

Volume 14 Issue 2

January 2014

**ATTENTION: Elders Contact People
Please Make Copies of the EV Each
Month For Your Elders, Chief & Council
and Boards of Directors if possible.**

EV'S 158th Issue!



BC ELDERS COMMUNICATION CENTER SOCIETY

ELDERS VOICE

HAPPY BIRTHDAY TO ALL ELDERS BORN IN JANUARY!

**The 38th Annual Elders Gathering
The dates for next years event
have been announced as
July 7, 8, and 9th 2014 and will be held at the
Trade And Convention Centre in Penticton.
Watch the EV for further press releases on the
Gathering from the new host.**

**Contact: Inez Pierre, Elder's Coordinator
Email: ipierre@pib.ca
Tel: 250-493-0048
Fax: 250-493-2882
TF: 1-877-493-0048**

**Registration and Volunteer Forms on page 5-6,
there are no vendor forms as yet.**

HAPPY NEW YEAR!!

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Back Page: Annual Elders Gathering Corner Contact Information, Quotes, and Horoscopes

Easy Bakers Corner – Scottish Shortbread (6 dozen)

Preheat oven to 325°F. Grease and flour baking pan.

Cream 2 cups of butter and 1 cup of light brown sugar. Gradually add 4 cups of flour. Mix well.

May be rolled and cut or baked in a pan.

Bake for 30 minutes, until slightly golden brown.

Happy New Year Wish
My Happy New Year wish for you
Is for your best year yet,
A year where life is peaceful,
And what you want, you get.
A year in which you cherish
The past year's memories,
And live your life each new day,
Full of bright expectancies.
I wish for you a holiday
With happiness galore;
And when it's done, I wish you
Happy New Year, and many more.

By Joanna Fuchs

What Can you please share?

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

Gilakasla, Donna Stirling

'PRESERVING THE PAST'

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

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

Disclaimer:

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

BCECCS 14th Year GRATITUDE LIST

Support Fee from Dec. 1st 2013 – Nov. 30th 2014

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

LEVELS OF SUPPORT

\$1000 – Salmon

\$750 – Frog

\$500 – Sisiutl

\$250 - Hummingbird

SALMON LEVEL - \$1000

1. TAHLTAN BAND COUNCIL

FROG LEVEL - \$750

1.

SISIUTL LEVEL - \$500

1. Aboriginal Tourism Association of BC
2. First Nations' Emergency Services Society of BC
3. Osoyoos Indian Band

HUMMINGBIRD LEVEL - \$250

1. Union of BC Indian Chiefs
2. Lake Babine Nation
3. Irving K Barber BC Scholarship Society
4. Skidegate Band Council
5. Seton Lake Indian Band
6. Xaxli'p Indian Band
7. Mamalilikulla Qwe'Qwa'Sot'Em Band
8. McLeod Lake Tse'khene Elders Society
9. Lytton First Nation
10. Akisqnuk First Nations
11. Doig River First Nation
12. Weiwaikum First Nation
13. Pacheedaht First Nation
14. Tsleil-Waututh Nation
15. Hailika'as Heiltsuk Health Centre

Donation: First Nations Tax Commission

Education Awards Available

An increasing number of Aboriginal students are pursuing post-secondary learning and the award programs of the Irving K Barber BC Scholarship Society are making it a little easier for many to cover the high costs associated with advanced education. Each year the Society distributes hundreds of awards ranging from \$1000 to \$5000 to Aboriginal students studying everything from welding to medicine. Awards are available for students attending both college and university level institutions as well as a number of Aboriginal education institutes.

The awards are granted through a competitive process that considers financial need, career goals, and family and community responsibilities. References – in particular those provided by Elders – are an important part of the evaluation process for the awards. Grades are not considered a deciding factor as a student's commitment to his or her community is regarded as a more important measure of the likelihood of success and graduation than past academic achievement.

In 2013, the Aboriginal Awards program – including the new Aboriginal Teacher Education Program that provides special support for students seeking to become teachers – paid out over \$800,000 in awards to 271 individual Aboriginal students in BC.

The following chart details the wide range of post-secondary studies that were supported.

Program Category	# of Awards	Category Total
Apprenticeships/Certificates/Diplomas	45	45,000
Bachelors	105	367,000
Masters/Doctoral	45	225,000
Past Recipients	51	51,000
Teacher Education	25	125,000
Total	271	\$813,500

Information and application forms for the Society's Aboriginal Awards program are available online at www.bcscholarship.ca or by calling the Victoria Foundation (250-381-5532) who administer the program on behalf of the Society.

Application forms for next year's awards will be available in mid-December with an application deadline of March 31st, 2014.



38TH ANNUAL BC ELDERS GATHERING

HOSTED BY PENTICTON INDIAN BAND ELDERS
 RR #2 SITE 80 COMP. 19 PENTICTON, BC V2A 6J7
 PHONE: 250 493 0048 □ FAX: 250 493 2882
 WEBSITE: [HTTP://38THBCELDERSGATHERING.COM](http://38thbceldersgathering.com)

ELDERS GROUP REGISTRATION FORM

GENERAL INFORMATION

JULY 7, 8, & 9, 2014
 SOUTH OKANAGAN EVENTS CENTRE &
 PENTICTON TRADE & CONVENTION CENTRE
 853 ECKHARDT AVE W, PENTICTON, BC

REGISTRATION

EARLY BIRD – BY MAY 10, 2014 \$125.00 PER GUEST

LATE – AFTER MAY 10, 2014 \$150.00 PER GUEST

*REGISTRATION INCLUDES CONTINENTAL BREAKFAST, LUNCH,
 AND DINNER PER AGENDA FOR ONE PERSON; WELCOME PACKAGE;
 SCHEDULED TRANSPORTATION; PARKING; AND TOUR OPTIONS.

GROUP / NATION / TRIBE:			
GROUP CONTACT NAME:		EMAIL:	
PHONE:		FAX:	
ADDRESS:			
ON SITE CAREGIVER NAME:		CONTACT # :	

HOTEL/MOTEL NAME:		PHONE:	
ADDRESS:			

PARTICIPANT NAMES:	HEALTH CONCERNS, DISABILITIES, AND/OR DIETARY NEEDS <small>(THIS INFORMATION WILL BE ON BADGE WORN BY ELDER FOR EMERGENCY PURPOSES)</small>
1	
2	
3	
4	
5	
6	
7	
8	

PLEASE MAIL COMPLETE REGISTRATION FORM WITH
 CHEQUE OR MONEY ORDER PAYABLE TO:

PENTICTON INDIAN BAND
 RE: 38TH ANNUAL BC ELDERS GATHERING
 RR #2 SITE 80 COMP. 19
 PENTICTON, BC V2A 6J7

*FULL PAYMENT MUST ACCOMPANY REGISTRATION FORMS;
 NO REGISTRATION WILL BE SECURED WITHOUT PAYMENT

REGISTRATION FEE

- I AM ENCLOSING EARLY BIRD REGISTRATION FEES
 FOR _____ (#) PARTICIPANTS @ \$125.00 EACH
- I AM ENCLOSING LATE REGISTRATION FEES
 FOR _____ (#) PARTICIPANTS @ \$150.00 EACH

TOTAL CHEQUE/MONEY ORDER
 ENCLOSED: \$ _____

FOR FURTHER REGISTRATION INFORMATION AND/OR CHANGES PLEASE CONTACT:
 SABRINA ENEAS, REGISTRATION COORDINATOR
 EMAIL: SENEAS@PIB.CA PHONE: (250) 493 0048 EXT. 135

“HONOURING OUR OLD ONES, STORY TELLERS & TEACHINGS”

~THE 38TH ANNUAL ELDERS GATHERING CORE COMMITTEE IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS, NOR INJURIES OR ILLNESSES DURING THE EVENT~



38TH ANNUAL BC ELDERS GATHERING

HOSTED BY PENTICTON INDIAN BAND ELDERS
 RR #2 SITE 80 COMP. 19 PENTICTON, BC V2A 6J7
 PHONE: 250 493 0048 | FAX: 250 493 2882
 WEBSITE: WWW.38THBCELDERSGATHERING.COM

VOLUNTEER REGISTRATION FORM

First Name:		Last Name:	
Mailing Address:			
City:	Province:	Postal Code:	
Phone:	Alternate Phone:	E-mail:	
Age (check one): * <input type="checkbox"/> Youth (16-17 Years) <input type="checkbox"/> Young Adult (18 – 24 Years) <input type="checkbox"/> Adult (24 Years +)			
*please note that if you are under 18 you will need a chaperone with you when you are volunteering			
Medical Number:		Illness/Allergy:	
Emergency Contact Information			
Contact Person:		Phone:	
Address:		City:	Province:
Signature:		Date:	

Description of Possible Volunteer Duties (Please complete the volunteer schedule on the following page)

- Registration – July 7, 2014. Will assisting staff with the registration process.
- Giveaways – Assisting coordinator with all giveaways for gathering
- Elders Rest Area – Assisting in quiet area for Elders
- Elders Support – Runners for water, snacks, servers, dance partners
- Food Server/clean-up - will assist with during meals and light clean-up.
- Transportation – directing to buses, connecting with tours
- Fundraising – assisting with 50/50 sales
- Arts & Craft Support – Checking in with vendors for any support required.
- Cultural Activities - will assist with duties related to the Cultural activities (may be with feast, luncheon).
- Venue Guide – July 7-9, 2014 will direct delegates who are looking for specific rooms or venues.
- Entertainment Aid – will assist with entertainment activities.
- Security/First Aid - provide assistance during gathering.
- Set-up/Take-down – Helping with setup (could be stage, chairs, etc.)

Please submit completed volunteer application forms by fax, mail or e-mail to:

Rhonda Terbasket, Volunteer Coordinator
 38th BC Elders Gathering
 146 Ellis St. Penticton BC, V2A 4L5
 E-mail: rterbasket@friendshipcentre.ca or Fax: 250-490-0891 or Phone: 250-490-3504

“HONOURING OUR OLD ONES, STORY TELLERS & TEACHINGS”

~THE 38TH ANNUAL ELDERS GATHERING PLANNING GROUP IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS, NOR INJURIES OR ILLNESSES DURING THE EVENT~



38TH ANNUAL BC ELDERS GATHERING

HOSTED BY PENTICTON INDIAN BAND ELDERS
 RR #2 SITE 80 COMP. 19 PENTICTON, BC V2A 6J7
 PHONE: 250 493 0048 | FAX: 250 493 2882
 WEBSITE: WWW.38THBCELDERSGATHERING.COM

Name: _____

1. Please check your top four (4) volunteer areas:

- | | | |
|---|--|---|
| <input type="checkbox"/> Registration (Monday only) | <input type="checkbox"/> Tours | <input type="checkbox"/> Accommodations |
| <input type="checkbox"/> Giveaways | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Elders Rest Area |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Food Server | <input type="checkbox"/> Elders Support |
| <input type="checkbox"/> Venue Guide | <input type="checkbox"/> Food Clean-up | <input type="checkbox"/> Arts /Crafts Support |
| <input type="checkbox"/> Information Booth | <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Cultural Foods |
| <input type="checkbox"/> Security | <input type="checkbox"/> First Aid | <input type="checkbox"/> Souvenir Booth |
| <input type="checkbox"/> Volunteer Booth | <input type="checkbox"/> Set-up Monday | <input type="checkbox"/> Take Down Wednesday |

2. Please check the days & shifts you are available:

Shift	Sunday July 6	Monday July 7	Tuesday July 8	Wednesday July 9
Morning: 6:30 am to 10:00 am	N/A			
Mid-day: 10:00am to 2:00pm				
Evening: 2:00pm to 6:00pm				
Night : 6:00pm to 10:00 pm				
Late Night 10:00pm to 1:00am	N/A			N/A

You may not be assigned to the entire time block as listed (i.e. – evening shift). We will only assign up to four hours of volunteer hours per shift depending on the schedule needs.

Thank you! The volunteer coordinator will consider your volunteer choices, your availability and assign an overall volunteer schedule for you. If you have any questions in the meantime please contact:

Please submit completed volunteer application forms by fax, mail or e-mail to:

Rhonda Terbasket, Volunteer Coordinator
 38th BC Elders Gathering
 146 Ellis St. Penticton BC, V2A 4L5

E-mail: rterbasket@friendshipcentre.ca or Fax: 250-490-0891 or Phone: 250-490-3504

“HONOURING OUR OLD ONES, STORY TELLERS & TEACHINGS”

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Dec. 26, 2013
For Immediate Release

Full Circle First Nations Performance

presents



**EXPERIENCE, EXPLORE, ENJOY
ABORIGINAL CULTURE THROUGH THE ARTS**

February 18 – March 2, 2014

Vancouver, BC – Discover the work of Aboriginal arts and artists at the 13th annual **Talking Stick Festival** presented by Full Circle First Nations Performance. This year's festival takes place in venues throughout the city from February 18 – March 2, 2014 with national and international artists.

All areas of the performing arts are represented at the Talking Stick Festival from theatre, dance, drumming, and music to spoken word, and multimedia performance. The artistic disciplines celebrate and honour the traditional Aboriginal culture and heritage and showcase the new evolving contemporary work of today's artists.

The festival has become a place to honour Aboriginal performance and the artistic wealth of the Aboriginal people. "Nurturing the talents and providing opportunities for our people to share their stories and have their voices heard has been my objective and passion," stated Margo Kane, Artistic Managing Director.

Performing this year at the newly restored York Theatre will be Full Circle's own **Margo Kane** performing in the hilarious and heartrending play *For the Pleasure of Seeing Her Again* by Michel Tremblay. **Kevin Loring** is the narrator, regaling us with tales about his feisty mother and with **Margo Kane**, as Nana.

Also performing at the York is the singing sensation and Juno Award winner, **Crystal Shawanda**. Crystal's single, "You Can Let Go" was the fastest rising single in Canadian BDS History and reached the top 5 in Canada and top 20 in the US. Her debut album, "Dawn of a new Day" was Billboard's highest charting album by a Native American in history! Crystal was honoured to perform at the presidential inauguration in Washington, DC in January 2013 and won her first Juno Award for Aboriginal Album of the Year. The Talking Stick Festival is excited to be able to bring her talent to Vancouver.

A powerful work being performed is **Quilchena**, a story of love and loss, based on the true story of Monica Jack, who went missing from her home community in 1978. Directed and written by Artistic Director Tara Beagan, with a tour de force performance of Sera Lys-McArthur. Another dynamic piece is **The Hours that Remain**, a Gwaandak Theatre production in association with New Harlem Productions that explores the story of a woman haunted by the disappearance of her sister. Included is **Raven Meets the Monkey King**, a work by Louise Moon and presented by Axis Theatre Company. It is a story of a young girl who finds a First Nations Raven mask wrapped in an original Chinese Opera Poster – the story unfolds with the two cultures sharing their respective cultures and stories. Another highlight is **Raven's Radio Hour**, a spoof of 40's style radio shows, which blends traditional Alaska Native stories with song, dance and comedy, written and performed by Ed Bourgeois and Jack Dalton.

Rich with dancers and dance companies from North America, the festival includes dance works by Rosy Simas, Maura Garcia, Santee Smith along with local companies - the Dancers of Damelahamid and Raven Spirit Dance.

On the music front the festival is thrilled to have **A Tribe Called Red** from Ottawa, a group who has been mixing traditional Powwow vocals and drumming with cutting-edge electronic music, creating a truly unique sound that's impacting the global electronic scene and urban club culture.

Again this year, the hugely successful and popular **Workshops in Schools Series** and the **Professional Development Series** will continue, nurturing future artists in the Aboriginal community.

This years' festival is not to be missed, - it is rich in all forms of the arts. For a full list of all performers and events visit [Talking Stick Festival](#)

Tickets and festival passes are available

**Tickets range from \$12 - \$40
and Pay What You Can performances.**

For complete festival line up and ticket information visit [Talking Stick Festival](#)

-30-

Media Contact:
Maureen Verkaar, Bridge Communications
mvalstar@telus.net
604-576-4885, 604-328-5714



First Nations Health Authority
Health through wellness

201 – 100 Park Royal South
West Vancouver, BC
Canada V7V 1A2

T 604.913.2080
F 604.913.2081
www.fnha.ca

December 2, 2013

SUBJECT: FNHA Health Benefit post-transfer update

To BC First Nations Chiefs, Health Directors, Health Professionals, and Community Members,

On October 1st, 2013, Health Canada's Non-Insured Health Benefits (NIHB) BC Region program responsibilities were transferred to the First Nations Health Authority (FNHA). This completed the transfer of responsibilities for Health Benefits program delivery for First Nations residing in British Columbia and the NIHB program in BC is now the FNHA Health Benefits program. The FNHA has arranged to 'buy-back' claims processing services from Health Canada for at least two years while it establishes necessary systems and infrastructure to take on these roles within the FNHA. This interim arrangement was designed to ensure continuity of service and to minimize disruptions for BC First Nation Communities and Providers.

Despite our service preparations prior to this transfer of responsibilities, the Health Benefits team faced unexpected technical and process challenges on October 1st. Immediately following the transfer, we began to make changes to address the following issues:

- Information Technology issues (e.g. inability to access certain systems and software issues) arose as a result of the transfer of systems in the Health Benefits operations office.
 - These have been (mostly) resolved.
- The FNHA inherited a backlog of Prior Approval and Predetermination requests from months prior to Transfer.
 - Health Canada has acknowledged the backlog that was transferred to the FNHA and taken on the task of processing these claims, allowing the FNHA to focus on the claims starting from the dates we became responsible for each benefit area.
- Some delays were experienced as the FNHA and Health Canada worked to build and implement new processes for responding to benefit requests while in the buy-back period.
 - Both the FNHA and Health Canada have implemented new processes, and changed administrative procedures to address these challenges. Additional employees have also been hired by both organizations to support this transition. All of these measures have helped improve service levels and speed up processing. There is variation across different benefit areas, but we continue to make headway.

At this point, the following delays can be expected in each benefit area:

Benefit Area	Processing time as of October 1	Present processing time
Medical Supplies and Equipment	4 weeks	7.5 weeks
Medical Transportation	Immediate	Immediate
MSP Applications	9 weeks	4 weeks
Eye and Vision Care	6.25 weeks (avg)	0.14 weeks (avg)
Dental Health	3.8 weeks (avg)	2.2 weeks (avg)
Crisis Counseling	Immediate	Immediate

Overall, we are working on further improvements, but the situation has improved in the weeks since transfer. We will be adding additional resources in the coming months and continue to work to improve processes and minimize processing times.

We regret any inconveniences that have resulted from these challenges and appreciate your continued understanding and patience while we work out processes to ensure we're providing BC First Nations and Providers with responsive, quality health services. We continue to work closely with our Health Canada partners to resolve these issues and improve service delivery. Continuity of service with minimal processing time is our top priority.

Thank you,

John Mah

Vice President,
Health Benefits Program
First Nations Health Authority

General Contact information

BC Region (toll free) 1.800.317.7878
Vancouver 604.666.3331
healthbenefits@fnha.ca

Dental
604.666.6600
(toll free) 1.888.321.5003
Fax: 604.666.5815



BC Association of
Aboriginal Friendship
Centres



Vancouver Aboriginal
Friendship Centre

Gathering Our Voices

Aboriginal Youth Conference

Vancouver, British Columbia, Hyatt Regency and Fairmont Hotel

March 18-21, 2014

Career and Education Fair Exhibitor Information

Conference Overview:

The Gathering Our Voices Aboriginal Youth Conference is hosted by the BC Association of Aboriginal Friendship Centres (BCAAFC) and their Provincial Aboriginal Youth Council (BCAAFC - PAYC). The Conference will be held from March 18-21, 2014 in Vancouver, B.C. on the shared traditional territory of Musqueam, Squamish and Tsleil-waututh Nations at the Hyatt Regency and the Fairmont Hotel. With up to 2000 youth (14-24 years), chaperons, presenters and guests will network and learn new techniques and skills in workshops, share knowledge through cultural activities, witness performances by talented individuals, explore career and education possibilities and participate in sports and recreational activities.

Career and Education Fair:

This is a unique opportunity to share information with up to 2000 conference delegates. Aboriginal youth who attend come from across the country and reside either on-reserve or in urban centers. While in the Career and Education Fair, Aboriginal youth and their chaperons can hear presentations, gather information and network with various educational institutions, organizations, public agencies and departments, industry, and arts and craft vendors.

General Exhibit Information:

- Exhibitor Registration Fee: \$300 per table.
- Each booth will be provided with one 6' skirted table and two chairs.
- All exhibitors are responsible for their own meals, refreshments and shipping their own materials.
- Exhibitor Move-In - Wednesday March 19, 2014 at 7:00am
- Exhibitor Move-Out - Thursday March 20, 2014 at 5:00pm
- Spaces for the Career and Education Fair fill up very quickly. Potential Exhibitors are encouraged to send their completed forms as soon as possible to ensure a spot at the conference. Once you have been accepted into our Career and Education Fair we will be contacting you with further details.

To submit completed applications or for further information please contact:

Della Preston, Youth Conference Coordinator
BC Association of Aboriginal Friendship Centres
551 Chatham Street, Victoria, BC V8T 1E1

Phone: 250-388-5522 or 1-800-990-2432 Fax: 250-388-5502 E-mail: dpreston@bcaafc.com

2014 Career and Education Fair Application

DUE: February 3, 2014 by 5:00 P.M. PST

Attention: Della Preston, Youth Conference Coordinator, BCAAFC

Fax: 250-388-5502 E-mail: dpreston@bcaafc.com Mail: 551 Chatham Street, Victoria, BC V8T 1E1

NAME	_____		
ORGANIZATION	_____		
ADDRESS	_____		
CITY / PROV.	_____		
POSTAL CODE	_____		
TELEPHONE	() _____	FAX	() _____
E-MAIL	_____		
PLEASE NAME/LIST EXHIBITOR REPRESENTATIVES	1. _____	4. _____	
	2. _____	5. _____	
	3. _____	6. _____	
EXHIBITOR TYPE (can ✓ more than one)	<input type="checkbox"/> Post-Secondary Education/Program <input type="checkbox"/> Health Organization/Agency <input type="checkbox"/> Federal Agency/Department <input type="checkbox"/> Justice Organization/Agency <input type="checkbox"/> Community Service Agency/Org. <input type="checkbox"/> Arts & Crafts Business <input type="checkbox"/> Youth Group/Organization	<input type="checkbox"/> Trades & Technical Training <input type="checkbox"/> Provincial Agency/Department <input type="checkbox"/> Industry <input type="checkbox"/> Media / Communications <input type="checkbox"/> Company / Business <input type="checkbox"/> Volunteer / Community Raffle <input type="checkbox"/> Other _____	
DO YOU PROVIDE?	<input type="checkbox"/> Give away items <input type="checkbox"/> Print information <input type="checkbox"/> Membership information	<input type="checkbox"/> Raffle item <input type="checkbox"/> Electronic information (i.e. CD's) <input type="checkbox"/> Other _____	
Do you require an electrical outlet for your booth?	YES <input type="checkbox"/>	No <input type="checkbox"/>	
<u>PAYMENT INFORMATION</u>			
Exhibitor Registration Fee	<input type="checkbox"/> \$300.00		
Payment Method	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card*
* We encourage payment by cheque or money order. For payment by Credit Card (Visa or Mastercard only) please call Della Preston, Youth Conference Coordinator at 1-800-990-2432.			
Make Payable to	BCAAFC		
Mail Payment to	Attention: Della Preston, Youth Conference Coordinator BC Association of Aboriginal Friendship Centres 551 Chatham Street, Victoria, BC V8T 1E1		
** Fee must accompany this completed form in order to reserve a table** A receipt will be issued and provided to exhibitors upon request			

CTV Atlantic

Published Friday, December 13, 2013 4:42PM AST

Last Updated Friday, December 13, 2013 7:05PM AST

“Molly” is a synthetic drug that has been around for years, but its name has evolved and its components altered.

Police in the Halifax area are warning students about experimenting with Molly, which they say could have deadly consequences.

“Molly is a slang term for a cocktail of synthetic drugs,” said RCMP Sgt. Keith MacKinnon, while talking to a group of Halifax-area junior high students about the dangers of drugs.

Police in the Halifax area are warning students about experimenting with Molly, which they say could have deadly consequences.

“There’s not one addict that has said to me ‘boy, am I ever glad I started doing drugs.’”

MacKinnon says Molly has become increasingly popular in the Maritimes and has even been endorsed by some celebrities, such as Miley Cyrus, who references the drug in her song “We Can’t Stop.”

According to MacKinnon, many people who use Molly think they are taking MDMA or ecstasy.

“But we’ve found that different locales across Canada, it can be a lot of different drugs, like methydone, MAPP, and even bath salts mixed in,” he says.

Cameron Illingworth, an 18-year-old university student, admits some of his friends have used the drug.

“The ingredients, I would not be sure, at all. White powder is all I know,” says Illingworth.

“You enjoy your experiences more, basically, like marijuana. It’s an enhancement, so your senses are more in tune I guess.”

MacKinnon says Molly started popping up on Maritime streets about a year ago and people of all ages, from university students to children as young as 12, are using the drug.

“The age seems to be coming down further and further as the years progress.”

But MacKinnon says people who use Molly likely aren’t aware of the drug’s negative side effects, such as increased heart rate, panic attacks, restlessness and, in some cases, depression and even psychosis.

“These drugs can have catastrophic effects on your body and unfortunately can result in death if you get a bad batch.”

With files from CTV Atlantic's Alyse Hand

(CNN) -- The drug called Molly isn't what most of its users think it is. If you Google "Molly," many articles say the drug is "pure" MDMA, the active ingredient in Ecstasy.

Users often talk about the "purity" of taking Molly, as if it's somehow better; after all, MDMA was originally developed as a medication to treat depression. But today's Molly is most often not MDMA -- in the last few years, the drug has become a toxic mixture of lab-created chemicals, according to the U.S. Drug Enforcement Administration.

Here are nine things everyone should know about this rapidly changing party drug:

1. What is Molly?

Someone who buys or takes Molly now is probably ingesting dangerous synthetic drugs that have not been tested and are produced in widely varying strengths. The DEA says only 13% of the Molly seized in New York state the last four years actually contained any MDMA, and even then it often was mixed with other drugs. The drugs frequently found in Molly are Methylone, MDPV, 4-MEC, 4-MMC, Pentadrone and MePP.

2. What does Molly do?

The lab-created chemicals mimic the effects of MDMA; most of them are central nervous system stimulants that cause euphoric highs. They can also cause a rapid heartbeat, high blood pressure, blood vessel constriction and sweating, and can prevent the body from regulating temperature. Some of the chemicals have been reported to cause intense, prolonged panic attacks, psychosis and seizures. After they wear off, the chemicals can cause devastating depression. Several of these compounds have caused deaths.

3. Who is using Molly?

Molly is being marketed to young first-time drug abusers between the ages of 12 and 17, as well as traditional rave, electronic dance music fans who may think they're getting MDMA. "Our kids are being used as guinea pigs by drug traffickers," says Al Santos, associate deputy administrator for the DEA.

4. What does Molly look like?

Molly can take many different forms, although it's most often found in a capsule or powder. The DEA has also seen Molly applied to blotting paper, like LSD, and in injectable form.

5. What makes Molly so dangerous?

Molly is dangerous because of the toxic mix of unknown chemicals; users have no idea what they're taking or at what dose. Unlike MDMA and other illegal drugs that have known effects on the body, the formulas for these synthetic drugs keep changing, and they're manufactured with no regard to how they affect the user.

"You're playing Russian roulette if you take these compounds because we're seeing significant batch-to-batch variances," Santos says.

For example, officials have found completely different ingredients in drugs sold in the same packaging.

Santos also says the amount of active ingredients can be dangerously different, because "the dosing for these sorts of drugs are in the micrograms. The room for error is tremendous, and we've seen a lot of deaths with some of these compounds."

The DEA has developed its own reference materials for state and local law enforcement because they were encountering so many different drug compounds they'd never seen before. At the DEA testing lab, technicians are constantly trying to unravel the chemical makeup of newly discovered drug compounds that have been seized.

6. Where do the chemicals come from?

Almost all the chemicals in Molly and other synthetic drugs come from laboratories in China. Chinese chemists sell the drugs online, and middlemen in the United States and around the world cut it with other substances, and either place it in capsules or sell it as powder. Other kinds of synthetic drugs can be sprayed onto plant material and smoked, such as synthetic marijuana.

But it's difficult for law enforcement to keep track of all the chemicals. The DEA says it's seen about 200 individual chemical compounds since 2009 and 80 new compounds since 2012. As soon as a compound is discovered and banned, another one is created to take its place.

Interestingly enough, the formulas for these drugs were discovered by legitimate scientists working on new medications. The formulas couldn't be used as medicine because of the stimulant or hallucinogenic effects they had users, but the "recipes" for the drugs still remain.

Clandestine chemists have used the scientific literature to create hundreds of new chemical compounds for the sole purpose of getting people high. There is no known legitimate purpose for any of these chemicals.

7. How widespread is the problem?

Huge. The fastest-emerging drug problem in the United States is the synthetic drug market, which now includes Molly. The chemicals in Molly have been found in nearly every state in the U.S.

And it's a multibillion-dollar business. In two days, the DEA seized \$95 million off drug traffickers during a crackdown. It is a growing problem in Australia, New Zealand and Europe as well.

8. What's being done about it? Why can't the government just make it illegal?

Congress passed the Synthetic Drug Abuse Prevention Act in July 2012, which controlled 26 compounds by name. But there are hundreds of compounds, and every time the government makes one illegal, chemists alter the formula slightly to make it a substance that is no longer controlled.

U.S. officials say they are discussing the issue with the Chinese government, but most of these chemicals are legal in China.

9. How can I tell if someone is using or has used Molly?

The effects can vary widely, depending on the chemical, but while users are under the influence, they may exhibit the following symptoms: sweating, jaw clenching, violent or bizarre behavior and psychosis.

After the drug has worn off, a user may show signs of depression or may not be able to get out of bed for an extended period of time.

Aboriginal seniors have a harder time staying healthy

Poverty, poor housing and diet, especially in remote areas, hurts health of aboriginal seniors

The Canadian Press Posted: Nov 28, 2013 8:31 AM ET Last Updated: Nov 28, 2013 8:15 PM ET

Accessing health care can be physically, emotionally and financially challenging for many aboriginal seniors, who may have to travel to urban centres for services that are unavailable in remote or isolated communities, a new report says. (Darryl Dyck/Canadian Press)

First Nations, Metis and Inuit of advancing years often have poorer health than their non-aboriginal counterparts but don't receive the same level of health-care services as other Canadian seniors, a report says.

The Health Council of Canada report, released Thursday, says the health of aboriginal seniors can be compromised by poverty, inadequate housing and poor diet, especially for those living in remote areas where nutritious foods may be prohibitively expensive.

Chronic conditions such as obesity, diabetes and heart disease are more prevalent among aboriginal Canadians, compared with the general population, and those disorders can worsen with age.

"The challenge with First Nations, Metis or Inuit is that many of those seniors have lived in poverty throughout their lifespan," said Dr. Catherine Cook, vice-president of population and aboriginal health for the Winnipeg Health Region and a councillor with the Health Council.

"So the challenges will have compounded in that," said Cook, who is Metis. "For example, if you've been eating a diet that is low-cost but high in carbohydrates, you may have acquired some of the illnesses that are chronic in nature, so you may be further down that spectrum of illness."

Mental health issues

Many older aboriginal Canadians also carry the scars of rampant societal racism and the trauma of being torn from their families to live in residential schools, where abuse, neglect and substandard health care were pervasive within the system.

The report says those experiences have resulted in lingering mental health issues for some elders, such as depression or even post-traumatic stress disorder.

But accessing health care can be physically, emotionally and financially challenging for many aboriginal seniors, who may have to travel to urban centres for services that are unavailable in remote or isolated communities.

A lack of access to primary physicians and specialists can lead to worsening health problems, said Wenda Watteyne, director of Metis Nation of Ontario's health and wellness program.

"Oftentimes, complications related to chronic diseases aren't being diagnosed, treated or screened, so

oftentimes those diseases reach a point of urgency and people are being treated in emergency wards once it reaches a crisis point," Watteyne said from Ottawa, referring to such complications as kidney failure from diabetes.

Ineligible for program

The Health Council says difficulties obtaining care are exacerbated by confusion over which level of government is responsible for which services and for which aboriginal groups.

For instance, First Nations and Inuit are covered by federal non-insured health benefits, but the Metis are ineligible for that program. The exclusion of First Nations from some provincial programs available to all other provincial residents is also contentious.

"You have a health-care (system) that has completely fragmented service for indigenous people," said Cook, associate dean of First Nations, Metis and Inuit health at the University of Manitoba.

Like many other aboriginal Canadians, Metis often have limited incomes, said Watteyne. "But what is distinct is the Metis' inability to access those non-insured health benefits. So that creates even greater pressures on limited incomes that are there.

"So just the ability to pay for expensive prescriptions, the ability to even cover the cost of transportation to see doctors and specialists (are difficult) because that's not covered either."

Support programs

While the report details the barriers many aboriginal seniors face in accessing health care, it also lists examples of programs begun across the country to provide culturally appropriate services for these "respected and honoured" elder members of indigenous communities.

Metis Nation Ontario has developed 18 community support programs across the province that help seniors access care, said Watteyne. For example, volunteer drivers will transport seniors in northwestern Ontario to Winnipeg for cancer and other specialized care.

Marney Vermette, a registered nurse who oversees an educational program for personal support workers in several reserves in northwestern Ontario, said the key is teaching community health providers to take a holistic approach to seniors' needs.

"So not only looking at the physical aspects of your client, but the spiritual, the mental and emotional, and how important that is in caring for your client," said Vermette, who is the liaison for the Saint Elizabeth First Nations, Inuit and Metis Program, Wabauskang First Nation.

Moving to city a blow

"The goal of this course was to provide health-care providers with the knowledge they would need to keep their elderly clients in the community safely for as long as possible."

But if an elderly person becomes so sick and frail they require specialized care, it could mean moving to a long-term facility in a city, which can be a blow for the individual, their family and the whole com-

munity, noted Vermette.

For the senior, "they're put into homes that are very foreign to them in the way care is provided. They're away from their families, they're lonely," she said. "Even for family members to go visit them, its very costly and I know that it's very difficult."

The senior can feel isolated and adrift because care providers in the long-term care home may not speak their language, the food would be "very different" and the likely regimented routine in the facility would be unfamiliar, she said.

"In my experience, it is also very sad for the community. It is a loss because not only is it a family member, but a lot of times these elders have a lot of (cultural) knowledge that's taken with them."

Heart attack: Know the symptoms

It is extremely important to know the signs of a heart attack so that you can take quick action. The Heart and Stroke Foundation lists the following warning signs to look out for:

- chest discomfort (pain, pressure, tightness, squeezing, burning or heaviness)
- discomfort in the neck, jaw, shoulder, arms, or back
- shortness of breath
- nausea
- sweating
- lightheadedness

Other symptoms you might experience include vomiting, fear, anxiety and cool, clammy skin. If you or anyone you know is experiencing any of these signals, you should:

- Call 9-1-1 or your local emergency number immediately. If you can't make the call, have someone call for you.
- Stop all activity. Sit or lie down in a comfortable position.
- If you take nitroglycerin, take the recommended dosage.
- Chew and swallow one 325 mg ASA tablet (acetylsalicylic acid) or two 81 mg tablets. It is important to chew or crush the tablet so that the medication works quickly. Taking ASA at the first signs can reduce the risk of dying from the heart attack.

From www.medbroadcast.com

QUOTES

- "Reflect on your present blessings, of which every man has many, Not on your past misfortunes, of which all men have some." Charles Dickens
- "Tackle any difficulty at first sight because the longer you leave it the larger it grows." Samuel Johnson
- "Chains of habits are too weak to be felt until they are too strong to be broken." Proverb
- "The world stands aside for he who knows where he is going." Albert Einstein
- "Knowledge is limited. Imagination encircles the whole world." Albert Einstein

Osteoporosis, the silent thief from www.medbroadcast.com

Osteoporosis is a loss of bone mass, which makes the bones become porous and fragile. It occurs most often in weight-bearing bones such as the hips or spine but can affect any bone in the body. The humped back – or dowager's hump – is its most well-known sign. Among Canadians over the age of 50 today, 1 in 4 women and 1 in 8 men have osteoporosis. However, osteoporosis can affect someone at any age.

Osteoporosis is called the silent thief because of the slow, quiet way it creeps up on people. You can't feel the bone loss as it's happening and, often, you're not aware of what's going on until the damage has been done.

Most people know that the highest-risk groups include older women and those who have gone through menopause. But there are others who are at risk as well, including men and women who:

are older than 65 years

take corticosteroid therapy continuously for more than 3 months

have had a fracture with minimal trauma after age 40

have a family history of osteoporotic fracture (especially a parent who has had a hip fracture)

are or were malnourished (including people with anorexia or bulimia) or had a very low calcium intake

smoke

use alcohol excessively (consistently more than 2 drinks a day)

drink too much caffeine (coffee, cola, tea)

had an early menopause (before age 45)

have hypogonadism (a condition when the sex gland [gonads in men; ovaries in women] produce little or no hormones)

have certain medical conditions, such as rheumatoid arthritis, primary hyperparathyroidism, and hyperthyroidism

have medical conditions that inhibit absorption of nutrients (such as celiac disease or Crohn's disease)

weigh less than 60 kg or have lost more than 10% of their body weight since age 25

have undergone treatment for cancer with aromatase inhibitors or androgen deprivation therapy

have a spinal fracture seen on X-ray or a vertebral compression fracture

The more of these risk factors you have, the greater your risk of developing osteoporosis.

Osteoporosis can have a major negative impact on your quality of life. It can lead to fractures, causing pain and make moving about difficult, which can limit your independence. If you are at risk of osteoporosis, as indicated by the list above, you are also at higher risk of having a fracture. But there are ways to tackle bone loss early on in order to avoid the most damaging effects of osteoporosis.

Osteoporosis - Battling bone loss

Osteoporosis isn't called the silent thief for nothing.

Unfortunately, unless you or your doctor have any reason to suspect that your bones may be thinning, there's no way of telling that it's happening until the damage has been done. People with osteoporosis are more likely to get fractures and these can cause pain, make moving around difficult and affecting your quality of life.

By keeping an eye on certain risk factors, however, doctors can identify and monitor people who have a high risk of having a fracture or osteoporosis. Certain tests can be done to see if there is bone loss happening in people who are at risk. For example, if you are taking high doses of corticosteroids, your doctor may suggest that you undergo bone mineral density (BMD) testing to check out the strength of your bones **before** something happens. A "baseline" test, one that's done before bone loss is suspected for comparison with later tests, makes it easier for your doctor to monitor your bone health.

The tests for osteoporosis are painless and non-invasive. *Dual energy X-ray absorptiometry*, or DXA, is the most common because it can measure both the hip and spine density, the areas where osteoporosis-related fractures are most frequent. As you lie on a table, a machine scans you and calculates how much of the X-ray beam passes through you. Although the thought of having an X-ray beam going through your body might seem like cause for concern, the amount of radiation that's used is even less than what you would be exposed to during a chest X-ray.

Some institutions may do a *single photon absorptiometry*, or SPA, but this can only tell the density of the bones in the forearm or heel. There are other types of scans as well, but they aren't used as frequently.

If you're told you have osteoporosis or are at risk of having a fracture, your doctor may recommend one or more of the following **medications**:

- calcium and vitamin D supplements

- bisphosphonates (e.g., alendronate, etidronate, risedronate, or zoledronic acid)

- calcitonin

- denosumab

- raloxifene

- teriparatide

Which kind of therapy you'll be offered will depend on whether you are a man, a premenopausal woman, or a postmenopausal woman, and the extent of the bone loss.

If you are experiencing symptoms of menopause as well as osteoporosis, your doctor may also offer you the treatment option of estrogen therapy, which can treat osteoporosis and menopause symptoms. Be sure to discuss your personal risks and benefits of estrogen therapy with your doctor before making a decision on treatment.

It's important you understand how to take your medications, and that most medications require long-term use – usually several years. If you have any questions, consult your doctor or pharmacist.

Osteoporosis - Bone building blocks

An estimated 2 million Canadians are living with osteoporosis. Why

le the disease can strike at any age, it is most common over the age of 50; in that age group, some 1 in 4 women and 1 in 8 men suffer from it.

With numbers like these, it's easy to believe that osteoporosis is an inevitable part of aging. The good news is that it's not! **Bone loss can often be prevented or slowed down** - even if it's already begun. It may take some lifestyle changes and adjustments, but the results will be well worth it.

First, check your bad habits at the door. Stop smoking, limit caffeine intake, and start exercising. Weight-bearing and muscle-strengthening exercises can prevent bone loss and help strengthen the bone mass you still have. This can mean taking an aerobics or dance class, lifting weights, or playing a weekly game of tennis, for example. Exercises that focus on balance, such as tai chi, can help people who are at risk of falling. Of course, you should always check with your doctor before beginning any new exercise program.

If you can't participate in regular or organized exercise, keeping active around the house or with friends can be just as effective. Going for daily walks, using the stairs, gardening, jogging, and even doing housework are all ways to get your body moving.

Second, eat well. It's never too late to start following a healthy diet. Getting enough protein, calcium, and vitamin D is essential to bone health, and can easily be done by eating the right foods. And by increasing your calcium intake, you're also going to be taking in other nutrients, which can make all-round improvements in your health.

How much calcium do you need? Osteoporosis Canada recommends the following for daily calcium

Age and gender	Total recommended daily intake of calcium (from diet and supplements)
Pre-pubertal children (age 4-8 years)	800 mg each day
Adolescents (age 9-18 years)	1300 mg each day
Women and men aged 19-50 years	1000 mg each day
Menopausal women, and women and men over 50 years of age	1200 mg each day
Women 18 years and over who are pregnant or breast-feeding	1000 mg each day

intake:

Foods that contain calcium

In this table, you can see that three glasses of milk and some vegetables will bring you to almost a full daily amount of calcium:

Food	Calcium
240 mg (1 cup) low-fat milk	300 mg
240 mg chopped, boiled kale	94 mg
240 mg (1 cup) calcium fortified orange juice	300 mg to 350 mg
85 grams (3 ounces) canned salmon, with bones	181 mg
240 mg (1 cup) broccoli, boiled	72 mg
30 g (1 ounce) low-fat mozzarella cheese	207 mg
1 medium banana	10 mg

Other foods that include calcium are sardines (with bones), calcium-enriched tofu, mustard greens, oranges, figs and kidney beans - among many others.

How much vitamin D do you need? Keep in mind that while you're increasing your calcium, you also need enough vitamin D for the calcium to be absorbed effectively. Osteoporosis Canada recommends 400 IU to 1000 IU of vitamin D for healthy adults between 19 and 50 years of age and 800 IU to 1000 IU for adults over 50. Larger doses may be required for people of any age if they have conditions associated with low vitamin D levels. Doses of up to 2000 IU are considered safe.

You can get vitamin D from the sun (remember to use sunscreen to reduce damage from the sun's rays), from supplements, and from foods like vitamin-D-enriched milk, cod liver oil, beef liver, and sardines.

From www.medbroadcast.com

Cat caught carrying marijuana into Moldovan prison

CHISINAU, Moldova - A cat has been busted for smuggling pot into a prison in Moldova. Guards became suspicious about the feline, which routinely entered and left the prison through a hole in a fence, when they noticed its odd collar. On closer inspection, they found two packets of marijuana attached to it. The Department of Penitentiary Institutions said Friday that someone in the village of Pruncul was using the cat as a courier to supply inmates with dope at the local prison.

Whoever the human was, this wasn't a first regarding cat couriers at lockups. In June, guards caught a cat carrying cell phones and chargers taped to its belly to inmates in Penal Colony No. 1 near the city of Syktyvkar in northern Russia.

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Myth 1: THE WINDSHIELD is for comfort not safety

Many people see the windshield as an important component of their comfort. It keeps cold and heat, wind and rain, and untold numbers of bugs and other airborne road debris out of their faces. But they do not see it as a crucial factor in their safety. That's where they are wrong. While a consumer might worry about "dings" and cracks affecting the car's value, an engineer understands how such damage can affect the vehicle's structural integrity and passenger safety.

Today's automobile and truck windshields are part of the vehicle's safety restraint system (SRS) that also includes air bags and seat belts. If any of these safety components are damaged, or are inoperable for any reason, the effectiveness of the entire SRS could be compromised. The SRS is designed to keep vehicle occupants within the relative safety of the passenger compartment during accidents, head-on collisions and roll-overs. (Over 30% of traffic fatalities occur when vehicle occupants are either ejected from the vehicle, or injured during rollovers.)

Windshields are intended to keep occupants inside the vehicle. The windshield also supports the roof thereby preserving the structural integrity of the passenger compartment and keeping it from collapsing and crushing driver and passengers. If the original windshield is damaged, there are two choices. Either repair the original windshield, or replace it. The advantage of repair is the factory's safety seal is not broken. The windshield is not removed from the car. That saves the safety seal.

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**Annual Elders Gathering Grand Entry Photos are on:
www.bcelders.com each year**

ANNUAL BC ELDERS GATHERING INFO CORNER

The 38th Annual Elders Gathering
The dates for next years event have been announced as
**July 7, 8, and 9th 2014 and will be held at the
Trade And Convention Centre in Penticton.**
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