



ELDERS VOICE

Tiny B.C. Village Loses Christmas Hall To Fire (from CBCNEWS)

It'll be a sad Christmas for the First Nations community of Kincolith on B.C.'s North Coast after an early morning fire Friday destroyed the community centre. Chief Coun. George Moore said the village of 350, 80 kilometres north of Prince Rupert, has held all of its Christmas celebrations in the building. Moore said the volunteer fire department fought the blaze with help from fire crews from neighbouring Nisga'a communities, and managed to keep the flames from spreading to homes in the village. There were no injuries. Rose Oscar told CBC News she was sleeping, when the sound of the fire woke her up.

"What I saw when I looked out the window was flames shooting out of the front area of the hall, just like a big mad ball of fire, you know. And I started screaming around on the VHF [radio], and said, 'We need help down here, the hall is on fire.' "

She said the loss is devastating to the village, which used the hall for feasts, weddings and a host of other community events.

"Our basketball players practise in there, starting at 6 a.m. in the morning. The community building is used for the elders' walk; the women do all their cooking in there for the community. It's used for memorial services and big, big feast events like stone movings and it's [used] just for celebrations."

There is one silver lining: Christmas presents for village children were supposed to have been in the community centre at the time of the fire, and there had been fears the presents were all gone.

But the person handling the presents had delayed moving them, and still had them at home.

The Kincolith Community Centre Trust Fund has been started to help rebuild, please contact the Kincolith Band Office at: Ph. 250-326-4212 for more information.

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Easy Bakers Corner – Mocha Brownie Cake - Makes 9-inch cake

Cream 1/2 cup butter or margarine, 1 cup of sugar and 1 Tbsp. of instant coffee granules until light. Beat in 4 eggs, one at a time, beating well after each addition.

Stir in 1 can (1 lb.) of chocolate syrup until well-blended.

In a separate bowl, combine 1 1/4 cup all-purpose flour, 1 tsp. baking powder, and 1/2 tsp. salt. Fold flour mixture into batter until blended. Stir in 1 cup of chopped walnuts and 1 tsp. of vanilla. Pour into greased and floured 9-inch loose bottomed pan. Combine remaining 1/4 cup of sugar and 1/2 cup of chopped walnuts. Sprinkle over batter.

Bake at 350°F for 1 hour 10 minutes or until sides pull away from pan (center will be moist).

Cool cake in pan, on rack, for 30 min. (Cake will shrink). Serve with whipped cream.

Handy Tips

Bikes:

If you purchase a new bike for your child, place their picture inside the handle bar before placing the grips on. If the bike is stolen and later recovered, remove the grip and there is your proof who owns the bike.

Reheating refrigerated bread:

To warm biscuits, pancakes, or muffins that were refrigerated, place them in a microwave with a cup of water. The increased moisture will keep the food moist and help it reheat faster.

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). 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 web site www.bcelders.com as soon as they are made available from each new host community.

Issues of your Elders Voice Newsletter are also 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.



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ATTENTION: FIRST NATIONS LEADERS
Re: YEARLY INVOICE

October 31st, 2006

Dear First Nations Leaders, Elders Representatives/Workers, Boards of Directors,

Please take note that the yearly invoices due Dec. 01 will be coming out this week so that offices have adequate time to process the request for help.

Some groups in very isolated areas raise the money to pay this fee from small fundraisers which they conduct in addition to their fundraising to *hopefully* be able to attend the Annual Gathering. I understand and am thankful for these and all fees as I know that times are tough and that the added burden of the \$250 support fee takes time and effort to come up with to help things out here.

For those offices that have the resources to pay this support fee without too much of a pinch, I ask that you do so, as this will help cover costs for those groups that cannot help out financially. In life, especially in our communities, I think that that is what we do on a daily basis to help out anyway. We are a generous People and I hope that everyone can help show the government that we put our elders first, as more often than not over the last 7 years they have made it quite clear that they cannot help out with this elders work.

\$250 a year might seem like a lot of money, if you look at it as a subscription to say TV Guide, but I would appreciate it if everyone could remember that this fee has been waived for any group that it has presented a problem for all these years, even when it meant that I was unable to pay myself for almost 6 of those years.

I started this Elders office at the request of Coordinator at the Gathering in 2000 because they wanted the communications gap between the elders and the rest of the world closed and I believe that that is what I have put in place with the Elders Voice, website, email and toll-free number here for the elders to reach me when they need information, etc. As most of you know I do this work here alone except for my 2 children's help each month, so if you could please look at the fee as *a support fee* (at about \$.68 cents a day) rather than a membership or subscription fee that would be great.

I did what I was asked for the elders and if this letter sounds a bit more strongly worded than I would normally use, it is for the simple fact that I believe that after **7 years** of this Provincial Elders Office/Elders Voice operating it shouldn't be fighting for the crumbs under the tables of government or under the tables of some of our own FN offices for support.

I implore everyone to please work together to help make the 'Paid Fees List' for this *ELDERS* office reach where it needs to be so that these efforts need not struggle any longer.

Your help and efforts to help this office over the years are so very much appreciated.

Gilakasla,

Donna Stirling, BCECCS Coordinator, Secretary, BC Elders Council

COPD growing problem among women, yet testing for lung disease low: report

November 16, 2006 Provided by: Canadian Press

TORONTO (CP) - Almost half a million Canadian women struggle with chronic obstructive pulmonary disease, yet screening for early detection of this often deadly condition is unacceptably low, says a report by the Canadian Lung Association.

Calling COPD a "crucial women's health issue," the report released Wednesday shows that more than 425,000 Canadian women aged 35 and older were diagnosed last year with the breathing disease, which kills more than 4,300 each year.

"Canadians need to recognize that the face of COPD has truly changed and we will be seeing more and more women living with and dying from this disease," Dr. Anna Day, head of the Gender Asthma and COPD Program at Women's College Hospital in Toronto, said in a release.

COPD, which includes lung-destroying emphysema and chronic bronchial inflammation, can lead to severe shortness of breath. The disease affects almost five per cent of Canadian women and almost four per cent of men.

Although research suggests that occupational and environmental pollution may contribute to COPD, smoking is the primary cause. (Forty-five per cent of Canadians report having been smokers at one time, including 20 per cent who currently use tobacco.)

While mammography, pap smear and bone density testing have become standard practice in women's health care, the report says the amount of screening for COPD using spirometry - a simple breathing test - is "unacceptably low" and should become part of routine testing for those at risk.

Yet in 2002, just one in five women who were potential candidates for COPD were sent for a spirometry test, the report says.

"We need to keep up the pressure to raise awareness of this terrible disease and advocate for all people with COPD, especially women," said Nora Sobolov, president and CEO of the Lung Association. "We can't continue to be polite about COPD."

Research has shown that smoking seems to affect women's respiratory systems more than men's, noted Dr. Denis O'Donnell, a professor of medicine at Queen's University in Kingston, Ont. "Perhaps due to smaller lung capacity, airways and ventilatory muscle mass, women report worse symptoms for similar severity of COPD."

And because women tend to use a higher fraction of lung capacity, they often experience increased effort and shortness of breath in the presence of COPD, says the Lung Association, noting that for women, breathlessness is the No. 1 reason for restricting physical activity.

From Medbroadcast.com

UBCIC Chiefs Council Passes UBCIC Resolution 2006-42 Calling For Fish Farm Moratorium

As passed on November 24, 2006

Union of B.C. Indian Chiefs Chiefs Council Vancouver, B.C.

Resolution no. 2006-42

RE: Fish Farm Moratorium

WHEREAS the UBCIC Chiefs Council has in the past supported the objectives and mandate of the *Musgamagw Tsawataineuk Tribal Council* (MTTC) members within their Traditional territories with respect to fish farm activities within our collective territories, and most recently supported the creation of the *First Nations Strategic Alliance on Aquaculture* (FNSAA) through *UBCIC Resolution 2006-12*;

WHEREAS there are ongoing provincial public initiatives to address public concerns about the environmental impacts of open net cage fin fish farming in British Columbia, such as the *Pacific Salmon Forum* (PSF) and the *Special Committee on Sustainable Aquaculture* (SCSA);

WHEREAS there are impacts and studies that have been peer reviewed and published which demonstrate impacts to the marine food resources and the Title and Rights of Coastal First Nations;

WHEREAS there have been several resolutions, recommendations and requests for a moratorium on the development of new open net cage fin fish farm sites, from both aboriginal and non-aboriginal organizations, including but not limited to the *Special Committee on Sustainable Aquaculture*, the *Union of BC Municipalities*, the *Wilderness Tourism Association* and the *Musgamagw Tsawataineuk Tribal Council*;

THEREFORE BE IT RESOLVED that the UBCIC Chiefs Council fully support a moratorium on new open net cage fin fish farm sites, and on the expansion of existing sites, until an adequate framework for consultation and accommodation are agreed to by the Province and the MTTC/FNSAA, including agreements to implement joint decision making institutions to ensure sustainable management of marine resources in British Columbia;

THEREFORE BE IT FURTHER RESOLVED that the UBCIC Chiefs Council request an immediate response from the Provincial Cabinet to the call for a moratorium on new open net cage fin fish farm sites, and on the expansion of existing sites.

Moved: Chief Sidney Douglas, Cheam Indian Band

Seconded: Chief Perry Redan, Cayoose Creek Band

Disposition: Carried

Date: November 24, 2006

First Nations Leadership Council Troubled By Today's Vote at the United Nations Inaction on Declaration on the Rights of Indigenous Peoples Inexcusable



For Immediate Release November 28, 2006

Coast Salish Territory/Vancouver BC – After two decades of discussion and development, the slow pace of approval of the United Nations Declaration on the Rights of Indigenous Peoples came to a halt today at the current session of the UN General Assembly in New York. A resolution put forward by the Namibian delegation – in effect, a non-action motion on the Declaration – was supported by a majority with 82 Nation States voting in favour, 67 Nation States voting not in favour and 25 Nation States abstaining.

Grand Chief Ed John, First Nations Summit Executive member, who is in New York on behalf of the Assembly of First Nations and working with the Indigenous Peoples' Caucus, stated "Today is a very sad day for the United Nations and a very serious setback for the integrity of the newly formed Human Rights Council who urged the General Assembly to formally adopt this historic document. It now appears that the most likely outcome will be that the United Nations never formally adopts the Declaration. This is a remarkable and bizarre development."

"Canada was positioned to play a significant role in supporting the Declaration but Canada chose to actively oppose the Declaration as a member of the Human Rights Council and at the General Assembly," commented BC Assembly of First Nations Regional Chief Shawn Atleo. "We share the deep frustration of all those who worked long and hard to get the Declaration to this point. We sincerely hope that the Declaration is not lost and that we can find a way in which to revitalize this important work."

Grand Chief Stewart Phillip, President of the Union of BC Indian Chiefs, stated "Canada no longer enjoys a 'blue beret' reputation at the United Nations. Canada's disgraceful and disgusting conduct against Indigenous People at both the national and international levels is being noted. It is simply shameful that as a Council member of the Human Rights Council, Canada pretends to espouse the highest standards and protection of Human Rights. It is those countries who have lived with the ravages of colonialism now speak for continuing colonialism for all Indigenous Peoples."

The Declaration was adopted by the UN Human Rights Council this past June and was recommended for adoption by the General Assembly. Canada was one of few countries to vote against the Declaration in June.

FOR MORE INFORMATION CONTACT:

Grand Chief Stewart Phillip, Union of BC Indian Chiefs, (250) 490-5314
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Politicians and native leaders renew commitment to improving native health

Nov. 28, 2006

Provided by: Canadian Press

Written by: GREG JOYCE

VANCOUVER (CP) - Canadian aboriginal leaders and politicians were adamant Tuesday that progress will be made in closing the gap in health statistics that exists between aboriginal and non-aboriginal people in Canada.

The National Summit on Aboriginal Health in Vancouver ended with a commitment by B.C. Premier Gordon Campbell and Assembly of First Nations leader Phil Fontaine that progress will and must be made to bring the health statistics of Aboriginal Peoples more in line with non-native Canadians.

The provinces and federal government have been trying for many years to find ways to improve the health lifestyles of First Nations, Inuit and Metis, who have a poorer diet along with a higher incidence of suicide, tobacco use and cancer than non-natives.

Fontaine told a news conference the meeting had been worthwhile and was more than just talk.

"It's been a good day," said Fontaine at a news conference. "The governments talked to us and described what is being done in their respective jurisdictions."

Fontaine said there is a "sense of urgency in fixing what's wrong."

The summit was attended by Campbell and premiers Lorne Calvert, Gary Doer and Danny Williams of Saskatchewan, Manitoba and Newfoundland respectively.

At the suggestion of Williams, the summit decided to form an "implementation committee" to monitor progress in the effort to "close the gap" in health statistics between native and non-native.

While only four premiers attended the meeting, every province was represented by someone connected to aboriginal relations.

Fontaine acknowledged that governments and aboriginals have talked in the past of improving the lives of aboriginals without great success. "I like the commitment from every government that I heard," said Fontaine. "The big difference from past gatherings is that we are at the same table and that was missing from past meetings."

Earlier, federal Health Minister Tony Clement announced pilot projects to ensure timely diabetes care for 10 First Nations communities.

Clement told the national summit that adults who test positive for diabetes will have an appointment for assessment and education within two months on reserves.

Speaking via videoteleconference from Ottawa, he said those who test positive for early or pre-diabetes will get education and support program within three months.

Aboriginals who have a normal test result will be retested within one year.

Clement said the government is working with First Nations to determine the most appropriate locations for the pilot projects. He said the government is investing \$40 million for diabetes prevention programs for aboriginals.

Article from CancerReport@Medbroadcast.com

B.C. should tax junk food because 1 in 4 kids are overweight, says report

Nov. 30. 2006

Provided by: Canadian Press

VICTORIA (CP) - Fully 25 per cent of children in British Columbia are overweight and the province should consider taxing some candies, confections and soft drinks, says an all-party committee of the province's legislature.

"Childhood obesity is a problem our province can no longer afford to ignore," the report says in its blunt introduction. "The health costs to our children and the financial costs to our health system are reaching a crisis point and all leaders need to act."

The politicians made 36 recommendations to the government after holding hearings at high schools and even dedicated a website to kids who wanted to submit ideas.

The report says the government needs to formally monitor the weight of the province's children to keep an eye on the problem.

Junk food should be banned from school vending machines and other food outlets within two years and hospitals, universities and government buildings should follow suit.

Earlier this month, the government announced its intention to remove junk food from the machines in all facilities operated and funded by the provincial government.

And there should be more money available for hot, nutritious lunch programs.

Meanwhile, the report also says kids should get help becoming more physically active, including walking to school more often.

Liberal MLA Ralph Sultan, one of the committee's co-chairmen, said lifting the tax exemption on some sweets could result in a lot of revenue.

"A back of the envelope guesstimate would be about \$50 million a year."

The report found that childhood overweight and obesity in B.C. is an issue "nearing crisis proportions." In the past quarter century, the percentage of Canadian children measured as either overweight or obese has risen steadily and now approaches 30 per cent of teenaged boys and girls.

The report outlines some of the reasons for the increase in children's heftiness, including a decrease in their outdoor activity because of parents' fear for their safety.

Other reasons included a decline in school activities, the convenience of packaged foods, an increase of high calorie drinks, and larger serving portions of food.

The committee said it was opposed to a recommendation for a specific junk food tax, but instead recommended removing the exemption under the Social Service Tax Act that applies to candies, confection and soft drinks.

Another recommendation called for the removal of the tax exemption for "all unhealthy foods and beverages" that meet definitions of "not recommended" under the province's guidelines for food and beverage sales.

Article from Children'sHealth@Medbroadcast.com

Provided by: Canadian Press

Written by: LAURAN NEERGAARD

WASHINGTON (AP) - At least 120,000 Americans a year suffer strokes because of a common irregular heartbeat - one that's on the rise, hard to treat and can shoot deadly blood clots straight to the brain.

Now doctors are experimenting with a new way to prevent those brain attacks: a tiny device that seals off a little section of the jiggling heart where the clots form.

If it works - and a major study is under way - the Watchman device might provide long-needed protection for thousands of people with atrial fibrillation, whose main hope now is a problematic blood-thinning drug that too many can't tolerate.

"I don't think I'm biased, but it could potentially revolutionize a-fib, which is a ton of people," says Dr. Steven Almany, vice chief of cardiology at William Beaumont Hospital in Royal Oak, Mich. He has implanted the Watchman into more than a dozen patients so far.

About 2.8 million Americans have atrial fibrillation, the most common type of irregular heartbeat. It is most common among the elderly, and cases are increasing as the population greys.

A-fib occurs when the heart's top chambers, called the atria, get out of sync with the bottom chambers' pumping. The atria speed up, sometimes so fast that they quiver like a bag of worms. Blood pools inside a pocket of the heart, allowing clots to form.

About 20 per cent of the nation's strokes are blamed on the condition, and they tend to be particularly severe. About a third of the victims die, and another third are significantly disabled, Almany says.

The blood thinner warfarin, also called Coumadin, lowers the stroke risk dramatically. But it is very difficult to use - it can't be taken together with dozens of other medicines, and requires dietary restrictions and regular blood testing. In addition, side effects include serious, even life-threatening, bleeding.

By some estimates, almost half the people who should take the drug can't or won't, and "there are lots of people out there on Coumadin who want off," says Dr. William Gray, a cardiologist studying the Watchman at New York's Columbia University Medical Center. "This provides the opportunity, hopefully, to get them off the drug."

In atrial fibrillation, 90 per cent of stroke-causing blood clots collect inside a jalapeno pepper-shaped flap of tissue that hangs off the edge of the left atrium. Some call it the heart's belly button, a leftover from fetal development that the body no longer needs.

The Watchman physically seals off that flap, depriving clots of their staging area. The question is whether that really will stop strokes. To find out, doctors are recruiting hundreds of patients around the country to get either the experimental device or the usual Coumadin.

How does the Watchman work?

Doctors thread the mesh-covered metal brace through a leg vein up to the heart, and wedge it into the opening of the troublesome flap. Tiny hooks hold it in place until heart tissue grows over it to form a permanent seal.

Forty-five days after implantation, Watchman recipients have a tube put down their throats for a special heart scan to tell if the flap really is closed off. If so, they quit Coumadin.

Of the roughly 250 patients enrolled so far, 97 per cent of Watchman recipients have quit the drug, Almany says. They still must be tracked for at least two years, to see how many have a stroke.

"I was a little apprehensive at first," Grace Holland of Shelby Township, Mich., says of the experiment.

Holland, 76, didn't mention her heartbeat's "flutter" to doctors for years; she had no idea it could cause a stroke.

Finally diagnosed, she took Coumadin for about two years before suddenly suffering internal bleeding that almost killed her, her arms and legs streaked with black as an ambulance sped her to the hospital.

The close call persuaded Holland to try the Watchman, and a year later she's off Coumadin and feeling good. "It's such a relief."

An American Stroke Association spokesman cautioned that it's far too early to know if an implant will prove a better gamble than Coumadin, a proven stroke fighter. "I wouldn't want to raise hopes before the data is in," said Dr. Larry Goldstein, director of Duke University's stroke centre.

Nor is the Watchman risk-free. The flap it blocks is very thin, posing a puncture risk as doctors hook the device in place.

"You put a hole in there, you've got a problem," says Almany, who had that happen to one patient - and had to do emergency surgery to stop massive bleeding and save the man.

Columbia's Gray notes that a similar experimental device, called the PLAATO, did seem to cut stroke risk by two-thirds in a small study several years ago; it hasn't yet moved into large-scale testing.

If the Watchman ultimately works, Almany predicts the procedure could cost US\$12,000 or so, less than treating a stroke or a bad Coumadin side effect.

Article from SeniorsHealth@Medbroadcast.com

Most girls and parents would accept HPV vaccine, study suggests

Dec. 3, 2006

Provided by: Canadian Press Written by: SHERYL UBELACKER

(CP) - Having young female teens vaccinated against the virus that causes genital warts and cervical cancer would be overwhelmingly endorsed by Canadian girls and their parents, a study suggests.

In a survey of girls aged 13 to 17 and their parents in Nova Scotia, more than 75 per cent said they would accept use of the recently approved vaccine against four strains of the sexually transmitted human papillomavirus, or HPV.

"The findings were actually quite similar between both parents and teenagers," said Monique MacFarlane Conrad, who led the study by the Canadian Centre for Vaccinology in Halifax. "There was overwhelming approval for the vaccine."

The vaccine, sold by Merck Frosst Canada under the brand name Gardasil, was approved for use by Health Canada in July for females aged nine to 26. The vaccine is administered in three doses over a six-month period.

In clinical studies, the vaccine has been shown to be highly effective in preventing infection by the four strains of HPV, which are responsible for about 90 per cent of cases of genital warts and cervical cancer. Ideally, researchers say, girls should be vaccinated before becoming sexually active.

Human papillomavirus is "sort of the common cold of sexual activity, it's extremely common," said MacFarlane Conrad, whose findings were released Sunday to the Canadian Immunization Conference in Winnipeg.

To conduct the study, 87 parents and 73 girls aged 13 to 17 were asked to fill out a 63-item questionnaire on their attitudes towards HPV vaccination. Of teen respondents, 30 per cent were sexually active, with a mean age for first sexual experience of 14.5.

Of those who were wary of the vaccine, their major concerns were its safety and necessity, said MacFarlane Conrad, a third-year medical student at Dalhousie University.

"There were very few people who said, 'No, no way.' Those who said 'maybe,' what they wanted was clarification, what they wanted was more information, particularly from their doctor. If their doctor said it was safe and they could be reassured that this vaccine was necessary . . . then they would accept it."

However, MacFarlane Conrad said a much larger study that includes other segments of the Canadian population needs to be conducted to confirm the results.

Still, experts agree that the burden of disease among Canadian women from HPV is huge, as is the cost to the health-care system.

A study by epidemiologist Marc Brisson of Laval University in Quebec City shows that the four strains of HPV against which the vaccine provides protection cause an estimated 36,000 new cases of genital warts in females each year in Canada, resulting in more than 85,000 visits to doctors for diagnosis and treatment.

Annually, HPV is responsible for 1,100 new cases of cervical cancer, and about 400 women die of the disease each year, estimated Brisson, who also presented his findings to the Winnipeg conference.

Diagnostic testing and treatment for both genital warts and cervical cancer take a significant chunk of the country's health-care budget, said Brisson, who holds the Canadian chair in mathematical modelling and health economics of infectious disease.

"We estimate that the treatment and diagnosis of genital warts and cervical cancer cost \$300 million to the health-care system every year. Seventy-one per cent of the costs are due to screening against cervical cancer," he said, referring to Pap smears to detect changes in cervical cells.

Brisson said strong statistics on the burden of disease from HPV on patients and the economic toll to the health system are needed to help governments and public-health officials decide whether widespread vaccination should be provided to the population.

While the vaccine is currently approved only for girls aged nine to 26, further clinical trials - several of them now underway - could broaden its applications to older females and boys (although rare, HPV infection can lead to anal or penile cancer in males).

"The results do show that the vaccine has a high potential for preventing cases of genital warts and cervical cancer cases and saving lives," said Brisson, noting that analyses suggest the HPV vaccine would be "very cost-effective."

Flu and Cold

The difference between influenza and the common cold

Both influenza and the common cold are viral respiratory infections (they affect the nose, throat, and lungs).

Viruses are spread from person to person through airborne droplets that are sneezed out or coughed up by an infected person. In some cases, the viruses can be spread when a person touches an infected surface (e.g., doorknobs, countertops, telephones) and then touches his or her nose, mouth, or eyes. As such, these illnesses are most easily spread in crowded conditions such as schools.

Influenza is commonly referred to as "the flu." Between October and March each year, between 10% and 40% of people are stricken with influenza. Although most people recover fully, the flu causes approximately 7,000 deaths annually in Canada, mostly among high-risk populations (people with other medical conditions or weakened immune systems, the elderly, or very young children). There are three types of influenza viruses: A, B, and C. Type A influenza causes the most serious problems in humans.

There are over 200 different known cold viruses, but most colds (30-40%) are caused by rhinoviruses. In Canada, the peak times for colds are at the start of school in the fall, in mid-winter, and again in early spring.

Children catch approximately eight colds per year; adults catch roughly four per year, and seniors about two per year.

Many people confuse the flu with a bad cold. The following table highlights the differences between influenza and the common cold:

Symptom	Flu	Cold
Fever	Usually present, high (102-104°F or 38-41°C); lasts 3-4 days	Uncommon
Headache	Very common	Uncommon
Aches and pains	Common and often severe	Slight
Fatigue and weakness	Can last up to 14-21 days	Mild
Extreme exhaustion	Very common at the start	Never
Stuffy nose	Sometimes	Common
Sneezing	Sometimes	Common
Sore throat	Sometimes	Common
Chest discomfort, cough	Common	Mild to moderate, hacking cough

People infected with an influenza or cold virus become contagious 24 hours after the virus enters the body (often before symptoms appear). Adults remain infectious (can spread the virus to others) for about 6 days, and children remain infectious for up to 10 days.

Screening Measures To Keep You In The Best Of Health

by Liza Finlay (*homemakers.com*) Dec. 6, 2006

Blood Test:

What it is: The microscopic examination of a blood sample for a variety of circulating substances, such as cholesterol, glucose and iron.

Why you need it: A simple blood test can tell your doctor a lot about your overall health and risk for various diseases. Your health-care professional is looking for healthy levels of the following substances.

Cholesterol:

Some of this waxy substance is necessary for cell formation and repair, but too much of it increases your risk of **heart attack** and stroke. Your doctor will contrast your circulating levels of low-density lipoprotein (LDL, or "bad," cholesterol) and high-density lipoprotein (HDL, or "good," cholesterol). The Heart and Stroke Foundation of Canada, along with Health Canada, recommends that all women over age 50 have their blood cholesterol measured annually to ensure that their total cholesterol stays on the healthy side, or less than 5.2 millimoles per litre of blood. If you have a family history of high cholesterol or heart disease and stroke, your doctor may want to get a baseline in your 40s.

Glucose:

Many general practitioners routinely screen for early signs of type 2 diabetes using a fasting blood glucose (FBG) test. To measure how efficiently your body is processing glucose, a sample of your blood is taken and tested for circulating glucose levels hours after you've eaten. There is some debate, however, over the widespread use of this test. New guidelines by the Canadian Diabetes Association call for FBG tests every three years starting at age 40. But the Canadian Task Force on Preventive Health Care does not recommend FBG tests for the general population. "If you are considered high risk, that's different," says Dr. Donna Stewart, chair of women's health for the University Health Network at the University of Toronto. "If you have a strong family history of diabetes or have recently put on an extra 10 pounds or more, a test may be warranted. Otherwise, there is little need for it." Your best bet is to discuss your risk with your doctor.

Hemoglobin:

Some women, particularly those in their 40s, start to feel **fatigue** associated with low iron (anemia). "Some of my middle-aged female patients get really heavy periods, which can be caused by fibroids," says Dr. Shawna Perlin, a general practitioner in Toronto. "They're losing iron and, as a result, become anemic." By checking iron levels every two to three years, doctors get a clear picture of your iron stores.

Vitamin B12:

Called pernicious anemia, low levels of vitamin B12 leave many women in their 40s and older feeling rundown. "We're taking care of everybody else and not ourselves," says Perlin, who periodically checks B12 levels with specialized blood tests when a patient complains of malaise. Talk to your doctor about your need for this test if fatigue and low energy are bothering you.

Article from msn.com

Cellphones don't trigger cancer, big Danish study says

Dec. 5, 2006

Provided by: Canadian Press

Written by: LAURAN NEERGAARD

WASHINGTON (AP) - A huge study from Denmark offers the latest reassurance that cellphones don't trigger cancer.

Scientists tracked 420,000 Danish cellphone users, including 52,000 who had gabbed on the gadgets for 10 years or more, and some who started using them 21 years ago.

They matched phone records to the famed Danish Cancer Registry that records every citizen who gets the disease, and reported Tuesday that cellphone callers are no more likely than anyone else to suffer a range of cancer types.

The study, published in the Journal of the National Cancer Institute, is the largest yet to find no bad news about the safety of cellphones and the radiofrequency energy they emit. But even the lead researcher doubts it will end the debate.

"There's really no biological basis for you to be concerned about radio waves," said John Boice, a Vanderbilt University professor and scientific director of the International Epidemiology Institute in Rockville, Md. "Nonetheless, people are."

So Boice and colleagues at Copenhagen's Danish Cancer Society plan to continue tracking the Danish callers until at least some have used the phones for 30 years.

This so-called Danish cohort "is probably the strongest study out there because of the outstanding registries they keep," said Joshua Muscat of Pennsylvania State University, who also has studied cellphones and cancer.

"As the body of evidence accumulates, people can become more reassured that these devices are safe, but the final word is not there yet," Muscat added.

Cellphones beam radiofrequency energy that can penetrate the brain's outer edge, raising questions about cancers of the head and neck, brain tumours or leukemia. Most research has found no risk, but a few studies have raised questions. And while U.S. health officials insist the evidence shows no real reason for concern, they don't give the phones a definitive clean bill of health, either, pending long-term data on slow-growing cancers.

For the latest study, personal identification numbers assigned to each Dane at birth allowed researchers to match people who began using cellphones between 1982 and 1995 with cancer records.

Among 420,000 callers tracked through 2002, there were 14,249 cancers diagnosed - fewer than the 15,001 predicted from national cancer rates. Nor did the study find increased risks for any specific tumour type.

Article from CancerReport@Medbroadcast.com

New mothers at risk for variety of mental problems: Danish study

Dec. 6, 2006

Provided by: Canadian Press

Written by: LINDSEY TANNER

CHICAGO (AP) - New mothers face increased risks for a variety of mental problems, not just postpartum depression, one of the largest studies of psychiatric illness after childbirth found.

New fathers aren't as vulnerable, probably because they don't experience the same physical and social changes associated with having a baby, researchers and other experts said.

The study, based on medical records of 2.3 million people over a 30-year period in Denmark, found the first three months after women have their first baby is riskiest, especially the first few weeks. That's when the tremendous responsibility of caring for a newborn hits home.

During the first 10 to 19 days, new mothers were seven times more likely to be admitted to hospital with some form of mental illness than women with older infants. Compared with women with no children, new mothers were four times more likely to be in hospital with mental problems.

New mothers also were more likely than other women to have outpatient psychiatric treatment.

However, new fathers did not have a higher risk of mental problems when compared with fathers of older infants and men without children.

The prevalence of mental disorders was about one out of every 1,000 births for women and just 0.37 out of 1,000 births for men.

Mental problems included postpartum depression but also bipolar disorder, with alternating periods of depression and mania; schizophrenia and similar disorders and adjustment disorders, which can include debilitating anxiety.

The study underscores a need for psychiatric screening of all new mothers and treatment for those affected, said an editorial accompanying the study in Wednesday's *Journal of the American Medical Association*.

"Mental health is crucial to a mother's capacity to function optimally, enjoy relationships, prepare for the infant's birth and cope with the stresses and appreciate the joys of parenthood," the editorial said.

Two of the editorial's three authors reported financial ties to the psychiatric drug industry. The study researchers said they had no financial ties to the industry.

They examined national data on Danish residents from about 1973 to July 2005. About 1.1 million participants became parents during the study.

A total of 1,171 mothers and 658 fathers - none diagnosed with any previous mental problems - were admitted to hospital with a mental disorder after childbirth.

Lead author Trine Munk-Olsen, a researcher at Denmark's University of Aarhus, said similar risks for psychiatric problems likely would affect new parents in other developed countries. However, differences in screening practices and access to health care might influence whether parents elsewhere are admitted to hospital, she said.

Physical changes after childbirth might partly explain why women are vulnerable, including fluctuating hormone levels, Munk-Olsen said. These, alone or combined with sleep deprivation and the demands of breastfeeding could trigger mental problems, she said.

Hard data on the number of women worldwide affected by postpartum mental illness are scant but postpartum depression alone affects about 15 per cent of U.S. women.

The condition made headlines last year when actress Brooke Shields acknowledged taking antidepressants after her first child was born - and Tom Cruise publicly criticized her for it.

It also has been cited as a factor in cases of mothers killing their children, including Andrea Yates' drowning of her five children in Texas in 2001.

Dr. Nada Stotland, a psychiatry professor at Rush Medical College in Chicago, said gender differences in postpartum mental illness are not surprising.

Mothers generally bear the brunt of sleep deprivation and many new mothers are socially isolated or live far from relatives who could provide support, Stotland said.

She said the study likely will provoke mixed reactions.

"There may be people who say: 'My mother raised eight children and she never needed to have mental health care' and others will say: 'Finally somebody has noticed just how stressful this is and what people go through,'" Stotland said.

Article from ChildrensHealth@Medbroadcast.com

Teens who smoke more likely to abuse alcohol and drugs, study suggests Dec. 6, 2006

Provided by: Canadian Press

OTTAWA (CP) - Young people who smoke are much more likely than their non-smoking peers to drink and abuse alcohol, and to use marijuana and other illicit substances, says a report issued Wednesday by the Canadian Centre on Substance Abuse.

The report, based on data from a 2004 Canadian Addiction Survey, examined the habits of 15-to 19-year-olds. It found 26.7 per cent of teens in the age bracket reported smoking cigarettes at least occasionally in the year prior to the addiction survey.

Among smoking youth, 97.7 per cent reported drinking alcohol in the past year, compared with 75.3 per cent of non-smoking youth.

Ninety-one per cent of smoking youth reported using cannabis in the past year, compared with 28.8 per cent of non-smoking youth.

Among the smokers, 31 per cent reported using cocaine, heroin, amphetamines, ecstasy or hallucinogens in the past year, compared with just 3.5 per cent of non-smoking youth.

"This research clearly shows that tobacco use among youth aged 15 to 19 is a powerful and effective marker of other substance use," said Rita Notarandrea, director of research and policy for the centre.

"There is a strong message here for parents and educators to recognize the correlation between tobacco and other substance use, and to start a dialogue with young smokers about their use of alcohol and other drugs."

The study, entitled Risks Associated with Tobacco Use in Youth Aged 15-19, calls the association between youth smoking, drinking and illicit drugs "very strong."

It did not indicate whether tobacco is a "gateway drug" leading to other drug use.

Article from ChildrensHealth@Medbroadcast.com

December 15, 2006

Assembly of First Nations National Chief Phil Fontaine says today's court ratifications represent a victory for Residential School Survivors

"Today's court ratifications are a victory for the tens of thousands of Residential School system survivors," said National Chief Phil Fontaine. "It means that we are on track for payments to be made out sooner than we expected. The Common Experience Payment (CEP), which benefits all residential school survivors, will likely begin in the summer of 2007.

"As you may know, I have worked tirelessly for an early resolution to this historic \$4 billion plus settlement," said National Chief Fontaine. "Today, we are happy that the courts have found it to be fair and just and have responded quickly to the certification applications.

"This early resolution of the certification requirement shows the courts realize the importance of getting this deal completed, especially for the elderly and the sick," added the National Chief. "We expect court decisions in NWT and Nunavut will be rendered positively in the coming days."

CEP payments are based on attendance at a residential school and will be calculated on the basis of \$10,000 for the first year or portion of a year attended, and \$3,000 per year or portion of subsequent years attended. The total amount of this fund is \$1.9B

The much improved process for compensation for individual's who suffered abuse will start at the same time. The new process no longer discriminates between survivors depending on their geographic location or religion. It will compensate for more harms; it will be gender neutral; and it will provide more compensation than the present Alternate Disputes Resolution process.

"The courts certification also means the Truth and Reconciliation Commission will be starting its work next summer," noted National Chief Fontaine. "The Truth and Reconciliation Commission will ensure that all Canadians will understand the significance of the serious harm done to our people. First Nations are determined to send the message to the world that 'Never Again' will such a racist agenda be tolerated in Canada."

The remaining piece in the ratification process is the ratification by the survivors themselves. They get the last word. They will have 6 months to review the deal to decide if they want it. The AFN has strongly recommended that they accept the deal.

The AFN and the Indian Residential Schools Commission will soon begin a comprehensive communications campaign to inform survivors of their rights to compensation.

The Assembly of First Nations is the national organization representing First Nations citizens in Canada.

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27 per cent of teens from Atlantic Canada took ride from drunk driver: study Dec. 19, 2006

Provided by: Canadian Press

Written by: TARA BRAUTIGAM

ST. JOHN'S, N.L. (CP) - More than a quarter of Atlantic Canadian teenagers say they've hitched a ride with a drunk driver over the course of a year, according to a new study that paints a grim picture of how many youths may be risking their lives on their way home.

The survey of nearly 13,000 teens in the four Atlantic provinces indicates 27 per cent of them accepted a ride from a driver who had too much to drink. Twenty-nine per cent of adolescents in rural areas were willing to take a ride from an inebriated driver, compared to 23 per cent of those living in larger cities - a disparity likely because of a lack of alternative transit options, one of the researchers behind the study said.

"After an evening's party or going to an event, teenagers in rural areas don't have necessarily options of buses or taxis," said Christiane Poulin, a Dalhousie University professor who holds a Canada research chair on population health and addictions.

"Taxis may be very, very expensive because there are such long distances to travel, so teenagers are pretty well required to come back either as drivers or as passengers themselves, and in some instances, especially if it's been a party, there may be no option but to come back with somebody who's been drinking."

Twenty-nine per cent of teen girls said they rode with intoxicated drivers, versus 24 per cent of boys, the study said. "If they go out on a date, the guy tends to be the driver," Poulin said. "It may even be the boyfriend who has the car and who is the driver. Teenage girls tend to be passengers."

One of the more startling discrepancies was that 36 per cent of teens with mothers who had less than a high school education were likely to ride with drunk drivers, while only 20 per cent of them whose mothers had a university education would do the same.

The difference is not that surprising, Poulin said. "Who might set the tone of the household in terms of protective health behaviours? Typically, a large part of that role goes to the mother, and so if the mother is well-informed about issues of health and safety, typically that helps a family a great deal."

While only teens in Atlantic Canada were surveyed, the factors behind their decision to ride with drunk drivers would be similar across the country, Poulin said.

Thomas Snell, a co-ordinator with a group at the University of Toronto that encourages youths to drink responsibly, said he was somewhat surprised at the study's findings. He said peer pressure is probably a major factor for teens deciding to take such a gamble with their lives. "I'm sure often it's a friend," said the third-year management studies student.

"They insist they're OK. You might not be too sure, but you don't want to lose this person's trust and their friendship." Not surprisingly, teens who drank alcohol and smoked marijuana were more likely to be passengers with drunk drivers.

The findings highlight the importance of graduated licensing programs, designed to prevent young intoxicated drivers from getting behind the wheel, as well as the need for parents to plan how their kids will return home from concerts and house parties, Poulin said.

"We as adults and parents need to assist our teenagers with that, because teenagers cannot do that all alone," she said. "They don't necessarily have money for taxis. We have to see to that, for example."

Raynald Marchand of the Canada Safety Council agreed that parents should have a Plan B ready for adolescent children who may not keep promises of abstaining from alcohol. "Some parents sign contracts with their kids that essentially says they will not take a ride from an impaired driver, that they will call them," Marchand said.

The study was published last month in the online edition of the journal *Addiction*, and appears in the published edition next month.

Article from Medbroadcast.com

BC Leadership Council Applauds Supreme Court Decision Affirming North Saanich Right to Hunt

For Immediate Release December 21, 2006

Coast Salish Territory/Vancouver BC – The Union of BC Indian Chiefs and representatives for the Tsartlip First Nation hosted a press conference today in Vancouver to speak to the Supreme Court of Canada's decision in *Ivan Morris et al v. Her Majesty The Queen*. The Supreme Court of Canada's affirmation of the Tsartlip First Nation's right to hunt as protected by the *North Saanich Treaty of 1852*, referred to as one of the "Douglas Treaties."

Wayne (Ivan) Morris welcomed the decision, "Here it is, years and years of thinking of our rights and waiting for justice and we won. It is a victory not only for the present generations but for our future generations as well."

Carl Olsen commented "The decision not only upholds our treaty rights, it protects our traditional way of life."

Wayne Morris and Carl Olsen are the two Tsartlip hunters who were convicted of an offence under s. 27(1)(d) of the *Wildlife Act* for hunting during prohibited hours and hunting with lights ("night hunting").

"With this decision, the Province of BC can't sit in their offices in Victoria and draft laws saying 'you can't do this, you can't do that'. It is clear that BC has to engage First Nation communities about their rights" said Ardith Walkem, co-counsel for Morris and Olsen.

Grand Chief Ed John, First Nations Summit, stated "The Leadership Council is very pleased with today's ruling affirming the legitimacy and importance of historic treaties in British Columbia. These treaties are not historical curiosities or oddities - they are living legal and constitutional instruments outlining the unique relationships between First Nations peoples and governments. These rights and relationships are current and real and have modern day implications for the lands, territory and resources covered by the treaty."

"The ramifications of this decision will be felt right across Canada. Treaty rights are affirmed and they must be respected. As courts affirm our respective rights, there will be increased pressure to protect those rights. In this case, what use is the right to hunt when our territories are under pressure from massive developments such as the Bear Mountain development? It is time for governments to fundamentally change their attitudes and recognize treaties like the Douglas treaties the agreements in spirit of reconciliation and drastically reform the existing legislation and policy frameworks to conform to our rights," concluded Grand Chief Stewart Phillip of the Union of BC Indian Chiefs.

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FDA proposes sterner warnings for acetaminophen, Aspirin, other pain relievers

Dec. 19, 2006

Provided by: Canadian Press

Written by: ANDREW BRIDGES

WASHINGTON (AP) - U.S. health officials on Tuesday proposed sterner warning labels for acetaminophen, Aspirin and ibuprofen, again cautioning millions of Americans who take the nonprescription pain relievers regularly of potentially serious side effects.

The over-the-counter drugs remain safe and effective when used as directed, the Food and Drug Administration said. However, overdoses of acetaminophen can cause serious liver damage, even death, the FDA said.

For Aspirin, ibuprofen and other nonsteroidal anti-inflammatory drugs, there is a risk of gastrointestinal bleeding and kidney injury even when patients take the correct dose. The drug are linked to thousands of deaths a year. The FDA said the risk is rare when compared to the number of patients who take the drugs.

The drugs are found in hundreds of products sold to treat pain, headache and fever. Health officials worry that the wide availability of those combination products allows patients to unwittingly overdose.

The FDA has updated the labels on the drugs multiple times in the past to warn patients of their risks. In 2004, some of the warnings contained in the new proposal were included in pharmacy brochures and public service ads - a move that some critics said at the time didn't go far enough. The latest proposed changes largely would beef up and highlight those warnings on the labels of the drugs.

They also would require more prominent disclosure, using fluorescent or bold-faced type, of the presence of the drugs among a medication's ingredients.

For acetaminophen, the labels also would warn of the risk of severe liver damage if patients take more than the recommended dose or consume three or more alcoholic drinks a day while on the drugs. The labels also would warn patients not to take multiple medicines that contain acetaminophen. In any given week, an estimated 48 million Americans take an acetaminophen product.

For Aspirin, ibuprofen, naproxen and other nonsteroidal anti-inflammatory drugs, or NSAIDs, their labels would have to contain additional warnings of the risk of stomach bleeding. The labels would note the risk is higher in patients older than 59, or in those who have stomach ulcers, take blood-thinning drugs or steroids, use other drugs that contain an NSAID or remain on the medications for an extended period. An estimated 17 million Americans take an NSAID daily.

Acetaminophen is sold under the brand name Tylenol and in multiple generic versions. Acetaminophen sends an estimated 56,000 people to the emergency room each year, the FDA said. About 100 people die each year after unintentionally overdosing on the drug.

Ibuprofen is sold under the brand names Advil and Motrin and in generic form as well. Naproxen is best known as Aleve, but is also sold generically. The NSAIDs are blamed for sending more than 200,000 Americans to the hospital every year, and are linked to an estimated 16,000 deaths, the FDA said.

While all the affected drugs are available without a prescription, they also are used in multiple combination products sold only with a doctor's note. The proposal won't take effect until a year following its scheduled Dec. 26 publication in the Federal Register. However, the FDA said it strongly encourages companies to begin updating their labels before the rule becomes final. The agency posted the proposal Tuesday on its website.



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First Nations Leadership Council

INFORMATION BULLETIN

Feedback and inquiries on these monthly bulletins are welcome; contact information is provided in the column to the left.

New Relationship

There are five key priorities under the New Relationship: legislation (new recognition legislation and ongoing legislative development processes); consultation and accommodation (including a new consultation and accommodation framework as a key deliverable for the new year); shared decision-making; revenue sharing; and dispute resolution.

Other priorities for 2007 include: ecosystem stewardship planning; Education Forum regarding the underpinnings of provincial policy; litigation side table; and communications.

Transformative Change Accord

Work continues between the FNLC and the province to develop a draft implementation strategy for the Transformative Change Accord. The health plan has been released, and the other sections will soon be ready to distribute to First Nations for comment and advice.

It is hoped that the federal government will fulfill its commitments under the Transformative Change Accord, and engage with the FNLC and BC to develop the comprehensive 10-year plan to improve the quality of life for First Nations in BC – including reconciling title and rights and building a new relationship based on recognition.

Fisheries

On November 29, the FNLC hosted a Special Assembly on Fisheries in follow-up to the October 4-5 First Nations Fisheries Forum. The

purpose of the Assembly was to review and provide input into the draft BC First Nations Fisheries Action Plan, which was approved in principle via resolution of the BCAFN, UBCIC and FNS.

More than 150 delegates provided their feedback into the Plan during the Assembly, and committed to thoroughly review the document and provide any final comments to the drafting group by late January 2007.

The Plan will also be shared with federal and provincial governments, and discussion of the Plan and other fisheries matters will take place at a joint fisheries meeting in February.

Health

Health Plan and MoU:

On November 27, 2006, the FNLC, Government of Canada and Province of British Columbia signed a First Nations Health Plan Memorandum of Understanding (MoU), and the Leadership Council and BC released a BC First Nations Health Plan. These two agreements are based on the signed tripartite Transformative Change Accord and the BC First Nations Health Blueprint and are designed to close the gaps in health outcomes that exist between First Nations and other British Columbians.

First Nations in British Columbia live an average of seven years less than other British Columbians, have a diabetes rate 40% higher than the rate of the general population, and have higher rates of youth suicide – these disparities are, in large part, a reflection of the lack of involvement of First Nations in decision-making regarding their own health care.

Recognizing the authority of First Nations over the health of our peoples through direct participation in the design and delivery of health services in and for our communities is essential to closing the gap, and is

a central theme of the MoU and Health Plan.

Some of the specific activities in the MoU and Health Plan to support the health and wellness objectives of BC First Nations, and encourage collaborative decision-making at all levels include:

- Support for local First Nation community health plans;
- Creation of an Aboriginal Health Plan for each provincial health authority that will allow for improved coordination between First Nation community health plans and plans of the health authorities;
- A tripartite process for health policy and program planning as well as the monitoring of health outcomes in First Nations communities;
- Development of curriculum and mandatory training sessions for cultural competency of health service providers;
- Coordination of efforts in chronic disease management, such as in diabetes, HIV/AIDS, cancer, and hepatitis C; and
- A spring 2007 Health Forum between First Nations, regional health authorities, health professionals and others to provide advice on the implementation of the MoU and the Health Plan.

There are a large number of other activities set out in the four key MoU and Plan areas (Governance, Relationships and Accountability; Health Promotion and Disease and Injury Prevention; Health Services; and Performance Tracking). These documents also commit the Parties to achieve specific targets, and measure and report on progress.

For copies of the MoU and Health Plan, please visit www.bcafn.ca; www.fns.bc.ca; www.ubcic.bc.ca.

National Aboriginal Health Summit British Columbia hosted a national Aboriginal health summit on November 28, 2006. Members of the FNLC attended as part of the Premier's delegation. This summit

fulfilled Premier Campbell's commitments to improving Aboriginal health made at the First Ministers Meeting in November 2005. A number of other provinces are fulfilling similar commitments, including an upcoming economic development summit and a summit on Aboriginal Women.

Conversation on Health

The provincial government recently announced that it is holding a *Conversation on Health* until the fall of 2007 – a discussion among British Columbians on how to make British Columbia healthier, and how to improve and renew the provincial health system while strengthening the Canada Health Act. The inaugural event of this conversation was a Congress on Health hosted by Premier Campbell on October 10, and attended by the FNLC. Regional forums, toll-free telephone line, email and online discussions are available to provide feedback, and the FNLC encourages all First Nations to provide input. Please see their website at www.bcconversationonhealth.ca, phone 1-866-884-2055 or email ConversationOnHealth@victoria1.gov.bc.ca.

New Relationship Trust

(www.newrelationshiptrust.ca)

Work is ongoing by the New Relationship Trust Board of Directors to develop a strategic plan for the use of the \$100 million fund. This work is expected to conclude early in the new year.

Also early in the new year, the term of the initial Board of Directors will expire. Kathryn Teneese, Nathan Matthew, Dawn Farrell will retain their seats. An additional new four Board members (one each appointed by the province, the BCAFN, FNS and UBCIC) will be announced in the coming weeks.

UN Declaration on the Rights of Indigenous Peoples

On November 28, 2006 – after two decades of discussion and development – the slow pace of

approval of the United Nations Declaration on the Rights of Indigenous Peoples came to a halt at the current session of the UN General Assembly in New York. A resolution put forward by the Namibian delegation – in effect, a non-action motion on the Declaration – was supported by a majority with 82 Nation States voting in favour, 67 Nation States voting not in favour and 25 Nation States abstaining.

Grand Chief Ed John, who was in New York on behalf of the Assembly of First Nations, stated "Today is a very sad day for the United Nations and a very serious setback for the integrity of the newly formed Human Rights Council who urged the General Assembly to formally adopt this historic document. It now appears that the most likely outcome will be that the United Nations never formally adopts the Declaration. This is a remarkable and bizarre development."

"Canada was positioned to play a significant role in supporting the Declaration but Canada chose to actively oppose the Declaration as a member of the Human Rights Council and at the General Assembly," commented BC Regional Chief Shawn Atleo. "We share the deep frustration of all those who worked long and hard to get the Declaration to this point. We sincerely hope that the Declaration is not lost and that we can find a way in which to revitalize this important work."

Grand Chief Stewart Phillip stated, "Canada no longer enjoys a 'blue beret' reputation at the United Nations. Canada's disgraceful and disgusting conduct against Indigenous People at both the national and international levels is being noted. It is simply shameful that as a Council member of the Human Rights Council, Canada pretends to espouse the highest standards and protection of Human Rights. It is those countries who have lived with the ravages of colonialism now speak for continuing colonialism for all Indigenous Peoples."

The Declaration was adopted by the UN Human Rights Council this past June and was recommended for adoption by the General Assembly. Canada was one of few countries to vote against the Declaration in June.

A template letter is available for First Nations that wish to write to the Prime Minister to express their dismay at these developments. Please contact the member organizations of the FNLC for a copy of this template letter. More information on the Declaration is available at www.ipcaucus.net.

FNLC Meeting Notes

At the recommendation of First Nations, this section of the information bulletin is to describe discussion and decisions of FNLC.

- FNLC met with the Minister of Fisheries, Loyola Hearn in Ottawa in early December
- A joint working group on consultation and accommodation has been struck to produce a draft framework for consideration
- A joint Steering Committee has been formed to oversee the planning of two First Nations Justice Forums in 2007. Stewart Phillip and Judith Sayers will participate on behalf of the FNLC
- Tentative dates for a First Nations Energy Summit are April 2-5, 2007 in either Prince George or Vancouver.
- The FNLC and other interested groups will tour the Insite safe injection site in the new year
- FNLC and BC to jointly lobby for federal engagement
- FNLC to continue discussions on land use planning with the provincial government
- Wildlife Act review and Integrated Pest Management Guidelines consultation process to be improved
- A joint working group on the *Heritage Conservation Act* and will begin work in the new year
- A First Nations Justice Forum will be convened in the spring of 2007

- Two video pilot projects are currently being produced to improve public awareness about First Nations and the New Relationship
- 6-month secondment opportunity (reporting to the FNLC and government) for a First Nations individual within the Ministry of Economic Development
- FNLC to work with BC to develop an internship program for First Nations youth
- FNLC meets regularly with the First Nations Forestry Council
- In collaboration with First Nations, BC is undertaking a project to improve the collection, reliability and accessibility of data on First Nations and Aboriginal people
- A comprehensive study on the status of First Nations and Aboriginal housing in BC is being conducted to assist in developing the Transformative Change Accord implementation strategy. This study should be complete by the end of the fiscal year.
- Meetings scheduled in new year to discuss INAC's regional strategic plan

Education

Bill C-34: *First Nations Jurisdiction Over Education in British Columbia Act* received Royal Assent on December 12, 2006. The federal legislation provides First Nations with jurisdiction over decisions affecting First Nations K-12 students on-reserve in BC. In a rare event prior to receiving Royal Assent, Bill C-34 was passed unanimously by all parties in Parliament following third reading. Similar enabling legislation will be passed by the province in the spring to allow for full implementation of the jurisdiction agreements to begin. More information is available at www.fnesc.bc.ca/jurisdiction/index.php

Residential Schools

On December 15, 2006, superior courts in six provinces and Yukon territory approved the residential school settlement plan. BC Supreme

Court Chief Justice Donald Brenner further called on Prime Minister Stephen Harper to apologize to First Nations for the abuses of the Indian residential school system – a position supported by the FNLC and many other First Nations across Canada. The final piece of the ratification process is approval by residential school survivors, who have six months to review the settlement plan.

The certification of the residential school settlement plan by the courts means that the Truth and Reconciliation Commission – which will ensure that all Canadians understand the impact of residential schools – will begin its work next summer. The Common Experience Payment will likely begin in the summer of 2007. For more information, visit www.residentialschoolsettlement.ca

Calendar of Events

- **December 25:** BCAFN, FNS and UBCIC offices closed for the holidays
- **January 8:** BCAFN, FNS and UBCIC offices re-open.
- **January 30-31:** UBCIC Chiefs' Council meeting
- **March 14-16:** FNS Meeting, Squamish Nation Recreation Centre

The First Nations Leadership Council is comprised of the political executives of the BC Assembly of First Nations, First Nations Summit, and the Union of BC Indian Chiefs:

- *BC Assembly of First Nations Regional Chief A-in-chut, Shawn Atleo;*
- *First Nations Summit Task Group members Grand Chief Edward John, Chief Judith Sayers, Dave Porter;*
- *Union of BC Indian Chiefs President Stewart Phillip, Vice-President Robert Shintah; Chief Lynda Price*

The Council works together to politically represent the interests of First Nations in British Columbia and develop strategies and actions to bring about significant and substantive changes to government policy that will benefit all First Nations in British Columbia.

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Website: www.bcelders.com
Email:
bcelders@telus.net**

**'ELDERS VOICE' ISSUES
ARE SENT OUT TO
COMMUNITIES BY THE
1st OF EACH MONTH.**

**If your area's copy is not re-
ceived in a timely manner
please call in to the office.**

TRADITIONAL HEALING CORNER

For Dani's Devil Club Salve Please call: 250-287-8435 H or 287-9460 W
or you can email daniassu@hotmail.com with inquiries or orders.
Anyone interested in advertising their products please contact the EV.

PROVERBS:

Early to bed and early to rise makes a man healthy, wealthy, & wise.
Enough is as good as a feast.
Everybody wants to go to heaven but nobody wants to die.
Failing to plan is planning to fail.
Familiarity breeds contempt.
If a job is worth doing it is worth doing well.
If you can't be good, be careful.

BIBLE QUOTES: Money

"Jesus said unto them, How hard it is for those who trust in riches to enter into the kingdom of heaven! It is easier for a camel to go through the eye of a needle than for a rich man to enter into the kingdom of God." Matthew 19:23-24

"Riches are not forever." Proverbs 27:24

"The love of money is the root of all evil." I Timothy 6:10

"A little that a righteous man has is better than the riches of many wicked men." Psalms 37:16

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

Happy! Happy! Birthday To All Elders Born in January!!

Capricorn December 22 - January 19th

Capricorn the goat is motivated by a desire for success, money, authority and love. Capricorns are superb organizers and party planners. They strive patiently for the good things in life. Ambitious and sensual, Capricorns have a sense of purpose, great faith in their abilities and do not easily part with money.

National Survivors Support Line

24 Hours a day - 7 days a week - 1-866-925-4419

The Indian Residential School Survivors Society provides free, immediate, confidential, non-judgmental, support for residential school survivors across Canada.

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

Dear Elders and Elders Support People,

There are NO UPDATES available at this time for next years' Annual Elders Gathering.

The 31st Annual Elders Gathering is being hosted by the Squamish Nation, however an information package with the place and dates for the event have not been released at this time.

Please be patient... often times there is no info package available until sometime in the New Year.

Rest assured that as soon as the Host's information is available it will be featured here and on our web-site www.bcelders.com

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