. Having dental hygienists join many other health care professionals in completing cultural safety training is part of fulfilling the College's mandate of ensuring the public's access to safe and competent dental hygiene care," said Jennifer Lawrence, CEO of the College of Dental Hygienists of BC. "This change will increase access to dental hygiene services for First Nations and Aboriginal peoples and ensure those services are delivered in a respectful and safe way. CDHBC is pleased to support the continued work of the #itstartswithme campaign for Cultural Safety and Cultural Humility in Health Service Delivery for First Nations and Aboriginal peoples in BC."**

**Enrollment with the FNHA Health Benefits Program as independent service providers in BC began July 1, 2016. First Nations Health Benefits welcomes independent dental hygienists and is confident that expanded access to oral health care, by drawing upon a continuum of oral healthcare providers, will lead to improved health outcomes for First Nations peoples in BC.**

**"Dental hygienists support their clients in achieving total wellness and are important members of the primary health care team," said Cindy Fletcher, Executive Director of the British Columbia Dental Hygienists Association. "Through this partnership with FNHA, dental hygienists can play a significant role in supporting healthier individuals and communities through collaboration with other health care providers and community members in the delivery of high quality, innovative oral healthcare programs for First Nations people."**

**FNHA is also requiring all registered dental hygiene providers who meet the CDHBC regulations to complete Indigenous cultural safety training – a first in the country. Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. FNHA upholds cultural safety and humility as essential dimensions in its healthcare delivery program, and applauds our new partners' commitment to culturally safe healthcare.**

**For more information First Nations Health Benefits visit: [www.fnha.ca/benefits](http://www.fnha.ca/benefits).**

**To find out how to become an independent service provider with FNHB please contact Wendy Jobs at BCDHA ([wjobs@bcdha.bc.ca](mailto:wjobs@bcdha.bc.ca)) or Express Scripts Canada at <http://provider.express-scripts.ca/documents/Dental/Forms/English/Dental%20Hygienist%20Provider%20Enrolment%20Form.pdf>.**

**Media Contact:**

**First Nations Health Authority  
[media@fnha.ca](mailto:media@fnha.ca)  
604.831.4898**

TRC Workshop:

# FIND YOUR CALL TO ACTION

Featuring special guest facilitator:

**Dr. Rebecca Johnson**

Faculty of Law, University of Victoria

What is the Truth & Reconciliation Commission?  
How can you participate in reconciliation in Canada?

**Join us to learn.**

Wednesday, August 10, 2016

Thompson Rivers University Irving K. Barber Centre

(House of Learning Room 190)

9:00 am - 4:00 pm, lunch included

Please RSVP by August 5 to:

Devan Swaine

Shuswap Nation Tribal Council

[artassistant@shuswapnation.org](mailto:artassistant@shuswapnation.org)



IN PARTNERSHIP WITH





In celebration of Canada's 150th anniversary, award-winning filmmaker Trish Dolman and CTV/Bell Media will present *Canada In A Day*, a crowdsourced film event created by Canadians. Inspired by Ridley Scott's 2011 phenomenon *Life In A Day* and subsequent projects around the world, *Canada In A Day* will encapsulate the ordinary and the extraordinary events of one day in the life of Canadians in a memorable, touching film to be released July 1, 2017.

We wish to engage citizens across the country to pick up their smartphones and cameras and share their stories on Filming Day, September 10, 2016. We want all Canadians, especially its First Peoples, to have a voice in the project — its success will depend on the participation of a diverse group of citizens to make this a visual time capsule of what life is like in Canada in 2016.

You may also sign up with your email address at the website to receive updates.

**Our website:**

<https://canadainaday.ca>

**Our social media channels:**

<https://www.facebook.com/canadainaday/>

<https://twitter.com/canadainaday>

<https://www.instagram.com/canadainaday/>

**GRAB YOUR CAMERAS! FILMING DAY IS SEPTEMBER 10, 2016**

**SOIT PRÊT! TOURNAGE JOUR EST 10 SEPTEMBRE 2016**



**First Nations Health Authority**  
Health through wellness

## MOUNT POLLEY HEALTH IMPACT ASSESSMENT: Screening and Scoping Phase Findings

On August 4, 2014, the tailings storage facility at the Mount Polley Mine breached. Over the next three days, the four-square-kilometre pond released approximately 17 million cubic metres of tailings water and eight million cubic metres of tailings into Polley Lake, Quesnel Lake and Hazeltine Creek.

At the invitation of local First Nations, the First Nations Health Authority (FNHA) commissioned the initial phases of a Health Impact Assessment (HIA). An HIA is a systematic approach to assessing the health impacts and risks associated with an event, project, or policy, and uses qualitative, quantitative and participatory methods. This work was accomplished by a team led by two international Health Impact Assessment (HIA) experts (Dr. Janis Shandro and Dr. Mirko Winkler). The two main objectives of this project were to identify impacted communities and potential health risks and impacts related to the tailings dam breach using international assessment standards.

As part of the participatory approach used by the project team, six Community Based Coordinators assisted in the project with 22 participating First Nations. Communities identified potential health risks and impacts from the dam failure span from as far north as Fort St. James and south to Fraser Canyon.

This work has documented the following post-breach impacts experienced by First Nation communities:

- Emotional Stress is a key health impact and appears to be shared among all communities. Increased levels of emotional stress are linked to the severity of the event itself, how impacts and risks were and are presently perceived and the amount of uncertainty and trust in the information provided following the breach.
- Direct impacts to traditional territory occurred in three First Nations – Xat’sull, Texelceme and Lhatko Dene First Nation. Impacts were immediate and ongoing. Access has been lost to sacred land and territory, traditional food sources and medicine.
- A decrease in individual fishing practice was reported by almost all communities. This has resulted in changes to diet composition, physical activity and cultural practices.
- Impacts to commercial fisheries were reported in six communities. This results in reduced economic income and employment opportunities for community members.

Findings from this work draw attention to the strong links between First Nations, the land and resources, culture and associated health outcomes. The report finds that **salmon fishing plays a central role in a wide variety of determinants of First Nations health, ranging from physical exercise to social cohesion, building and sharing cultural identity and a wide range of factors affecting emotional health.**

More holistically, these could be seen as a range of factors leading to a sense of environmental and cultural belonging, in contrast with environmental dispossession. **The study calls for an urgent need to protect the health of the Fraser River system in an integrated manner** and states that the health of First Nations in the area is intrinsically linked to the health of this ecosystem and its salmon as a food source. The report also identifies a series of policy recommendations based on the research and experiences working with Indigenous communities and international mining companies worldwide.

**FNHA is seeking commitment from industry and government to support the next steps in completing the Health Impact Assessment.** The next step in completing the HIA is the collection and participatory analysis of data specific to impacted First Nations. Additional data collection will inform and describe the current status of health determinants and outcomes in affected communities. This will establish a solid health, environmental and socio/cultural baseline that initiates an overarching surveillance and response mechanism to identify, mitigate and manage future risks and impacts to First Nation health. First Nations participating in the HIA view this as particularly important because Mount Polley Mine is currently operating again and has received approval for tailings water discharge into Quesnel Lake.

This disaster was the first major environmental emergency following FNHA assumption of health services. As discussed at regional caucuses, community leadership prioritized this project as a regional environmental concern and collectively supported action to address health concerns.

The full report is available on the FNHA website here:

[www.fnha.ca/what-we-do/environmental-health/mount-polley-mine-information](http://www.fnha.ca/what-we-do/environmental-health/mount-polley-mine-information)

***For additional information please contact:***

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604.693.6962



# **An Absolute Betrayal. Canada Issues Permits Ignoring Treaty 8's Upcoming Federal Court Hearing**

**Posted by Ubcic Osc on July 29, 2016**

**(Coast Salish Territory/Vancouver, B.C. – July 29, 2016) Department of Fisheries and Oceans and Transport Canada have issued federal permits to allow construction of BC Hydro's Site C dam hydroelectric project to immediately ramp up construction. Prime Minister Justin Trudeau stated in all of his Ministerial Mandate Letters "No relationship is more important to me and to Canada than the one with Indigenous Peoples. It is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on recognition of rights, respect, co-operation, and partnership."**

**Grand Chief Stewart Phillip, President of the Union of BC Indian Chiefs, states "The honeymoon is over! Treaty 8 has just been granted a hearing in the Federal Court of Canada this September. Rather than respecting the treaty rights of Prophet River and West Moberly and the legal process by pausing or even slowing down site preparation and construction, the Trudeau Government, like cowardly, thuggish thieves in the dark, quietly issued federal permits before a long weekend to allow for the acceleration of construction."**

**Chief Bob Chamberlin, Vice-President of the Union of BC Indian Chiefs, declared "The eradication of 107 kilometres of the Peace River and its tributaries will destroy critical hunting, fishing and gathering sites as well as burial, archaeological, historical and cultural sites. The erasure of Indigenous Peoples' history and land use grossly violates Section 35 of the Constitution and the spirit and intent of the United Nations Declaration on the Rights of Indigenous Peoples."**

**Kukpi7 Judy Wilson, Secretary-Treasurer of the Union of BC Indian Chiefs, proclaimed "Meet the new boss same as the old boss. How can Indigenous Peoples begin to trust the Trudeau Government when they continue the business-as-usual approach of the Harper Government? If the Trudeau Government truly wishes to implement the Truth and Reconciliation Commission's Calls to Action, it must recognize, respect and exercise the shared responsibility to uphold the rights and the promised peace and co-existence of Treaty 8."**

## **MEDIA CONTACT**

**Grand Chief Stewart Phillip: 604-684-0231**

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### **Joke**

**A teacher asked her students to use the word "beans" in a sentence.**

**"My father grows beans," said one girl.**

**"My mother cooks beans," said a boy.**

**A third student spoke up, "We are all human beans."**

## **“Walking Together”**

### **Connecting Indigenous Development Needs with Private, Public, Community and Charitable Foundations**

**Turtle Island Indigenous Education and FoundationSearch Canada are proud to launch “Walking Together,” created to connect the development needs of Indigenous Qualified Donees, Not-for-Profit and Charitable Organizations with the resources of Private, Public, Community and Charitable Foundations in Canada.**

**Funding from philanthropic agencies does not affect core funding. Whether your organization is seeking increased funding for specific programs, projects, or on-going initiatives, there are foundations that can help – and we can help you get there!**

**“Walking Together” is an enhanced program available exclusively to Indigenous FoundationSearch Members to help them fulfill their Organization’s development needs with the resources required at an accelerated pace.**

**We offer free, complementary research to qualified Indigenous not-for-profits to pinpoint foundations that are open to providing specific funding in the charitable categories including: Arts & Culture, Education, Health, Social & Human Services, Environment, Community Development and Sports & Recreation. Miscellaneous Philanthropy is a category that supports initiatives that do not fit the previous categories.**

#### **Philanthropy and Indigenous Peoples in Canada**

**‘Aboriginal Philanthropy in Canada: A Foundation for Understanding’ prepared by The Circle on Philanthropy and Aboriginal Peoples in Canada, illustrates the current state of philanthropy for Indigenous Peoples in Canada, and the potential for mutual understanding and support:**

**“The time is ripe to develop Aboriginal philanthropy in Canada – to foster the involvement of philanthropic organizations in Aboriginal communities and to develop Aboriginal support for, and involvement in, philanthropic organizations. Both these goals require learning and change for both parties – Aboriginal Peoples and philanthropic organizations...**

**“Growing numbers of philanthropic foundations in Canada want to learn about and deepen their engagement with Aboriginal communities. This includes community foundations, which operate at a local and typically urban scale, as well as corporate, private and family foundations, which operate at regional, national or even international scales. Change at every level is within our reach.**

**“Our Indigenous communities are not charity cases, nor is philanthropy a new concept, though the word itself may not be familiar. Philanthropy, in the sense of caring for our fellow human beings, is a deeply held principle of Aboriginal peoples. We have always shared with each other, within our communities and between communities.”**

**The final words in ‘Aboriginal Philanthropy in Canada: A Foundation for Understanding’ are given to a foundation representative who has been working on forging relationships with First Peoples:**

**“When it is driven by them, the change comes from inside. A related broader national question is the way in which Aboriginal public policy is fashioned; we’ve had a century of it being driven by one dysfunctional government department. Foundations have a moral obligation to invest in public policy work and a responsibility to promote alternative policy and systems. Foundations can help liberate us from the Indian Act. There is fertile, fruitful ground for philanthropy.”**

**We look forward to “Walking Together” with you!**

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## **7 things you never knew about sneezing from msn.com**

Your nose tickles, you inhale deeply, hold your breath, and then A-A-A-CHOO! Sneezing is most often a reflex to rid your nose of unwanted irritants like dust, cat hair, or pollen, and it's your body's way of getting rid of things you shouldn't be sucking into your lungs.

But there's actually a whole lot more to say about the humble sneeze. Read on to learn seven little-known facts about this very common phenomenon.

### **1. The sun can be a trigger.**

ACHOO" isn't just the sound you make when you sneeze—it's also the acronym for a not-so-rare sneezing syndrome officially called autosomal dominant compulsive helio-ophthalmic outbursts of sneezing, which describes the phenomenon of sneezing when you look at the sun.

And not just the sun—any bright light can set off a chain reaction of sneezes for someone with ACHOO.

Scientists estimate the condition affects between 10 and 35 percent of the population, but since it doesn't really do any harm, it hasn't been well studied. Only a handful of studies even exist concerning ACHOO, so it's no big surprise that scientists aren't sure exactly what causes it.

Some theorize that it's an anomaly in the parasympathetic nervous system, others say it's a leftover trait from a stage of evolution, and a 2010 study out of Switzerland suggests that the brains of people who have it are just more easily excited than most. (Here are more uncontrollable body quirks, explained.)

### **2. And so can sex.**

Yep, post-sex sneezing happens more than you'd think. Researchers aren't totally sure why it occurs, but they believe it has something to do with the parasympathetic nervous system, which regulates things like heart rate, digestion, and the tissues and fluids connected with arousal.

### **3. The velocity of a sneeze might surprise you.**

In the 1950s, Harvard biologist William Firth Wells estimated that a sneeze could travel as fast as 100 meters per second—that's 224 mph! While Wells's estimation now appears to be quite exaggerated, sneezes do move with some force.

A study by a team of scientists in Singapore found that sneezes travel at a rate up to 10 mph. And when *MythBusters* hosts Jamie Hyneman and Adam Savage took on the challenge of measuring a sneeze, they saw nothing faster than 35 mph.

One reason for the range: The guys at *MythBusters* are much larger, and therefore will have more forceful sneezes, than the slim volunteers the Singapore researchers used.

"If somebody did this in North America, where people have bigger body frames than here, they might find higher velocities," says study coauthor Julian Tang.

### **4. You can't sneeze in your sleep.**

Ever wondered why you never wake up sneezing? The answer puzzled scientists, too.

When you lie down, the mucous membranes in your nose actually swell, which should make you more sensitive to the dust particles swirling in and out of your nostrils. But it turns out that during REM sleep—the deep, restful sleep you're in when you're dreaming—all muscles except those that control the eyes are essentially paralyzed.

That includes muscles that would expand and contract to let out a sneeze. And even when you're not in REM sleep, the neurons responsible for causing a sneeze are still suppressed.

So while it is possible to sneeze in that shallow sleep, it's still very unlikely.

### **5. You (probably) couldn't keep your eyes open if you tried.**

Anyone who suffered through allergies in elementary school knows the taunt well: "Be careful! That sneeze is going to pop your eyes out!"

Yet, contrary to the wisdom of 10-year-olds, a sneeze—no matter how forceful— isn't going to send your eyeballs flying out of their sockets. (Seriously, the guys at *MythBusters* tested this one, too.)

So why do we close our eyes when we sneeze? It's just a reflex. The nerves in your nose are actually connected to nerves in your eyes, so when you sneeze the stimulation causes you to blink.

### **6. They don't make your heart skip a beat . . . but sneezing does make it slow down. Think about the first thing you do when you feel that tickle in your nose: You take a big, deep breath and hold it.**

That deep breath tightens the muscles in your chest and increases pressure in your lungs—all of which stems the flow of blood to your heart, momentarily lowering your blood pressure and increasing your heart rate.

When you let all that air out in one big gush, your blood pressure quickly goes back up and your heart rate down. The sudden drop can make it seem like your heart stopped for a second, according to researchers at the Library of Congress, but for most people it's just a little slower.

## **7. You must cover your mouth.**

Your mom wasn't just nagging for no good reason when she told you to cover your mouth when you cough or sneeze.

Researchers at MIT have classified sneezes as "multiphase turbulent buoyant bubbles," which essentially means that little particles from your sneeze—yep, that includes lots of bacteria—stay suspended in the air for longer than previously thought.

Those little droplets of spit float around like feathers in the wind, until they finally fall on some unsuspecting spot (or person) moments later.

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## **Why Birth Order Matters**

**There's a reason why your 4-year-old comes when called, while your 2-year-old finds herself just out of reach. It likely has more than a little to do with their birth order. Linda Blair, clinical psychologist and author of *Birth Order: What Your Position in the Family Really Tells You About Your Character*, saw this firsthand when she adopted her three children. They were each about four years apart, and each was their biological parents' first child. But as they grew up, they acquired traits appropriate to their order in their adoptive family—first, middle, last. "And that's when I realized how powerful this is," she says.**

### **First-Borns**

**First borns "are the only kid in the family to get the exclusive attention of their parent or parents, and then lose it," Blair says. This puts them in a unique position of jealousy, she says, and also tends to instill high ambition—they spend their lives striving for the recognition they lost. But, being the first to arrive and the first to do everything, they also receive more parental attention and resources, says Frank Sulloway, birth order expert and psychology professor at UC Berkeley. Unsurprisingly, many U.S. presidents and Supreme Court justices are firstborns.**

### **Last Children**

**With last borns, parents are often not as strict as they were with older siblings. Since "the job of the child is to push limits," this often means these kids are the rule breakers, Blair says. As adults, they tend to continue to take risks and make more of the world's creative breakthroughs. But they are also, well, more spoiled. "By virtue of the fact that they are vulnerable, they get more parental investment," Sulloway says. Parents tend to baby their youngest, knowing it's the last child they'll have. "Last borns often give up really easily when they get frustrated because they are used to everyone else jumping in to help them," Blair says.**

### **Middle Children**

**This one's not in charge, but he's also not coddled. What is he? "Middle children don't have a particular [placement] advantage in the family," Sulloway says. "They are sandwiched between the first born who gets special status and the youngest who gets special resources. Middle children seem to feel this is the short end of the stick." But hold on—it's not all bad news. Researchers have found middle children to typically be more agreeable and more adept at bargaining and cooperation than their older and younger siblings.**

**Only Children**—"Only children are like the ideal controlled experiment," Sulloway says. They tend to be like firstborns in that they get a lot of parental involvement and want to live up to their parents' standards. But without younger siblings to contend with and try to dominate, they lack the bossiness and jealousy of first children. On the downside, as an only child, "they don't learn to deal with the sneaky little brother who knocks down their toys," Blair says. "They tend to feel less comfortable with others their age."

**Twins**—Multiple-birth kids "have one goal and one goal only," Blair says, "and that is to make sure they are as different as possible from the other." So don't dress twins alike, she says, and never call them "The Twins." "Parents should encourage them to distinguish one from the other," she says. If there are other children in the family besides the multiple-birth kids, they may feel left out of the twin dynamic and could probably use some special attention just for themselves.

**Spacing Differences**—Wait long enough between babies, and you may have, essentially, a second first child. "We tend, in research studies, to consider a gap of six years or more to be the dividing line," Sulloway says. According to Blair, even four years makes a difference. "That means you as a parent can devote lots of time to the second child in the crucial first four years, because you have the other child in school," she says. The disadvantage is that they "may not share as many interests or be as close when they get older."

**Other Variables**—In my house, we have one firstborn—our oldest son—and one quasi-first born—our third child and only daughter. Although she loves to play the helpless baby, she also wants to do things the "right" way and desires approval from adults. This is typical of the first-born child of a different gender, Blair says: They will have characteristics of a firstborn and of whatever place they find themselves in the family. Something else that can mess with typical birth-order patterns is a child with special needs, Blair says. Whether that child is first, last or middle, he or she will command extra attention and the other siblings will adapt accordingly.

**So Where Do I Fit?**—There's probably no mystery by now: I'm a first born. I have a brother two years younger and, true to Blair's theory, as the first male child he exhibits some first born characteristics and some last born. Growing up, my little brother was the kid who landed in the ER for injuries from all different risky adventures. But, as an adult, he's president of an engineering company. Oh, and he's also an avid foodie. Wait, you say—what does palate have to do with birth order? Absolutely nothing. "Birth order," Sulloway says, "is just one influence among many that influence personality development." True—but it is illuminating. From [www.msn.com](http://www.msn.com)

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#### **Joke**

Late one night a burglar broke into a house and while he was sneaking around he heard a voice say, "Jesús is watching you."

He looked around and saw nothing. He kept on creeping and again heard, "Jesús is watching you." In a dark corner, he saw a cage with a parrot inside.

The burglar asked the parrot, "Was it you who said Jesús is watching me?"

The parrot replied, "Yes."

Relieved, the burglar asked, "What is your name?"

The parrot said, "Clarence."

The burglar said, "That's a stupid name for a parrot. What idiot named you Clarence?"

The parrot answered, "The same idiot that named the rottweiler Jesús."

## **The 13 worst things you can do for your body from [www.msn.com](http://www.msn.com)**

### **Oversleeping or hitting the snooze button**

When it comes to sleep, the sweet spot is seven to nine hours. Sleeping for fewer than six hours or more than 10 hours each night has been linked to chronic diseases, including heart disease, diabetes and obesity, according to a study from the CDC. Another stress to your body is hitting the snooze button. Disrupting your sleep diminishes the benefits of rest, leaving you more tired than if you had gotten up the first time the alarm went off, explains Dr. Yizhak Kupfer, assistant director of critical care and pulmonary medicine at Maimonides Medical Center in Brooklyn, NY.

### **Throwing back more than two drinks a day**

The CDC has reported that men who drink 3-4 alcoholic drinks each day are at a higher risk of developing cancer of the mouth, neck and throat. They are also twice as likely to develop liver cirrhosis and high blood pressure. Allow yourself at least two alcohol-free days each week. Binge drinking doesn't only have serious health risks—it can also contribute to weight gain and prevent you from reaching your fitness goals.

### **Watching Netflix marathons**

A full evening of "Dexter" may seem like the optimal way to unwind after work, but watch more than three episodes after sitting at your desk for eight hours and you'll put your health in danger. According to a recent study published in the Archives of Internal Medicine, adults who sat for more than 11 hours a day had a 40 percent increased risk of dying within three years compared with those who sat for fewer than four hours a day.

### **Hiding out indoors**

Not getting enough sunlight can deplete your body's vitamin D supply, which happens quickly during cold winter months. Some symptoms of vitamin D deficiency include tiredness, aches and pains, and depression. Taking a vitamin D supplement can help you get the recommended amount, about 600 IU for 19- to 50-year-old men, according to the Office of Dietary Supplements.

### **Smoking socially**

According to a recent study from Australia's Sax Institute, even light smokers double their risk of early death. "People don't realize how damaging even light smoking is for your health—for cancer, heart disease, lung disease and a range of other conditions," says study co-author Freddy Sitas. Next time you want to have "just one"—don't.

### **Overtraining**

David Nieman, Ph.D., a health and exercise science specialist in Boone, NC, has found that 90 minutes or more of continuous, moderate- to high-intensity, exercise weakens the immune system, making you more prone to illness. This effect can last up to 72 hours. If you don't give yourself proper time to recover after working out and put too much stress on your body while training, you could be doing more harm than good.

### **Eating packaged foods**

You may have to eat a frozen meal now and then, but don't make it a habit. Packaged foods are loaded with sodium and other preservatives. The FDA suggests sticking to no more than 2,300 milligrams of sodium per day—that's one teaspoon of salt. A typical frozen entrée can easily pack more than 30 percent of your sodium intake for the day, so check the label before plopping one in your grocery basket.

### **Wearing the wrong shoes**

**A bad pair of shoes doesn't just lead to foot pain, it can also cause problems throughout your body: "Your feet are the foundation of your body, and if they are not properly supported you can have problems anywhere from the bottom of your feet up through your neck," explains Jeffery Solomon, D.C., president of the American Chiropractic Association's Council on Sports Injuries and Physical Fitness. Choose your footwear wisely—if you have a long commute on foot, find a good pair of walking shoes that best mimics barefoot walking, then put your dress shoes on at the office.**

### **Forgetting to stretch**

**A study from the University of Rochester Medical Center suggests that stretching as a complement to exercise may help decrease injury. Stretching in the morning also gets your body moving for the day (helping you avoid the snooze button), encourages blood flow throughout the body, and can improve your flexibility.**

### **Not drinking enough water**

**Water keeps you hydrated, helps transport oxygen through your body, removes waste and toxins, protects your organs—and the list goes on. You always hear the old rule of thumb that you should drink eight glasses of water a day, but it really is true. Staying hydrated throughout the day will help you feel better mentally and physically.**

### **Skipping sunblock**

**You know the drill: Even when it's cloudy, skin-damaging UVA and UVB rays can still increase your risk for developing skin cancer. If broad-spectrum sunblock feels too thick to slather on every morning, find a daily moisturizer that offers the same protection against UVA and UVB rays, and use it year-round.**

### **Not using condoms**

**Even if your new girl's on the pill, use protection anyway—because pregnancy's not your only concern. The CDC reports that between 2008 and 2012 the chlamydia rate among men increased by 25 percent, while gonorrhea shot up 4 percent between 2011 and 2012. These are two of the most common STDs in America, and wearing condoms is an easy way to significantly lower your risk.**

### **Drinking too much coffee**

**Coffee has its perks, like boosting endurance and delivering a hefty dose of antioxidants, but too much joe can do more than make you jittery. A new study published in Mayo Clinic Proceedings suggests that men who drink more than 28 cups of coffee a week have a 56 percent higher risk of dying from any cause.**

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### **Joke**

**A husband and wife were driving through Louisiana. As they approached Natchitoches, they started arguing about the pronunciation of the town. They argued back and forth, then they stopped for lunch.**

**At the counter, the husband asked the blonde waitress, "Before we order, could you please settle an argument for us? Would you please pronounce where we are very slowly?"**

**She leaned over the counter and said, "Burr-gerrr Kiiing."**

## **Man rescued after getting stuck in New York rooftop chimney**

**FDNY firefighters dislodged a man stuck in the chimney of 17 Allen street approximately 10 feet below the roof. A man partying on a roof in New York had to be rescued - when he got stuck in the chimney.**

**Geoffrey Massuelle, 28, got stuck 13 ft down the chimney after getting locked out on a seven-storey building on the corner of Canal and Allen Street in Chinatown at about 7.35 am, reports the Metro.**

**Speaking to the NY Daily News, FDNY Battalion Chief John Spillane, who oversaw the rescue operation, said: "I think he did something he regretted.**

**"I think he was more embarrassed than anything else. He realised he couldn't get out without our help."**

**Geoffrey had been on the roof with his girlfriend and a friend drinking and watching the sunrise. She climbed in after him but managed to free herself.**

**The friend called emergency services and firefighters accessed an apartment used as a business to smash in the bathroom wall and get to the chimney from the inside.**

**In the end, however, Massuelle climbed up a rope ladder that was dropped down to him from the roof.**

**According to the NY Post, there are warning signs in the building warning not to go on the roof. One read: "No loitering on roof! Roof is for emergency exit only, no loitering is allowed on the roof. Violators will be subject to termination of the lease!" Best to leave the Santa act to, well, Santa...**

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## **The Olympic Swimmer Who'd Never Been in an Olympic-Size Pool**

**Mental Floss Ethan Trex**

**To bring the Olympic spirit to developing nations in the late 1990s, the Olympic Committee allowed a small number of "wild card" athletes to join the Games. But because they didn't have to go through any qualifying rounds to compete, not all of the contenders arrived prepared. One such athlete was a swimmer from Equatorial Guinea named Eric Moussambani. When Moussambani arrived at the 2000 Sydney Games, he'd only been training for the 100-meter freestyle for about eight months. He'd also never been in an Olympic-size pool and had never raced more than 50 meters. Regardless, he was determined to represent his country.**

**The three wild-card qualifiers were given their own heat, and Moussambani took to the blocks next to swimmers from Niger and Tajikistan. When the official called the swimmers to their marks, both of Moussambani's competitors were disqualified for false starts. Left to swim the heat by himself, Eric dove in and dog paddled, gasping for air and flailing his arms and legs. Halfway through the race, the situation looked so dire that commentators seriously worried he was drowning.**

**When Moussambani eventually stalled out 10 meters from the end of the race, the crowd rallied behind him as he inched toward the finish. As he finally pulled himself from the water, the applause thundered. His final time was 1:52.72—more than twice that of swimmers in the previous heat. But Moussambani couldn't have been happier. Ecstatic to have finished his first 100-meter race, he told reporters, "I'm going to jump and dance all night long in celebration of my personal triumph."**

**Moussambani's pluck and perseverance made him an Olympic celebrity, and his newfound fans dubbed him "Eric the Eel." He kept training for the 2004 Games and even got his time down to a respectable 57 seconds. Unfortunately, a visa snafu kept him from competing again.**

# **Driver Pulls Over Trooper For Speeding, Gets An Apology: 'I Was Dumbfounded'**

© Provided by CBS Interactive Inc. Phillip Turner, who recorded the interaction, said that he never expected such a contrite response. A Texas civilian is still surprised by the apology he received after he pulled over a police officer he says was speeding.

Philip Turner told Inside Edition: "I was dumbfounded, I never expected that kind of reaction from a police officer."

Turner filmed the incident on August 1 and posted it on YouTube shortly after.

In the video recorded on Turner's dashcam, he captured himself chasing State Trooper David Granado down because of how fast he was going.

The drivers says he followed the cop for several miles to make sure the officer wasn't responding to an emergency.

The two cars eventually caught up with each other. Both drivers got out of their cars to speak to each other. Turner believes the trooper was going between 80-90 miles per hour.

Turner told Inside Edition: "I followed him for a little bit. He was speeding up and slowing down, so I said 'Let me see what's going on.' That's when I went up behind him and flashed my light at him."

Officer Granado apologized to Turner for the speed he was going. Turner also asked for his badge number.

"I was thinking about the double standard," Turner admitted to Inside Edition. "I'm on my way to fight a traffic citation and this cop breezed by me. I thought it was totally unfair."

The concerned citizen even gave the authority a warning to slow down.

"We're paying them for a service," Turner told Inside Edition. "We have every right to question their behavior."

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## **Joke**

Reaching the end of a job interview, the Human Resources Officer asks a young engineer fresh out of the Massachusetts Institute of Technology, "And what starting salary are you looking for?"

The engineer replies, "In the region of \$125,000 a year, depending on the benefits package."

The interviewer inquires, "Well, what would you say to a package of five weeks vacation, 14 paid holidays, full medical and dental, company matching retirement fund to 50% of salary, and a company car leased every two years, say, a red Corvette?"

The engineer sits up straight and says, "Wow! Are you kidding?"

The interviewer replies, "Yeah, but you started it."

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Jokes from [www.laughfactory.com](http://www.laughfactory.com)

A police officer attempts to stop a car for speeding and the guy gradually increases his speed until he's topping 100 mph. The man eventually realizes he can't escape and finally pulls over. The cop approaches the car and says, "It's been a long day and my shift is almost over, so if you can give me a good excuse for your behavior, I'll let you go." The guy thinks for a few seconds and then says, "My wife ran away with a cop about a week ago. I thought you might be that officer trying to give her back!"

**Q: What do you call a pig that does karate? A: A pork chop.**

**Q: Is Google male or female? A: Female, because it doesn't let you finish a sentence before making a suggestion.**

**Q: What did the duck say when he bought lipstick? A: "Put it on my bill."**

**Q: Can a kangaroo jump higher than the Empire State Building?  
A: Of course. The Empire State Building can't jump.**

**What happens to a frog's car when it breaks down? It gets toad away.**

**My friend thinks he is smart. He told me an onion is the only food that makes you cry, so I threw a coconut at his face.**

**In a Catholic school cafeteria, a nun places a note in front of a pile of apples, "Only take one. God is watching." Further down the line is a pile of cookies. A little boy makes his own note, "Take all you want. God is watching the apples."**

**LEO - The Boss (July 23 - Aug 22) Very organized. Need order in their lives - like being in control. Like boundaries. Tend to take over everything. Bossy. Like to help Others. Social and outgoing. Extroverted. Generous, warm-hearted. Sensitive. Creative energy. Full of themselves. Loving. Doing the right thing is important to Leos. Attractive.**

## **ANNUAL BC ELDERS GATHERING INFO CORNER**

### **41st Annual BC Elders Gathering - July 11-13, 2017**

**(with early registration on July 10th)**

**Location: Strathcona Gardens Recreation Complex, Campbell River, BC.**

**Forms will be available a.s.a.p. in future issues of the EV for registration, vendors, and info booths.**

**If you haven't booked your rooms yet, look to Parksville, Qualicum or Nanaimo.**

**Our provincial office (BCECCS) itself is the host of the 2017 Gathering, and we are so looking forward to welcoming all of you here to Campbell River!!**