

Volume 6 Issue 9

August 2006



BC ELDERS COMMUNICATION CENTER SOCIETY

ELDERS VOICE

A BIG HUGE CONGRATULATIONS TO THE HOSTS OF THE 30TH ANNUAL BC ELDERS GATHERING!!!

Thank you to Vina Robinson and her crew for the really terrific job you all did on organizing the event and providing so completely for all of the Elders who could attend. You should all be very proud of the hard work you put in for the Elders of BC!

Gilakasla, D. Stirling

p.s. (Please look to the next issue of the E.V. for their gratitude lists, etc.)

The following contact phone numbers are being provided to answer your questions on the Indian Residential Schools Settlement.

Thank you, **Shannon Swan**, AFN - Indian Residential Schools Unit

If you have QUESTIONS on the following topics, please call the phone numbers indicated below:

For Questions on the Indian Residential Schools Settlement

- Common Experience Payment (\$10,000 + \$3,000)
- Independent Assessment Process
- Truth & Reconciliation
- Court Hearings, Objections, Opt-out periods

Please call : 1-866-879-4913 (toll free) – NEW

Or visit : www.residentialschoolsettlement.ca – NEW

For Questions on the Advance Payment applications/assistance

Please call : 1-800-816-7293 (toll free)

For Questions on the Existing Alternative Dispute Resolution Process

Please call : 1-800-816-7293 (toll free)

For Crisis Situations

Please call : 1-866-925-4419 (toll free)

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Easy Bakers Corner – Georgia Peanut Cookies - Makes 2 1/2 doz.

Cream 1/2 cup soft butter or margarine with 1/2 cup brown sugar (packed), and 1/2 cup of crunchy peanut butter.

Add 1/2 tsp. of vanilla extract and 1 egg, beating until fluffy.

Stir in 1/2 tsp. of baking soda and 1/4 tsp. of salt.

Blend in 1 1/2 cups of all-purpose flour. Mix until a stiff dough forms.

Shape into walnut-sized balls. Place on a lightly greased cookie sheet. Press with fork, criss-cross to flatten.

Sprinkle with peanuts for garnish, if desired. Bake at 375°F for 10 minutes or until lightly browned.

Handy Tips:

1. Clean aluminum window frames with cream silver polish.
2. Stick drapery hooks into a bar of soap to make insertion into fabric a snap.
3. To keep the corners of your windowsills free of dust and moisture, rub a white candle into each corner of the sill.
4. Clear nail polish will repair small tears in window shades.
5. Use a sponge mop to wash walls, working top to bottom.

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/Photo's/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. **Articles/Submissions are best forwarded to me via email** where possible so they can be posted on the website as is. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content. D. Stirling

'PRESERVING THE PAST'

New Elder's Website: www.bcelders.com

The *First Ever* Elder's Website "Preserving the Past" is now online (Sept. 2002). Future registration forms, booth forms, maps of the Hosting territory, accommodation information, etc. concerning the Annual Gatherings will all be available on the B.C. Elder's Communication Center Society's Web Site at www.bcelders.com as soon as they are made available from each new host community.

Issues of your Elders Voice Newsletter are posted on the website each month (though all issues still continue to be mailed out to your Elder's Contact People throughout the province - to ensure that no one is left out because of a lack of access to the internet).

Comments? Please feel free to call in to the Communication Center - contact info is on the back page

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.

**Groups who have thankfully paid their \$250 'Yearly Support Fee' so far
For the December 2005—November 2006 year**

*****SUPPORTING THIS ELDERS OFFICE ONLY COSTS ABOUT \$.68 A DAY!!!**

(This provincial Elders Newsletter and this Elders office have been operating for almost 6 years now)

- | | |
|--------------------------------------|--|
| 1. Mamalilikulla-Qwe'Qwa'Sot'Em Band | 21. Lower Kootenay Band |
| 2. West Moberly First Nations | 22. Chawathil First Nation |
| 3. Ktunaxa Nation Council | 23. Adams Lake Indian Band |
| 4. Simpcw First Nation (\$100) | 24. Coldwater Indian Band (\$187.50) |
| 5. Uchucklesaht Tribe | 25. Doig River First Nation |
| 6. Bridge River First Nation | 26. Saulteau First Nation |
| 7. T'it'q'et Elders Council | 27. N'Quat'Qua Band (\$150) |
| 8. Carnegie Community Centre | 28. Gitanyow Health Centre |
| 9. Osoyoos First Nation | 29. Westbank Klux-Klux-Hu-Up Cultural Society |
| 10. Qualicum First Nation | 30. First Nations Summit dba FN Chiefs' Health Committee |
| 11. Wet'suwet'en First Nation | 31. Sechelt Indian Band |
| 12. Comox First Nation | 32. Kamloops Indian Band |
| 13. Cook's Ferry Indian Band | 33. Port Alberni Friendship Center |
| 14. BC Assembly of First Nation | 34. Ulkatcho Indian Band |
| 15. Tobacco Plains Indian Band | 35. McLeod Lake Tse'khene Elders |
| 16. Pacheedaht First Nation (\$125) | 36. Mount Currie Band Council |
| 17. Akisqnuq First Nation | 37. Klahoose First Nation |
| 18. We Wai Kum First Nation | 38. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation |
| 19. We Wai Kai First Nation | 39. Shxw'ow'hamel First Nation |
| 20. Xaxli'p Band | 40. Union of British Columbia Indian Chiefs |
| | 41. Tsewultun Health Centre |
| | 42. Saik'uz First Nation |
| | 43. BC Transportation Commission |

Dear Elders Contact Person,

***If your office has paid, thank you very much for your support, especially to those who paid a partial fee this year because I know that it presents some difficulties, but you really came through.

***If your office/group has Voided the Invoice for this year and faxed it back in to this office, then thank you all very much, as it saves office time here having your office checked off the list.

***If you are in the process of paying the fee with the new fiscal year upon us, then thank you very much as the number of paid fees are down so far this year, and your help is really needed. Please call into the office if you require the Invoice to be resent.

*****PLEASE** remember that the Yearly Invoices come out in Oct. of each year to give Chief and Councils, Boards of Directors, and Elders Presidents time to look into the matter and hopefully pay the fee for Dec. 1st.

*****PLEASE** also remember that the Invoice is **not** a subscription fee for the Elders Voice, the EV is sent regardless of payment of the **\$250 yearly Invoice**, and that will continue to be the in case as long as someone in your community continues to make copies and distribute to them to your respected elders.

Thank you for your continued support, Donna Stirling, Coordinator

For: Union of British Columbia Indian Chiefs

Contact: Chief Stewart Phillip, President, Union of British Columbia Indian Chiefs

Primary Phone: 250-490-5314

Secondary Phone: 604-684-0231

E-mail: president@ubcic.bc.ca

Date issued: June 21, 2006, 01:20 e

Attention: Assignment Editor, City Editor, News Editor, Government/Political Affairs Editor

UBCIC Angered at Disproportionate Rate of BC Aboriginal Child Deaths

Vancouver, BC, PRESS RELEASE, Jun.21 /CCNMatthews/ - The Union of BC Indian Chiefs is stunned and troubled by the alarming rate of deaths revealed in the British Columbia Coroners Service Child Death Review Report released today.

Chief Stewart Phillip stated "In British Columbia, the Aboriginal population comprises a mere 4% of the overall population within the province. However, when it comes to the well-being of Aboriginal children, the numbers grow at an exponentially and alarming rate from the number of Aboriginal children-in-care, up to 70% in some areas of the province, and sadly now by the rate of deaths as indicated by today's report."

The findings contained within the British Columbia Coroners Service Child Death Review Report are indications that as a society, we have not done enough to prevent the deaths of Aboriginal children and youth in British Columbia. The Union of BC Indian Chiefs views the data as another indicator a large number of Aboriginal children does not enjoy the quality of life as compared to other children in British Columbia.

Chief Phillip concluded, "The UBCIC Executive will work with the First Nation Summit and the BC Assembly of First Nations leadership of the First Nations Summit to meet and discuss with Chief Coroner Terry Smith in the near future to discuss the distressing findings and how we can collectively work with government, communities and parents to address this issue. These children are not statistics; they are our daughters, sons, nieces, nephews and grandchildren."

- END RELEASE - 21/06/2006

For further information:

<http://www.ubcic.bc.ca>

Tuesday, Jul 25, 2006

Former students want apology for years of abuse in native residential schools

OTTAWA (CP) - Former students who suffered in native residential schools want to hear the prime minister say he's sorry.

Dissatisfaction over the lack of any formal apology is just one of the cracks appearing in a \$2-billion federal deal to compensate those who attended the now defunct federal schools.

While the national Assembly of First Nations touts the proposed agreement as a landmark victory, critics say Prime Minister Stephen Harper's official regrets are worth at least as much as cash payouts.

The deal to be reviewed this summer by courts in several provinces includes no such apology.

There are also complaints about relatively small amounts of individual compensation, and the extent to which former students were consulted.

Above all, survivors of widespread abuse want to hear the prime minister say he's sorry, said Mike Benson.

"That's what they're looking for: an unconditional apology," said the executive director of the B.C.-based National Residential School Survivors Society, which has about 11,000 members.

"It's a very, very important issue for survivors across this country. We're into third and fourth generations now of people affected by residential schools."

The network of once-mandatory institutions was meant to "take the Indian out of the child," Benson said. A statement of reconciliation offered eight years ago by the former Liberal government didn't go far enough to atone for related and ongoing social havoc, he added.

Not everyone agrees that the deeds of past generations should be shouldered - financially or with public regrets - by this one.

But Benson cited federal mea culpes offered to a succession of other wronged groups. Harper most recently apologized last month to Chinese Canadians who suffered racist head taxes, for example.

Benson says it's likely that federal officials will stay mum on the topic to avoid further liability until after the proposed compensation package is assessed by the courts.

A spokesman for the prime minister had little to say when asked if Harper will apologize to residential school students.

"My understanding is that the final agreement does not call for an apology," said Stephane Rondeau. "I guess the real fine details are available through . . . Indian Affairs."

Inquiries to that department were answered with a referral to Indian Affairs Minister Jim Prentice's comments in the Commons last May. He spoke just after the residential schools deal was approved by cabinet.

"We hope that this settlement agreement will bring closure to this unfortunate chapter in our history and help us to move forward in a new spirit of partnership with aboriginal Canadians," Prentice said at the time. He did not apologize.

The optional package offers about 78,000 eligible applicants \$10,000 for the first year, plus \$3,000 for every other year they attended the schools. Payments are not expected before next spring if the deal is legally approved.

Those who accept the lump-sum compensation must release the government and the churches that ran the schools from further liability, except in the worst cases of physical and sexual abuse.

In those cases, an improved out-of-court settlement process to be overseen by independent adjudicators is proposed.

Moving on won't be easy without an apology, says Jennifer Llewellyn, a law professor at Dalhousie University in Nova Scotia. She worked with the Assembly of First Nations to help craft a truth-telling process that will allow former students to publicly tell their stories.

The Conservatives risk undermining any chance of reconciliation if they'll only cut cheques, she said in an interview.

"If you're not willing to apologize at the national level for what you did, then how does the compensation help?"

"Is the money just buying you out of lawsuits?"

© The Canadian Press, 2006

Article from mytelus.com

For Karen Hennessey

This is for Karen Hennessey our cousin and friend, her and her family need this now, she has been fighting stage 4 lung cancer and is need of a lot of prayers right now. This was a chain letter but I feel it is better circulated into the prayer circle if not used as a chain letter. Thanks.

St. Theresa's Prayer: May today there be peace within.

May you trust God that you are exactly where you are meant to be.

May you not forget the infinite possibilities that are born of faith.

May you use those gifts that you have received, and pass on the love that has been given to you...

May you be content knowing you are a child of God...

Let this presence settle into your bones, and allow your soul the freedom to Sing, Dance, Praise and Love.

It is there for each and every one of us.

New Publication!
A Bilingual Storybook (Halq'eméylem)

Gramma Says

By Beatrice Silver

The first in a series of bilingual storybooks. Gramma Says, a story written by Beatrice Silver of the Sumas First Nation.

Young Naomi eagerly anticipates a visit from her grandmother and idly reminisces about some pivotal life lessons she's already learned from her favourite elder. Naomi talks unselfconsciously to her dog, Buster, about what's she's learned.

- A Coqualeetza Cultural Education Centre Publication
- Coming to the Gift Shop on July 2006
- Cost: \$10.00 each
- Limited Copies! Get Yours Soon!
- Great Children's Book!!!!

Gramma Says..... A touching and refreshing Sto:lo child's perspective about an Elder's teaching. The importance and power of teaching through love and tradition are important reminders to teachers, parents and community members. Gramma Says ... a child remembers ... a Sto:lo way of teaching and learning. Dr.Jo-ann Archibald author of "Locally Developed Native Studies Curriculum an Historical an Philosophical Rationale" "Coyote Learns To Make a Storybasket: The Place of First Nations Stories in Education"

Dear Donna and First Nation friends at BCECCS:

As some of you know, I have taken some time away to pursue the redress of the discriminatory Head Tax the government imposed on the Chinese from 1885 to 1923, and of the Chinese Exclusion Act which lasted from 1923 to 1947. Last Thursday Prime Minister Harper made an official apology and announced a redress package for Canada's mistakes. Those mistakes caused untold sufferings but were minor compared to what your people has been subjected to since the landing of the colonists. While we would continue to support the struggle of your people where we can, there is an important element in the current government redress which will affect perhaps a small number of the First People.

The redress contains an undertaking by the government to provide \$20,000 of symbolic redress to Head Tax payers and living spouses of deceased Head Tax payers. Knowing that many aboriginal women did marry Chinese Head Tax payers, there is a good possibility that such senior ladies are still alive today. It will be even more wonderful if we can locate some surviving Chinese Head Tax payers living in your communities. Since the tax was paid till 1923, such gentlemen will be at least 84 years old by now. In the Chinese communities, about 25 Head Tax payers and 280 Chinese ladies have been located across the country. So it is my hope that you can pass this message on so that people in various First Nation communities are alert to the potential entitlement to redress. Children and grandchildren should ask their families and elders and check if there are any such individuals around.

I also received the info below from Heritage Canada. Please circulate it to help answer some of the questions in people's mind. Please let others in the native community know that any surviving Head Tax payers and living spouses of deceased Head Tax payers are now entitled to \$20,000 each. Take note too that the only qualification are "living" and "spouses of Head Tax Payers", Indian Act should have nothing to do with it. Although not in black and white, this should also be retroactive back to June 22, when the PM made the parliamentary apology and announced the redress. However since we are talking about seniors high in age, I suggest relatives of them should contact Heritage Canada as soon as possible. If I can be of further help, please let me know.

Incidentally, we are organizing a celebrative parade for reconciliation this Canada Day (see flyer attached, the background is the notorious Head Tax certificate). You and your people are welcome to join us at 11am at Victory Square.

Best regards, Bill Chu Canadians For Reconciliation

Smokers and drinkers diagnosed with colon cancer at earlier age: study Mar. 27, 2006

Provided by: Canadian Press Written by: SHERYL UBELACKER

TORONTO (CP) - People with colon cancer who smoked and drank alcohol appeared to develop the disease up to a decade earlier in life than those without the habits, a study has shown, suggesting that some people should be screened for the disease much earlier than currently recommended.

Under North American guidelines, people with no family history of colorectal cancer are advised to start testing for pre-cancerous intestinal polyps at age 50.

Those with a close relative affected by the disease would begin regular testing earlier. But a U.S. study of more than 160,000 people with colon cancer suggests that age 50 may be too late for those who smoke tobacco and/or use alcohol to begin screening, which often includes a colonoscopy to view inside the large intestine.

"What we found was not only was the age of onset (of cancer) earlier, but it was actually significantly earlier, in some close to a decade," said principal researcher Dr. Hemant Roy, a gastroenterologist at Northwestern University.

Men tended to develop colorectal cancer at an earlier age than women, whether or not they smoked or drank alcohol, Roy said Monday from Evanston, Ill. "But the effect of tobacco and alcohol was equally great in women and men."

The study, which analyzed data from a registry of colorectal cancer patients between 1993 and 2003, found that alcohol and tobacco users were diagnosed with the disease 7.8 years earlier on average (age 63 in women and 62 in men) than those who never drank or smoked.

Non-smokers who drank and non-drinkers who smoked were on average 5.2 years younger at cancer diagnosis than those who neither smoked nor drank, the study showed. "When you put those two together (smoking and drinking), you got kind of an added effect," said Roy.

Smoking appeared to affect women in particular: women who smoke but never drank developed cancer 6.3 years earlier than those who never drank or smoked, compared with 3.7 years for men.

Roy said the study has limitations because the data did not include how much patients drank or smoked or for how long. Genetic predisposition because of a family member with the disease was also not captured in the data. More detailed research is needed to pin down the risks with greater certainty, he added.

Still, the research suggests screening smokers and drinkers at a younger age could mean detecting pre-cancerous lesions earlier to prevent the disease, the second most deadly cancer for both men and women after lung cancer. In 2005, almost 20,000 Canadians were diagnosed with colorectal cancer and an estimated 8,400 died.

"Everybody needs to be screened for colon cancer, but our data would suggest that looking at environmental factors needs to be factored into the equation as to when to start screening," Roy said.

"The idea would be to pick a time not to diagnose colon cancer early, but rather to pick up the polyps that would lead to colon cancer and remove them so you prevent these people from getting colon cancer."

Dr. Sharlene Gill, a medical oncologist at the B.C. Cancer Agency, called the study interesting "because it goes beyond the way we currently define risk for screening guidelines for colorectal cancer."

But Gill said the limitations of the research mean its findings are not confirmatory - and would not affect current screening guidelines in Canada.

"It's interesting and we probably still should be individualizing our recommendations for patients, based on what their situation is," she said from Vancouver. "This might add to that, but it's not enough to change population guidelines."

However, the research does show that lifestyle has an impact on the risk of developing colorectal cancer, Gill said. "The risk is real and . . . if we modify our lifestyle, we can modify our risk."

Roy said that although the evidence from his study is not definitive, it still makes sense for people to maintain a healthy lifestyle. "Don't smoke. Use alcohol in moderation," he said. "Exercise, because we know a sedentary lifestyle predisposes to colorectal cancer."

The study is published in Tuesday's issue of the Archives of Internal Medicine.
From CancerReport@Medbroadcast.com

First Nations Leadership Council Information Bulletin (logos cut due to lack of space)
VOLUME 1, ISSUE 6 JULY 2006

Introduction

All comments, feedback, and inquiries on these bulletins are welcome; contact information is provided in the column to the left. These reports are issued on the 15th day of each month.

AFN Annual General Assembly

On July 11-13, the Assembly of First Nations held its Annual General Assembly in Vancouver. Phil Fontaine was re-elected to his third term (second consecutive) as National Chief with 75.66% of the vote. The First Nations Leadership Council congratulates the National Chief on his re-election, and looks forward to working closely with the national AFN on matters affecting BC First Nations.

The AFN Assembly also provided delegates with the opportunity to discuss a number of important topics, including internal issues (renewal), national issues (residential schools, accountability, social, land rights, recognition and implementation of First Nations governments), intergovernmental issues (health care, fiscal imbalance), and international issues (border crossings, draft *Declaration on the Rights of Indigenous Peoples*).

The First Nations Leadership Council (FNLC) was pleased to host a well-attended welcome reception for AFN delegates and other invited guests on the evening of July 11 at the Vancouver Aquarium.

Minister of Indian and Northern Affairs Address to AFN Assembly

On July 13, 2006, Minister of Indian Affairs and Northern Development Jim Prentice addressed delegates at the AFN Assembly in Vancouver. Minister Prentice explained his government's opposition to the UN draft Declaration on the Right of Indigenous Peoples, stating that he believes the text needs more clarity. He also affirmed the government's commitment to hold an independent judicial inquiry into the Fraser River sockeye fishery, and to put an end to "race-based" commercial fisheries.

Minister Prentice outlined his three-point plan for aboriginal issues, to be implemented in consultation with First Nations:

1. Improve quality of life in the areas of water, housing, health, education and others.
2. Establish a new legislative and regulatory framework by replacing the Indian Act and creating new stringent and enforceable standards on reserves.
3. Expedite specific and comprehensive claims, and treaty land entitlements.

First Nations in attendance did not support the Minister's comments, particularly relating to the government's plan to end First Nations economic access to the fishery, which the courts have stressed is not "race-based".

Delegates also stressed the need for First Nations to remain united in the face of significant federal policy changes on aboriginal issues.

First Nations Summit Executive

On June 15, 2006, Grand Chief Edward John (Akile Ch'oh), Dave Porter and Chief Judith Sayers (Kekinusuqs), were elected to the First Nations Summit Task Group by leaders representing First Nations currently engaged in, or supportive of, treaty negotiations in BC. The members of the First Nations Summit Task Group are also members of the FNLC.

Daniel Watts of the Hupacasath First Nation and Chief Leah George-Wilson of the Tsleil-Waututh Nation were also re-elected as Co-Chairs of the First Nations Summit. The Co-Chairs are responsible for chairing

First Nations Summit meetings as well as the Summit's administration and day-to-day operations.

Forest & Range Opportunities

The FNLC has working with provincial representatives to develop a mutually acceptable Forest & Range Opportunities (FRO) Agreement framework.

We are pleased to report that this work is now complete, and that the new framework was provided to all BC First Nations on June 30, 2006. Please contact one of the FNLC member organizations if your First Nation did not receive a copy.

Mountain Pine Beetle

Now that the contribution agreement has been signed between the First Nations Leadership Council and the Province, the Working Group must now finalize a transfer agreement.

In order to do that, financial accountability infrastructure must be in place that complements the programs designed for First Nations communities impacted by the mountain pine beetle.

This process is in its final stages and is expected to be complete by the end of summer. Further programs have been proposed in cooperation with the Province as part of the lobby for continued federal funding. It is not known at this time when a positive response will be received.

Finally, work continues on the establishment of the First Nations Forestry Council. In effort to include all BC First Nations, the Working Group will be distributing a newsletter to all First Nations communities that will discuss related forestry issues.

UN Draft Declaration on the Rights of Indigenous Peoples

On June 29, the new United Nations Human Rights Council passed a resolution of support for the draft *Declaration on the Rights of Indigenous Peoples* with 30 states voting in favour, Canada and Russia voting against, 12 abstentions, and 3 absences.

For over twenty years, law experts, States and indigenous peoples from all parts of the world have been developing a *Declaration on the Rights of Indigenous Peoples*. This document sets out the urgent and basic human rights of indigenous peoples and societies. Until very recently, Canada has demonstrated remarkable leadership and unwavering support in the development of the *Declaration*. Since the federal election, however, Canada has changed its position on the document, initially raising concerns and lobbying States to re-open discussions and negotiations, and finally voting against the *Declaration*, despite a motion of the Standing Committee on Aboriginal Affairs (supported by Committee members from the Liberal, Bloc Quebecois and New Democratic parties) calling on the government to support its adoption.

The *Declaration on the Rights of Indigenous Peoples* will now be brought forward to the United Nations General Assembly for consideration. The First Nations Leadership Council will continue to urge the federal government reaffirm its support for the *Declaration* and commence efforts to encourage its adoption by the General Assembly.

Transformative Change Accord

In late June, the FNLC sent a copy of the *Transformative Change Accord* to over 200 Members of Parliament. Through sharing this information broadly, the FNLC hopes to raise awareness that the *Accord* is a signed, tripartite agreement that is intended to build upon other agreements such as the *New Relationship* and *First Nations-Federal Crown Accord on the Recognition and Implementation of First Nations Governments* and implement a made-in-BC approach to reconciling title and rights and improving socio-economic conditions.

The *Transformative Change Accord* requires the parties to develop an implementation strategy by December 2006. The FNLC has been working with the provincial government and First Nations organizations to develop “phase one” of this plan, which will include action areas and activities for the next 1-2 years. We hope to have an early draft of this phase one plan complete by the end of the month; this will assist in our efforts to raise federal government awareness of its obligations under the *Transformative Change Accord*. This plan will also provide the foundation for the broader, more comprehensive 10-year implementation strategy to be developed through discussion and consultation with BC First Nations.

Education

On July 5, 2006, Premier Gordon Campbell, Minister of Indian Affairs and Northern Development Jim Prentice, Chief Negotiator Nathan Matthew and First Nations Education Steering Committee President Deborah Jeffry signed a historic agreement to recognize First Nations’ jurisdiction over First Nations’ education in British Columbia.

The Framework Agreement signed on July 5 is the result of six years of negotiations, and allows First Nations who choose to negotiate a bilateral Canada-First Nation Education Jurisdiction Agreement to remove themselves from sections 114-122 of the *Indian Act*, and assume jurisdiction for on-reserve K-12 education, including teacher certification, school certification and establishment of curriculum and examination standards (jurisdiction over early childhood development and post-secondary education will be negotiated in the future). Students who graduate from First Nations Schools under a Jurisdiction Agreement will receive both a Dogwood Certificate and a graduation certificate from the First Nation. The Framework Agreement has a term of seven years, which can be renewed upon agreement of all parties.

Canada and BC will now develop and recommend enabling legislation to allow Canada and First Nations to begin negotiating individual Jurisdiction Agreements, funding agreements and implementation plans (templates for these have been prepared). The First Nations Education Steering Committee will work with interested First Nations to assist them in developing education laws and establishing Community Education Authorities to deliver education programs and services.

The First Nations Leadership Council views the signing of the Education Jurisdiction Framework Agreement and the British Columbia First Nations Education Agreement as critical steps in providing better opportunities for success by First Nations learners.

Technology

Connectivity

Broadband internet connectivity to all First Nations communities remains a priority for the FNLC and the First Nations Technology Council (FNTC). In the February 21, 2006 Budget, the Province committed \$10m to connect the remaining un-served or under-served communities; this funding is contingent on matching dollars from the federal government. The FNLC and FNTC continue to work with the province to lobby Canada to secure matching funds that will allow the connectivity build to begin. In the meantime, BC is sending Community Engagement Specialists in to the targeted communities to work with community champions and to gather information that will be used when the telecommunications rollout begins.

Community Technology Plans

At the 2nd Annual First Nations Technology Conference/2006 Summit, the FNTC launched the Community Technology Planning Toolkit in draft format. FNTC has begun to test the Toolkit which has been designed to help communities inventory and plan for their technology needs. The Toolkit consists of a Guide, Template and 8 Worksheets – all of which can be downloaded from the FNTC website at www.fntc.info If you’re interested in being one of the test communities for the Toolkit or to get more information, contact Sue Hanley at suehanley@fntc.info.

Information on the FNTC/NVIT pilot project for training certified computer and network technicians is also available at www.fntc.info.

New Relationship Trust

The New Relationship Trust Board of Directors has commenced its work to create a strategic plan and other supporting structures for the \$100 million fund, including developing appropriate communications materials and mechanisms. Inquiries can be forwarded to the following interim contact information:

PO Box 48464
595 Burrard St.
Vancouver BC V7X 1A2
Tel: (604) 925-3338
Fax: (604) 925-3348

Highway of Tears

On March 30 and 31, 2006, a Highway of Tears Symposium was held in Prince George in response to the murders and disappearances of mainly Aboriginal women along Highway 16 in northern BC. The symposium was organized by First Nations and Aboriginal organizations in the Prince George area, and was attended by the victims' families, concerned citizens, numerous community and provincial agencies and organizations, RCMP officers, and Aboriginal and non-Aboriginal elected representatives.

On June 21, 2006, a Highway of Tears Symposium Recommendations Report based on the discussions held on March 30 and 31 was released. This report and its 33 recommendations detail a comprehensive and collaborative approach to preventing any further tragic murders and disappearances.

This report can be viewed online at: <http://www.highwayoftears.ca/symposiumrecommendations.pdf> or <http://www.ubcic.bc.ca/files/PDF/highwayoftearsfinal.pdf>.

National Aboriginal Day Celebrations

Many celebrations were held across British Columbia to mark the 10th anniversary of National Aboriginal Day on June 21, 2006. Five days of celebrations took place on the grounds of the Vancouver Art Gallery, featuring ceremonies, speakers, singers, dancers, and a variety of cultural activities. The centerpiece of the June 21st celebration was an official repatriation ceremony for the Haisla G'psgolox Totem Pole, more than a century after it was carved and almost 80 years since it was taken from Haisla lands to the Museum of Ethnography in Stockholm, Sweden. The First Nations Leadership Council congratulates the Haisla Nation on this historic repatriation – the first time a First Nation in Canada has repatriated a totem pole from overseas – and hopes that it will set a precedent for the return of cultural property currently held by museums all over the world to BC First Nations.

Other Notes

- The FNLC is continuing to work on the planning for an Energy Summit to be held in Prince George, with a target date of late October 2006.
- Efforts continue to convene a BC First Nations Fisheries Forum to develop a BC First Nations Fisheries Strategy, with a target date of early October 2006.

Calendar of Events

- **July 18-20:** 30th Annual Elders Gathering (Port Alberni)
- **September 20-22:** UBCIC Annual General Assembly (Vancouver)
- **September 27-29:** FNS Meeting (Kamloops)

Increased screening could make significant reduction in cancer deaths, cases

April 11, 2006

Provided by: Canadian Press Written by: HELEN BRANSWELL

TORONTO (CP) - Eleanor Nielsen is living proof of the benefits of cancer screening.

Now a hale and active 68-year-old, Nielsen was 51 when a mammogram discovered cancer in one of her breasts. A mastectomy and chemotherapy cured the cancer; buying Nielsen additional years of a life so rich with family, friends and activity that "cancer survivor" is far down the list of the terms she would use to describe herself. "It's part of my life. I'm also a grandmother. And I run and I swim and I knit," says Nielsen, who took part in a five-kilometre spring run on Toronto's lakeside boardwalk last weekend.

Many more people could join the ranks of cancer survivors if screening in this country was expanded and better organized, the Canadian Cancer Society said Tuesday as it released its annual calculations on the toll the disease will take in Canada.

The society estimates 153,100 new cases of cancer will be diagnosed in Canada in 2006 and 70,400 Canadians will die from the disease this year.

Those numbers could be lowered if there were more organized screening programs for cervical, breast and colorectal cancer - and if more Canadians in the targeted age groups took advantage of them, says Heather Logan, director of cancer control policy for the Canadian Cancer Society.

Screening, which refers to the checking of apparently healthy individuals for specific types of detectable cancers, catches some types of cancer early, when treatment is more likely to be effective. For other types, it can identify problems before cancer develops - pre-cancerous polyps in the case of colon cancer, for instance.

"We know that cancer screening is working," says Logan. "It has the ability to reduce the death rates from some cancers and in some circumstances it can reduce incidences."

The cancer society estimates that breast cancer deaths could be cut by one-quarter if just 70 per cent of the women for whom regular mammograms are recommended - women aged 50 to 69 - would actually undergo the test every two years.

And deaths due to colorectal cancer, a form of the disease that is highly treatable if found early, could be cut by 17 per cent if 70 per cent of Canadians between the age of 50 and 74 had a stool sample tested for blood - a so-called fecal occult blood test - every two years, the society says.

Currently no Canadian jurisdiction has an organized colorectal cancer screening program - despite a convincing body of scientific evidence on the value of screening for this form of cancer.

"For colorectal cancer, unfortunately, we're lagging behind most other developed countries," Logan admits. The head of Cancer Care Ontario, which is on the verge of launching Canada's first colorectal cancer screening program, puts it more bluntly.

"We in Canada are a backwater with respect to colorectal cancer," says Terry Sullivan, president and CEO of the agency which co-ordinates cancer services in the province.

"We're not in a position to be proud of our screening rates for colorectal cancer."

The cancer society and Sullivan agree organized screening programs offer the best shot at bolstering screening rates. That's because once an individual is registered in one of these systems, he or she is sent regular reminders when it is time for another colorectal cancer screen, Pap test or mammogram.

Otherwise, it's up to a doctor, a receptionist or the individual to remember it is time to schedule another test. "What's important to have in place is a population-wide invitation system," Sullivan says.

"Good quality control, good callback and good reporting on screen-detected abnormalities, cancers detected and mortality reductions. That's what a good organized system gives us that a random walk through the system doesn't."

Canadian authorities recommend screening for breast, cervical and colorectal cancer for targeted age groups. They do not recommend it for prostate, lung and ovarian cancers, because to date scientific evidence has not shown that screening for these types of cancers actually reduces the number of deaths from these diseases.

The prostate specific antigen or PSA test, for instance, cannot discriminate between prostate cancers that require treatment and those slow-growing forms for which the severe side-effects of treatment are not warranted.

The cancer society called for more research to find better ways to detect these cancers earlier, and better policies to draw more age-targeted Canadians into the screening fold.

For Nielsen, family history and personal experience made the decision to go for that fateful mammogram an easy one.

"In my active nursing life I had worked with people with cancer. And cancer had been in my family in other ways as well. So I certainly had always been inclined towards taking advantage of what was available," she says.

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On the Net:

The Canadian Cancer Society's 2006 report can be found on the society's website at www.cancer.ca.

Travellers with weak immune systems told to avoid drinking water on planes June 30, 2006

Provided by: Canadian Press

OTTAWA (CP) - Airline passengers with compromised immune systems are being warned to avoid drinking any tap water on flights - and that includes tea and coffee.

The new Health Canada advisory follows a series of random tests that revealed both total coliform and E. coli bacteria in some airline water systems.

Health Canada said 15.1 per cent of airlines tested positive for total coliform, while only 1.2 per cent showed traces of the more dangerous E. coli.

The presence of total coliform usually suggests water is of poor quality or stale.

Most of the contaminated water came out of washroom taps.

While all airlines have taken steps to sanitize their water systems, Health Canada said tap water can still be a danger.

Stroke Recovery Improves with Exercise

Thanks in part to improved treatment, more people, especially older adults, are surviving strokes. But this illness can still have lasting effects on both survivors and their caregivers. Balance, muscle strength, and the ability to move are often compromised. As a result, stroke survivors tend to become physically inactive and more dependent, leading in turn to increased risks of repeat strokes, heart disease, and bone loss that can result in fractures.

Activities that promote mobility and fitness are necessary for the prevention of the common complications that follow a stroke. New research from the Vancouver Coastal Health Research Institute based at the G.F. Strong Rehabilitation Centre has led to the creation of a new program which reduces falls by as much as 30 per cent and also reduces the risk of heart disease.

A series of studies examined whether a comprehensive, community-based exercise program could help stroke survivors improve their balance, ability to move, and strength — and, as a result, help them get more physically active, less dependent on others, and lower their risks of repeat strokes and other health problems.

Two of the studies formed the basis of the program. Study number one: 60 participants with stroke exercised three times per week for 10 weeks at a local community centre. 30 of the participants undertook an agility group program, which involved muscle strengthening, balance exercises and fast body movements. 30 more did a slower “tai-chi” like program. After the 10-week program, the agility group had better mobility and faster reflexes when pushed off balance compared to the control group. They also had reduced falls compared to the tai-chi group in the following year.

Study number two: Since cardiovascular disease is the leading cause of death of people living with stroke in the community, the second study added a component of fitness and endurance. The objective was to see if exercise improves bone density and reduces risk for fractures. There were sixty participants. Half of the group undertook a similar program as in study number one, with the addition of an endurance/cardiovascular component. This program was called FAME (Fitness and Mobility Exercise). The remaining thirty did an upper body and arm exercise program. Participants attended three times per week for five months. The longer timeframe was selected as it takes several months for bone to remodel and change.

After five months, the FAME group that went through upper and lower body exercise improved their mobility, walking speed, leg muscle strength and endurance compared to the arm group. They also maintained their hip bone density, as well as improved balance and agility, reducing the risk for both falls and fractures. They also significantly improved their cardiovascular capability, which also reduces the risk for heart disease. The second group (those doing only upper body/arm) showed a loss of hip/bone density.

This is the first study to show bone density can be affected with exercise in people living with stroke.

This research demonstrates that a community-based exercise program addressing both balance and cardiovascular fitness can improve stroke recovery. An added benefit is the substantial cost-savings on the health care system in terms of chronic illness.

The Canada Stroke Network has now funded a research project that involves six sites across Canada, including Vancouver, to develop a program to best integrate people with stroke into the community. The project will incorporate the Fitness and Mobility Exercise approach and will work with existing partners (stroke clubs, community centres) to implement the program in the community.

Stroke Rehabilitation - What Should I Do?

If you or a loved one has had a stroke, talk to your health care providers — as soon as possible — about rehabilitation and exercise programs. Therapy – with speech, occupational and physical therapists — and continued exercise may help stroke survivors recover, and stay more active, more independent, and healthier.

For more information online, please visit www.vch.ca/living/heart_health/index.htm

Provided by the Vancouver Coastal Health Authority, www.vch.ca

What's your poison? The dangers of household chemicals

By Dr. Paul Martiquet, Medical Health Officer

What is poison? We may think we know, but in truth, almost anything can be a poison. It is just a matter of degree. By definition, however, poisoning is “an adverse effect caused by drugs, medication or biological substances including inadvertent overdose, taking or giving the wrong substance, and substances taken inadvertently.”

There are an estimated 13 million identified natural and synthetic chemicals worldwide yet, fewer than 3000 of these cause more than 95% of cases of accidental and deliberate poisoning. Somehow many of these find their way into our homes where they just wait to do their harm. (Okay, maybe it is not quite that cut-and-dried, but you get the idea.)

The average home contains about 250 potential poisons. Among them are liquor, vanilla extract, oven cleaner, waxes and polishes, toilet and bathroom cleaners, drain openers, aftershave, cologne, cosmetics, perfumes, hair spray, antifreeze, windshield washer fluid, gasoline, paint and paint thinner or turpentine, insecticides, fertilizers, mothballs, craft & hobby supplies...we could go on.

The British Columbia Poison Control Centre (BCPCC) receives almost 26,000 poison exposure calls every year; about one every 20 minutes. Of these, half concern children under the age of six and mostly involve household chemicals, medications or plants.

Youth poisonings are much rarer, accounting for only seven percent of the calls, but more than half of those involve intentional poisonings, whether from an attempt at suicide or drug abuse.

Seniors account for less than four percent of the BCPCC's calls. These instances are almost all unintentional (87%) and often relate to errors with medications.

Preventing poisoning from occurring in the first place is the best defence. Doing so need not be difficult provided you use common sense. A few simple guidelines also help:

Keep dangerous products out of sight and out of reach. A child's curiosity knows few bounds. Also, because they imitate so well, avoid taking medications in front of children. If it is for them, never call medication “candy” or “a special treat” just to help them to take it. Household chemicals should be in locked or inaccessible cabinets —but never forget how ingenious and resourceful a motivated child can be!

Always leave products in their original containers. This is particularly important with liquids as many unintentional poisonings come from ingesting a drink that turned out to be anything but refreshing. As for those child-proof containers, don't believe it! Better yet, teach children about warning labels and to avoid those products.

Know which plants in your home are safe, and which can be dangerous. Learn which is which by talking with the staff at your local nursery.

Most poisonings can be prevented by using just a drop of common sense in following the tips above. However, should you be involved in one of those 26,000 incidents, know what to do and who to call. In addition to instructions of the original container about what to do, there is the [BC Health Guide](#) available in print or online at www.bchealthguide.org, the BC [Nurse Line at 604-215-4700](#) or Toll Free at [1-866-215-4700](tel:1-866-215-4700), and the Poison Control office at 1-800-5678-911.

The best strategy? Prevention, of course.

Provided by the Vancouver Coastal Health Authority, www.vch.ca

Mental Illness: Treatment & Online Resources

Mental illnesses can take many forms, just as physical illnesses do. Mental illnesses are still feared and misunderstood by many people, but the fear will disappear as people learn more about them. If you, or someone you know, have a mental illness, there is good news: all mental illnesses can be treated.

It comes in many forms and the Vancouver Coastal Health Authority's specialized care teams provide help for such conditions as schizophrenia, bipolar disorder, depression, behavioral problems, and dementia. Only your doctor can determine if you need a referral to such services. Through multidisciplinary care teams and partnerships with external agencies, you can access:

- Diagnosis
- Treatment
- Individual and Group Therapy
- Rehabilitation
- Consultation
- Emergency and Urgent Services
- Residential Services

Online Resources:

For more information, office locations and phone numbers for your community, please visit:

- Vancouver Coastal Health Authority at www.vch.ca/mental/mental.htm
- [Department of Psychiatry](#) at the University of British Columbia and Vancouver General Hospitals, www.vch.ca/psychiatry/
- [Canadian Mental Health Association](#), www.cmha.ca

Online Resource for Taking Care of Your Feet

More than 50 per cent of British Columbians will experience some type of foot problem in their lives. When you have a problem with your feet, it can affect the health of your entire body, not to mention your lifestyle. Good foot health care is vital to maintaining and enjoying an active lifestyle.

For more information on the importance of taking care of your feet, or to find a podiatrist in your community, visit the [British Columbia Association of Podiatrists](#) at www.foothealth.ca

Provided by the Vancouver Coastal Health Authority, www.vch.ca

What's in smoke

The primary reason smoking is so lethal is because of the dangerous chemicals contained in tobacco products. The following is a description of some of the toxins that are exposed to smokers and people breathing in smoke.

Toxins

Tar - In tobacco smoke, tar is a sticky, black residue containing hundreds of chemicals, many of which are considered carcinogenic or classified as hazardous waste. They include polyaromatic hydrocarbons (PAH), aromatic amines and inorganic compounds.

Nicotin - Nicotine occurs naturally in tobacco plants and is responsible for causing the addiction to tobacco products. It harms your cardiovascular and endocrine systems.

Carbon monoxide - Carbon monoxide (CO) is in tobacco smoke as a result of burning tobacco. It reduces the ability of your red blood cells to deliver oxygen to tissues, causing the greatest potential damage to the heart, brain and skeletal muscles -- tissues that have the most demand for oxygen. You're probably also familiar with the potentially fatal effects on people who breathe this colourless, odourless gas also found in automobile exhaust.

Formaldehyde - Formaldehyde is classified by the United States Environmental Protection Agency as a probable human carcinogen. It is registered in Canada as a pesticide. Its health effects can be drastic on smokers and those exposed to tobacco smoke. Eye, nose and throat irritations and other breathing problems are just some of the symptoms.

Hydrogen cyanide - This is considered one of the most toxic agents found in tobacco smoke. Many short and long-term toxic effects of cigarette smoke have been associated with hydrogen cyanide. Frequent exposure to lower concentrations will cause weakness, headache, nausea, vomiting, rapid breathing and eye and skin irritation.

Benzene - Declared toxic under the Canadian Environmental Protection Act, benzene is believed to harm you at any level of exposure. The International Agency for Research on Cancer describes it as a Group 1 carcinogen.

"Toxic" means these substances are potentially poisonous for tobacco users, smokers and non-smokers. The following diseases or conditions can be related to tobacco use:

- Cancer of the lung, mouth, voice box, throat, kidney, bladder, cervix and bowel
- Heart attack, circulatory problems, stroke
- Lung disease including chronic obstructive pulmonary disease such as emphysema, chronic bronchitis
- Tooth loss, gum disease
- What makes nicotine addictive?
- Cigarette smoking and other forms of tobacco use are highly addictive. While there are psychological elements to the addiction, research shows there is a strong physical correlation, as well. Nicotine is the drug in tobacco that causes addiction.

Here's some eye opening information on how nicotine works:

- Nicotine causes chemical or biological changes in the brain. This effect is called psychoactive and although it is less dramatic than heroin or cocaine, the strength of the addiction is just as powerful. It is a 'reinforcing' drug, which means that users desire the drug regardless of the damaging effects.

For example, in research conducted in 1994, only 50 per cent of smokers who suffered a heart attack managed to quit smoking even though their doctors advised them to. Coincidentally, 50 per cent of all regular smokers die as a result of smoking.

- Nicotine addiction is a physical dependency. Withdrawal symptoms can be severe and many smokers cannot quit on their first attempt because of these symptoms. The most severe withdrawal symptoms occur within the first week although the craving for cigarettes can persist for months, even years. The desire to smoke can be especially strong when a person is under stress although others crave cigarettes while socializing or when bored. The typical withdrawal symptoms are:
 - headaches
 - anxiety and irritability
 - difficulty concentrating and sleeping
 - hunger
 - decreased heart rate and blood pressure
 - craving for nicotine

Other side effects such as fatigue and coughing are indications that the body is in a state of repair and is cleaning out the poisons associated with smoking.

Your body uses food more slowly when you first stop smoking. You may eat more when you quit too, so there is a good chance you will gain weight. And, while the average weight gain is five pounds, not everyone gains weight when they quit smoking.

The human body builds a tolerance to nicotine and the effect of the drug is reduced over time. As a result, regular smokers can inhale greater amounts of smoke and therefore, greater amounts of toxins without showing immediate effects (such as coughing, nausea).

Nicotine is extremely poisonous if consumed in large amounts and most people feel sick and dizzy the first time they smoke. These negative affects are quickly overcome. Over time the body builds a tolerance to nicotine, resulting in an increase in the amount of cigarettes smoked.

Nicotine in the body

Cigarette smoke is acidic and therefore nicotine is absorbed through the lungs. Pipe and cigar smoke is alkaline, also typically pipe and cigar smokers do not inhale, so the nicotine is absorbed more slowly through the mucosal membranes in the mouth. Human lungs are very efficient in absorbing nicotine, which then moves through the bloodstream and into the brain and other organs of the body.

It takes only ten seconds for nicotine to reach the brain after being inhaled. This causes several physiological reactions:

- Acute increase in heart rate and blood pressure;
- Constriction of blood vessels causing a temperature drop in the hands and feet; and
- Brain waves are altered and muscles relax.
- Levels of dependency
- Levels of dependency vary, but 89 per cent of smokers have a cigarette every one to two hours throughout the day.
- A highly addicted smoker smokes more than 25 cigarettes a day, ranks the first cigarette in the day as the most important, and will smoke within 30 minutes of waking up.

Ontario health unit wants province to ban artificial tanning for under-18s - Jun. 11, 2006

Provided by: Canadian Press Written by: LAUREN LA ROSE

TORONTO (CP) - A southern Ontario district health unit is seeking to pull the plug on teens under the age of 18 who want to use artificial tanning equipment, and has drafted a resolution urging the province to begin regulating the industry.

The document was drafted by the Haliburton, Kawartha, Pine Ridge District Health Unit, where melanoma has recently ranked among the top ten cancers for men and women in the region.

"Too many in our own area are starting to develop melanoma, so our goal is to reduce that number," said Angela Andrews, health promoter with the HKPR District Health unit.

"We thought that by putting forward this message to (the) provincial legislature to ban artificial tanning use for teens 18 years and under, we would be able to reduce the rate of skin cancer down the road."

The health unit, with offices in a number of southern Ontario communities, works in partnership with more than 170,000 area residents in advocating health promotion.

Some 1,200 area residents were surveyed from January to December 2004 on artificial tanning. The majority of respondents said they used the service between 2-5 times a year, and those surveyed between the ages of 18-24 were in the top percentage of users at 27.7 per cent.

Health Canada recommends against the use of artificial tanning equipment by anyone under 16, but only has jurisdiction over the manufacturers of the equipment.

The resolution, approved by the health unit's board of health, was delivered last week to Ontario Health Minister George Smitherman and Health Promotion Minister Jim Watson.

The move comes after similar recommendations by the World Health Organization in 2005 that those under the age of 18 should be prohibited from using artificial tanning equipment. The WHO estimates there will be 132,000 cases of malignant melanoma - the most dangerous form of skin cancer - worldwide each year.

An estimated 66,000 people around the world will die annually from malignant melanoma and other skin cancers, while in Canada, about 880 of 4,500 new cases of melanoma this year will result in death, Canadian Cancer Statistics estimates.

However, statistics from government agency Cancer Care Ontario found that while incidence rates of malignant melanoma increased among the elderly, they declined among the youngest age groups, including individuals aged 15-34.

The WHO has also acknowledged the difficulties in determining the long-term effects of artificial tanning.

"Sunbeds for self-tanning purposes have been available for the last two decades, and due to the long latency period for skin cancer and eye damage it has been difficult so far to demonstrate any long-term health effects," the organization wrote on its website.

Andrews said it's vital to make people understand that the perils of tanning aren't immediately apparent.

"People may go to an artificial tanning salon and may enjoy the effects of the tan, but . . . they're not seeing the effects of skin damage until 10 years down the road."

However, the president of Fabutan Sun Tan Studios, Canada's largest indoor tanning company, said a blanket ban on artificial tanning use by those under 18 would be "too extreme."

"Fabutan would support a system of regulation that allowed parents to make these informed decisions about what happens to their children," Doug McNabb said in a phone interview from Calgary.

"We believe this is a decision for parents, no different than it is taking your child to a Little League game in the middle of a hot summer day."

McNabb said clients between the ages of 16 and 18 must have a parent attend the first session, where they have to sign a parental consent form to allow their child to proceed.

"If they're 16 and under, parental accompaniment is a must," McNabb said. "We would terminate a franchise in the event that they were going to tan someone 16 (without it)."

He also said he believes it's wrong-headed simply to urge people to avoid getting a tan.

"The main message should be we should teach Canadians that they shouldn't sunburn," McNabb said. "We're missing the boat here when we simply say things like, 'There's no such thing as a safe tan.'"

ChildrensHealth@Medbroadcast.com

Study finds increased risk of breast cancer with long-term estrogen use May 9, 2006

Provided by: Canadian Press Written by: TARA BURGHART

CHICAGO (AP) - Women who take estrogen-only pills for at least 15 years run a markedly higher risk of developing breast cancer, according to a study of nearly 29,000 nurses. But no increased danger was found among those who took the hormone for less than 10 years.

Researchers said the findings should be reassuring for women who want to use estrogen for a short time to relieve menopausal symptoms such as hot flashes and vaginal dryness.

Hormone supplements were once thought to help postmenopausal women postpone age-related ills. But the government's Women's Health Initiative study in 2002 contradicted those beliefs for estrogen-progestin supplements, finding an increased risk of breast cancer, strokes and heart attacks. That led millions of American women to stop taking supplements.

Later, a WHI study of estrogen alone - an option only for women who have had a hysterectomy - linked the supplements to strokes and memory problems. But it found that using estrogen alone for seven years does not raise the risk of breast cancer.

The new findings came from the less-rigorous but longer-running Nurses' Health Study, overseen by Harvard-affiliated researchers.

It found no increased risk of breast cancer in women who had taken estrogen for less than 10 years. But for women who had been on estrogen for at least 15 years, the risk of hormonally driven breast cancer (the most

common type in the United States) climbed 48 per cent. At the 20-year mark, the risk of any type of breast cancer rose 42 per cent.

"This says at least for the shorter-term users, you don't need to panic" about breast cancer, said lead author Dr. Wendy Chen, an oncologist and epidemiologist at Brigham and Women's Hospital and the Dana-Farber Cancer Institute in Boston. "But for the longer-term users, you need to think about why am I still taking estrogen for this long of time, and are there are alternatives I could take instead?"

The risk of breast cancer also appeared to rise between 10 and 15 years of use, but the increase was not statistically significant, the researchers said.

The study, published in Monday's Archives of Internal Medicine, involved 28,835 women who were postmenopausal, had had a hysterectomy and reported their estrogen use every two years. Just 3.2 per cent of the women, or 934, developed breast cancer during the study.

The researchers said it is unclear how many American women are taking estrogen for 15 or 20 years, especially in light of the WHI findings and doctors' recommendation since then that women who want to use the pills take them for the shortest possible duration.

Dr. Carolyn D. Runowicz, president of the American Cancer Society, said a few women in her practice have chosen to remain on estrogen for a long time because they feel the improvement in their quality of life outweighs the risks.

Runowicz called the study reassuring for short-term estrogen use but also said it underscores the need for patients to regularly "justify every medication" they take with their doctors.

"Is it estrogen forever? That's what we thought in the 1970s," said Runowicz, director of the Cancer Center at the University of Connecticut Health Center, "but we've completely reversed our thinking on that."

Estrogen-alone supplements are given only to women who have had their uteruses removed, because the hormone can spur uterine cancer. Other women get estrogen plus progestin, to counteract the risk of uterine cancer.

The Women's Health Initiative was a clinical trial in which women were randomly assigned estrogen pills or placebos. Scientists consider that approach the gold standard. The new study relied on nurses who reported on their own health every two years.

Runowicz said nurses could differ somewhat from women in the general population - perhaps they are healthier, for instance - but she said she had no reason to doubt the validity of the data, especially because its conclusions regarding short-term estrogen use are backed up the WHI findings.

Wyeth, which produces the estrogen pill Premarin, considers the Nurse's Health Study a well-respected study and the most recent research a "fairly reasonable trial," said Dr. James Pickar, assistant vice president for clinical research and development.

Pickar said he sees the results as good news for women because they back up the WHI findings that found no increased breast cancer risk for short-term estrogen users.

"I think it's very important for women to talk to their physician and review on a regular basis whether they need to continue therapy," Pickar said. "Each patient has an individual risk profile that only they and their physician can evaluate."

**BC ELDERS
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PROVERBS:

Who travels for love finds a thousand miles not longer than one. Japanese
A dimple on the chin; a devil within. Irish
Trumpet in a herd of elephants; crow in the company of cocks; bleat in a flock of goats. Malayan
When eating bamboo sprouts, remember the man who planted them. Chinese

BIBLE QUOTES:

"Give ear to my words, O Lord, consider my meditation. Harken unto the voice of my cry, my King, and my God: for unto thee will I pray. My voice shalt thou hear in the morning, O Lord; in the morning will I direct my prayer unto thee, and will look up." Psalm 5:1-3
"For thy name's sake, O Lord, pardon mine iniquity; for it is great." Psalm 25:11
"Have mercy upon me, O God, according to thy loving-kindness: according unto the multitude of thy tender mercies blot out my transgressions. Wash me thoroughly from mine iniquity, and cleanse me from my sin." Psalm 51:1-2

Mail, fax, email, or call in your Special Wishes/Community Events !!

Happy! Happy! Birthday To All Elders Born In August!!

24 Hours a day - 7 days a week - **National Survivors Support Line** 1-866-925-4419
The Indian Residential School Survivors Society provides free, immediate, confidential, non-judgmental, support for residential school survivors across Canada

Quotations: from *Little Treasures* by Glen Ridless

"There is quite a difference between knowing and understanding."

"Life is a struggle for those that want more than life itself."

"We are always acting even when we are alone."

"I wanted to be a realist until I realized that was too idealistic."

"What is more challenging: setting goals or reaching them?"

"All things do not need meanings. Some things just are."

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

HEARTFELT THANKS TO THE NUU-CHAH-NULTH TRIBAL COUNCIL, TSESHAHT FIRST NATION, VINA ROBINSON AND ALL OF THE NUU-CHAH-NULTH PEOPLE FOR HOSTING THE 30th ANNUAL BC ELDER'S GATHERING JULY 18, 19, 20, 2006

FUTURE UPDATES CAN BE FOUND HERE AS SOON AS THEY BECOME AVAILABLE FROM THE HOST FOR THE 31ST ANNUAL ELDERS GATHERING

PLEASE WATCH YOUR ISSUES OF THE E.V. FOR UPCOMING NEWS.