Volume 6 Issue 7

June 2006

BC ELDERS COMMUNICATION CENTER SOCIETY

ELDERS VOICE

Ben & Grace David - 2006 BC Elders King & Queen

The reigning 2006 BC Elders King & Queen, Ben and Grace David recently celebrated their 37th Anniversary on April 6th, 2006. Ben (Cha-chim-si-nup) and Grace (Masstinuu) are originally from Tla-o-qui-aht First Nation (TFN). His parents were Hyacinth & Winifred David and Grace's parents were William & Leota Lawrence from Sydney, Iowa.

They first met in the fall of 1968 at a church in Seattle Washington and were married April 6th, 1969 in Tacoma, Washington.Together they have two children, son Irvin and their daughter Bonnie Laslo, as well as six grandchildren. Ben also has a son Steve Vandermine.

One of Grace's passions is her sewing hobby. Another love she has is the bible. This is how she met Ben. When she completed her schooling at Ozark Bible College in Joplin, Missouri she was assigned to do her Internship in Seattle.

Ben is an avid Nuu-chah-nulth Artist who also keeps very busy as a volunteer. This includes Chairperson of the Port Alberni Friendship Centre (PAFC), a Board member for the Nuu-chah-nulth Employment & Training Board, Native Liaison for the Tall Ships Society, Vice President of Rainbow Gardens, and previously the President of the United Native Nations Society. As a member of TFN, Ben also served on the Chief & Council for his community.

Both Ben & Grace are anxiously looking forward to the 30th Annual Elders Gathering here in Port Alberni. Having attended the Elders Gatherings for the last eight years they are excited to see old friends and also to make new ones. "We like to witness the different cultures" said Ben.

They would like to wish all the participants a warm welcome to Port Alberni and safe travels. We look forward to seeing everyone.

Inside this issue

Easy Bakers Corner – Whole Lemon Custards—makes 4 servings

With a sharp knife, cut yellow part of peel from 1 whole lemon (medium to large). Put into a blender container. Cut off and discard white part of peel. Coarsely chop lemon meat. Discard any seeds. Put in blender.

To lemon, add 4 eggs, 1 cup of sugar, and 1/3 cup of butter or margarine (room temperature). Whirl until smoothly blended. Then pour lemon mixture evenly into four 6 oz. custard cups or other ovenproof dishes. Set into an 8-inch square pan.

Pour 1/2-inch hot water into the pan around the cups. Bake at 350°F for 25-30 minutes until centers of custards are no longer liquidy when shaken. Lift custards from waterbath, let cool at least 15 minutes. Refrigerate to chill for 2 to 8 hours. Garnish with sliced strawberries.

***Handy Tips**:*

1. Poke a hole in the middle of a hamburger patties when shaping them. The burgers will cook faster and more evenly and the holes will disappear when done.
2. When broiling meat on a rack, place a slice of bread in the broiler pan to soak up fat.
3. To prevent bacon from curling, dip the strips in cold water before cooking.
4. Cutting boards: To get rid of onion, garlic or fish smalls, cut a lemon or lime in half and rub board. Or use a baking soda and water paste.

What Can You Please Share?

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Photo's/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. **Articles/Submissions are best forwarded to me via email** where possible so they can be posted on the website as is. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content. D. Stirling

'PRESERVING THE PAST'
New Elder's Website: www.bcelders.com

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

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

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

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

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

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

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

Dear Elders Contact Person,

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

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

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

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

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

Thank you for your continued support, Donna Stirling, Coordinator

HOTEL/MOTEL	CONTACT	TOLL-FREE	LOCAL #
A1 Alberni Inn			
Best Western Barclay Hotel			
Coast Hospitality Inn			
Esta Villa Motel			
Greenport Hotel			
Redford Motor Inn			
Riverside Motel			
Somass Motel			
Timberlodge Motel			
Tyee Village Motel			
Parksville			
VIP Motel (1 room)	Paul Kim	1-800-663-7300	250-248-3244
Sandcastle Inn	**FULLY BOOKED**		
Bayside Quality Inn (19 rooms)		1-800-663-4232	
Travelodge (few rooms)		1-800-661-3110	250-248-2232
Tigh-Na-Mara Resort (161 rooms)	Marlene Miller for group bookings		250-248-2072
Sea Edge Motel (11 rooms)	Ellen		250-248-8377
Arbutus Grove Motel (10 rooms)	Rayelle	1-888-667-7250	250-248-6422
Skylite Motel (22 rooms)	Hugh/Juliann	1-800-667-1886	250-248-4271
Madrona Beach Resort (17 rooms)		1-800-663-7302	250-248-5503
Qualicum			
Old Dutch Inn	**FULLY BOOKED**		
Ocean Crest Motel (4 rooms)	Jasmin Lee	1-888-234-5661	250-752-5518
Casa Grande Inn (17 rooms)	Angela Moss	1-888-720-2272	250-752-4401
Sea Shell Motel (9 sm. rooms)	Kim	1-877-337-3529	
Sand Pebbles Inn	**FULLY BOOKED**		
Riverside Resort Motel (5 rooms)	Robin		250-752-9544
Buena Vista by the Sea (8 suites)	Claire		250-752-6661

FULLY BOOKED

(The Dates for the 30th Annual Elders Gathering are July 18, 19, 20 2006)

PLEASE QUOTE "BC ELDERS GATHERING" WHEN MAKING YOUR RESERVATIONS FOR SPECIAL RATES AND / OR HELD ROOMS

Revised: April 20, 2006

Vancouver Island Aboriginal Transition Team (VIATT)

Volume 4 Issue 1 **April, 2006**

Mailing Address:

Suite 140-4460
Chatterton Way
Victoria, BC
V8X 5J2

Telephone:

(250) 952-4703

Fax:

(250) 952-4282

Email:

Info@viatt.ca

Website

www.viatt.ca

BC Government Restores Funding, Commitment For Aboriginal Authority Development

"The 2006 budget helps to restore the funding needed to adequately include Aboriginal communities in the planning and development of the Regional Aboriginal Authorities. However, we still have a long way to go before Aboriginal people can reclaim their inherent right to provide for the safety and well being of our children and families."

That was the reaction of Debra Foxcroft, chair of the Vancouver Island Transition Team (VIATT), to the provincial government's announcement of its intention to restore funding for the transition to Aboriginal control of delivery of child and family services to Aboriginal communities.

"Our delegated agencies are doing fine work in the child protection area, but more resources are necessary for ensuring the vision inherent in the Tsawwassen Accord, the MOU and more recently the New Relationship and Transformation Accord," she said. That vision would see Aboriginal communities determine the direction for the full continuum of child and family development services now managed by MCFD. "The question now is, can we realize the vision of a renewed planning process founded on reconciliation, recognition and respect for the Aboriginal peoples vision and capacity to lead the development of the Regional Aboriginal Authorities?"

The provincial budget, which was announced on February 21st, provides for the planning and implementation of the five regional Aboriginal authorities across the province and will allow Aboriginal communities to influence the full continuum of child and family development services, including Adoption, Special Needs Children and their Families, Early Childhood Development, Child Care, Youth Justice, Child and Youth Mental Health and Community Living Services and take action on issues affecting their children and families.

Ms. Foxcroft said the announcement confirms the government's commitment to the transformation of how child and family services are delivered to the Aboriginal community, but that "money alone will not bring us closer to realising our dreams and aspirations for self-determination".

She said the budget and the Throne Speech which preceded it were the product of hard work by Aboriginal leaders and the government, but that there still remains much work to be done.

"The next positive step will be the legislation to ensure the Aboriginal authorities can begin to reclaim responsibility for the services currently delivered by the Ministry of Children and Family Development," Ms. Foxcroft said. (See story on Legislation on page 3). "Once the authority has been transferred to Aboriginal people, Aboriginal communities will then be in a position to make decisions on how service to our communities will be developed and delivered."

Grand Chief Ed John of the First Nations Summit agreed. "The devil is in the details," he said. "While this commitment is important, we need to ensure the funding is enough to effectively establish and implement the five regional authorities."

Ms. Foxcroft said the new budget provides an opportunity for government to honor the agreement to support Aboriginal people to lead in the planning for the Authorities. Two years ago, the planning committees suffered a significant set back when then Minister Christy Clark reduced supports to community-based planning by 66 per cent. However, with all the set backs, Aboriginal communities have not lost the vision of a better future for our children, families and communities.

"Our community members and our leaders have worked hard to keep government's feet to the fire," she said. "We want to work with the government to ensure that the Authorities reflect the vision set by Aboriginal communities. "Since the signing of the Memorandum of Understanding for Children we have been working to try to change the organizational culture of the ministry from planning *for* Aboriginal communities to planning *with* Aboriginal communities."

BC Urgent Call for Federal Government Financial Support for Kelowna Accord
First Nations Leadership Council Joins with Premier Gordon Campbell and the entire Legislative Assembly of BC in an Urgent call for Federal Government Financial Support for Kelowna Accord Commitments

For Immediate Release: May 4, 2006

(Coast Salish Territory) — The BC First Nations Leadership Council joined with Premier Gordon Campbell and the BC Government today in calling on Prime Minister Stephen Harper to live up to the financial commitments contained in the Kelowna Accord in order to address the critical socio-economic and infrastructure gaps suffered by First Nations.

The First Nations Leadership Council members were present in the BC Legislature today when a Special Statement on the New Relationship with Aboriginal People was tabled by Premier Campbell. The statement reaffirmed the BC Government's commitment to the implementation of the Kelowna Accord and BC Transformative Change Accord. The statement also calls on the federal government to make available the long term financial resources necessary to uphold the honour of the Crown in addressing the disparate socio-economic conditions faced by First Nations.

The BC First Nations Leadership Council released the attached open letter to Prime Minister Stephen Harper, The Hon. Jim Flaherty, Minister of Finance and The Hon. Jim Prentice, Minister of Indian Affairs and Northern Development. The letter is in direct response to this week's Federal Budget announcement which has provided a clear indication that the federal government is not willing to address the third world living conditions in Aboriginal communities by funding the commitments contained in the Kelowna Accord.

The First Nations Leadership Council's open letter to Prime Minister Harper makes the following recommendations:

- Your government uphold the honour of the Crown and fulfill the commitments made by Canada, provinces, territories and Aboriginal organizations made in the Kelowna Accord.
- Your government amend the 2006 federal budget to include, at a minimum, the financial commitments set out in the Kelowna Accord (see enclosure);
- A First Ministers' Meeting on Aboriginal Issues be convened to address First Nations-Crown relations, fiscal imbalances faced by First Nations governments, Aboriginal and treaty rights in Canada, and federal government responsibilities and legal obligations to provide services to First Nations peoples;
- First Nations/Aboriginal peoples be fully represented in the federal/provincial/territorial Finance Ministers' meeting to be held in the spring to consult on the federal government's discussion paper, Restoring Fiscal Balance in Canada,
- The full involvement and representation of Aboriginal peoples at the First Ministers' Meeting to be held in the fall.

-30-

For more information:
Chief Stewart Phillip, UBCIC (250) 490-5314
Grand Chief Edward John, FNS (604) 219-1705
Heather Gillies, BC AFN (604)837-6908

Original Release had Logos for the BCAFN, FN Summit, and the UBCIC

Leadership Council Pegs Residential Schools Settlement Announcement as Keystone for Reconciliation

News Release - For Immediate Release - May 11, 2006

(Coast Salish Traditional Territory/Vancouver, BC) – The BC First Nations Leadership Council commends the public announcement made yesterday by Indian Affairs and Northern Development Minister Jim Prentice that the federal government has given final approval to the Residential Schools Settlement Agreement and confirmed an early payment of $8,000 for residential school survivors who were 65 or older as of May 30, 2005.

The settlement announced in the House of Commons marks an historic and impressive day for First Nations in the journey towards reconciliation and healing for First Nations' families and communities as well as in our relationship with Canada. There has been incredible determination and resolve demonstrated by National Chief Phil Fontaine and also by the federal negotiator, Honorable Frank Iacobucci, to reach a fair and just resolution. The Settlement Agreement must now be approved by the courts in nine jurisdictions at which point, survivors will have a mandatory six-month period to review the agreement details.

The First Nations Leadership Council recognizes that there is still work to be done, and the Residential Schools agreement does not negate the devastation and tragedy that First Nations people endured. More than 80,000 survivors are alive today, and the legacy of intergenerational effects continues to impact all aspects of First Nations' lives. However, the final Agreement provides a strong path for healing and rebuilding that will ensure the restoration of hope and well-being for our people, our families, our communities, and our culture.

Residential School Survivors may find the application form for Advance Payment on the Indian Residential Schools Resolution Canada website at www.irsr-rqpi.gc.ca and further information is available on the Assembly of First Nations website at www.afn.ca/residential schools/.

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

For more information: Chief Stewart Phillip, Union of BC Indian Chiefs (250) 490-5314 Colin Braker, First Nations Summit (604) 926-9903 Heather Gillies, BC Assembly of First Nations (604) 922-7733

Government of Canada approves
Residential Schools Settlement Agreement
Advance Payment Applications now available
May 15, 2006

On May 10, 2006, the Government of Canada announced the approval of the Indian Residential Schools Settlement Agreement, including an Advance Payment program for eligible former students who were 65 years of age or older as of May 30, 2005.

For additional information, including copies of the application form, please see attached or contact:

Indian Residential Schools Resolution Canada
1-800-816-7293
www.irsr-rqpi.gc.ca
or
Assembly of First Nations
www.afn.ca

You do not need a lawyer to apply for the Advance Payment. Instructions are clearly indicated on the first page of the application form. **Please note, that to apply for the Advance Payment, the application form and all supporting documentation must be submitted no later than December 31, 2006 to the following address:**

Indian Residential Schools Resolution Canada
P.O. Box 1503, STN. B
Ottawa, ON K1P 0A3

The Residential Schools Settlement Agreement will now proceed through a court approval process and a mandatory five-month notification period. An extensive notification plan will be implemented to inform former eligible students of the court approval process. Pending court approval and student acceptance of the settlement agreement, it is anticipated that the Common Experience Payment applications would then be made available by Service Canada, most likely not until the Spring of 2007

If you require health support before, during, or after the completion of the application, you can contact the:

National Survivors' Support Line, 24 hours a day, 7 days a week at:

1-866-925-4419

Birth-control patch manufacturer warns of increased blood clot risk Feb. 17, 2006

Provided by: Canadian Press Written by: RANDOLPH E. SCHMID

WASHINGTON (AP) - Risks of blood clots in legs and lungs are twice as high for women using the birth-control patch instead of the pill, says a study reported by the drug maker and the Food and Drug Administration.

Dr. Daniel Shames of the FDA said Friday the new findings don't require immediate action by the U.S. government, but he urged concerned women to discuss the risk with their physicians.

One new study found users of the Ortho Evra patch had twice the risk of clots compared with women taking birth-control pills, although a second analysis found no difference in risk between the two forms of birth control.

"For some people the patch may be better because some people don't reliably take the pill, or don't want to take the pill or forget the pill," Shames said. "So the patch does offer them some alternative for contraception."

"On the other hand, we need to interpret what these results mean," he said. "But these results are preliminary so we can't make hard comments about it."

The results of the two studies were made public Thursday by the patch's manufacturer, Ortho Women's Health & Urology. The Raritan, N.J.-based company is owned by Johnson & Johnson.

Last year an investigation by The Associated Press, citing federal death and injury reports, found higher rates of blood clots in women using the patch.

While one of the newly reported studies found no increased risk of clots, the interim results from the second suggested a twofold increase in the risk of venous thromboembolic events, or clots in the legs and lungs, in women using the patch, Ortho said.

However, because the confidence intervals of the results for the two forms of contraceptive overlap, there actually may be no increased risk from the patch or it may be more than double, said Shames, FDA's director for reproductive and urologic drug products.

He said the risk of a nonfatal blood clot is about one per year in 10,000 women not using a contraceptive. For those using a hormonal contraceptive such as the patch or pill the risk rises to between three and five, he said.

"These are fairly unusual events," said Shames. He noted that in pre-approval testing of the patch on about 3,000 women there were two reports of blood clots, but one involved a woman who had had surgery.

The ongoing studies also are looking at the risk of heart attacks and strokes among users of the two types of contraception. Currently there is no difference but the numbers are small and it will take another 18 months to see if a difference occurs, Shames said.

The company said the risk of clots remains rare and that they have been reported as a potential risk of all hormonal contraceptives.

Release of the interim results comes four months after the FDA warned women that the increased levels of hormones released by the patch put them at higher risk of blood clots and other serious side-effects.

Additions to the patch label made in November warned women that they would be exposed to about 60 per cent more estrogen than those who use birth-control pills. Since the patch went on sale in 2002, more than four million women have used it.

The investigation by The Associated Press found that patch users die and suffer blood clots at a rate three times higher than women taking the pill. About a dozen women died in 2004 from blood clots believed linked to use of the patch, the AP reported. Dozens more suffered strokes and other clot-linked problems.

Health officials warn that women who smoke should not use the patch, since smoking increases the risk of stroke and heart attack.

Women'sHealth@Medbroadcast.com

Sleep education program helps Alzheimer's patients overcome insomnia

Provided by: MediResource Written by: ADAM MICHAEL SEGAL

TORONTO (MRI) - For Alzheimer's patients who are tired of sleepless nights, following a sleep education program may provide some solutions to thwarting insomnia.

Researchers at the University of Washington in Seattle have found that Alzheimer's patients battling sleep problems improved the amount of sleep they enjoyed at night by participating in a "sleep hygiene program" known as *Nighttime Insomnia Treatment and Education for Alzheimer's Disease* (NITE-AD). Insomnia and other sleep difficulties are common amongst Alzheimer's patients.

"This study provides the first evidence that patients with AD who are experiencing sleep problems can benefit from behavioral techniques, (specifically, sleep hygiene education, daily walking and increased light exposure)," the study concluded.

The study involved 36 patients who live at home with their family caregivers. Seventeen caregivers in the NITE-AD group were provided with a sleep hygiene program to implement for the patients, as well as training in behavior management skills. The 19 patients in the control group received general dementia education and support from their caregivers.

All participants were provided with written data regarding age and dementia-related changes in sleep and information on good sleep practices. Patients participating in the NITE-AD group were instructed to walk for 30 minutes a day and to boost the amount of light they receive during the day by an hour using a light box.

Sleep levels were measured and tracked with a wrist-movement recorder. The recording device was used before the NITE-AD intervention and then two months and six months following the intervention. A sleepiness scale, depression scale, as well as a memory and behavior checklist were used to measure secondary outcomes.

The results showed that patients who took part in the NITE-AD program woke up 32 per cent less at night than those in the control group and also spent 32 per cent less time awake at night.

Furthermore, the NITE-AD patients experienced lower levels of depression and showed lower rates of daytime sleepiness than the control group. "Future research is needed to determine whether the effects reported here can be replicated or improved," writes Dr. McCurry and colleagues. They further add "whether all components of the NITE-AD intervention are necessary to achieve treatment effects and whether the timing of walking and light therapy sessions are important to treatment outcome need to be evaluated."

So how does this translate to AD sufferers? Well, researchers note that AD patients can look to behavioural techniques to help deal with sleep issues as a sound alternative or supplement to medication.

Working out during commercials good way for couch potatoes to improve fitness Feb. 18 2006

Provided by: Canadian Press
Written by: LORRAYNE ANTHONY

TORONTO (CP) - Personal trainer Katarina Simons has always emphasized strength as part of a fitness regime, but when her dad broke his leg she was inspired to come up with a workout that would keep him active.

"It just broke my heart to see his quality of life go down," said Simons. "At the very least we could do some strength training and once his leg got better at least he would have strength in his upper body ... which would help him with his crutches."

Then she realized her seated workout could help a whole segment of the population, including those who don't have the time or energy to head to the gym. Her upper body exercises can be done while watching television, and will build strength and help reduce any guilt about being a couch potato.

"I would love to see people doing this wherever they are sitting idly," she said, adding that you don't have to be watching TV to do the exercises. She suggests doing exercises when you are sitting in your doctor's waiting room or at your desk at work.

Dr. David Etlin, medical director of the pain management program at the Health Recovery Clinic in Toronto, said stretching and strengthening is critical, not just for people with injuries but anyone who spends most of their time at a desk.

While it is unrealistic to get up and walk around every five minutes or roll out a yoga mat when at work or watching television, doing some simple exercises and stretches while breathing properly can make a big difference, he said.

"It's very useful for back pain, for shoulder pain, for repetitive strain problems."

At the recovery clinic, Etlin said, yoga is taught in several different positions: Lying down, sitting down and standing up. This way you can do yoga wherever you are: watching television, before you get out of bed or even waiting for a bus.

For a simple tension reliever which can help with shoulder mobility, he suggests simple shoulder crunch rolls: Breathe in and pull shoulders as high as you can, move the shoulders forward and then breathe out while you lower your shoulders and then move them back.

Simons uses a sentence to help her remember the first letter of the muscle she wants to exercise during her seated workout: Busy People That Like To Sit As Well.

Busy - reminds people to exercise the back. To do this she tells her clients to sit as tall as possible with your knees bent at a 90-degree angle. Breathe in. Lengthen the spine while bending forward coming as close to your legs as comfortable and then exhale on the way back up. The goal is to be able to bring your chest to your knees and then you can add a tension band or resistance tubing for more of a workout.

People - this reminds folks to exercise the pectoral muscles (chest). Put arms beside the body at a 90 degree angle and squeeze the chest together while bringing arms together so elbows touch. Again a tension band can be added once this exercise becomes too easy.

That - is for the trapezius muscles that together form a diamond shape from the base of the neck out to the shoulder and then meet in the middle of the back. To exercise these muscles while sitting down, have the arms forward parallel to the ground and then pull the elbows back squeezing the shoulder blades together without the elbows going beyond the back. Make it a slow controlled motion while breathing.

Like - Latissimus dorsi is the widest muscle in the back. Have your arm up in the air long and straight as if you were reaching up to get something off a shelf and then pull down bending the arm so the elbow is beside the body not further than the back. Then do the same exercise with the other arm.

To - Triceps. Raise your arm straight up beside your head and then bend at the elbow up and down. (This can be skipped if you experience shoulder problems). Do the same exercise on the other arm.

Sit - Shoulders and all the muscles contained. Lifting arms straight up and down in front of the body, out to the side or behind always keeping palms facing in.

As - Abdominal muscles. As you sit, breathe in and let belly expand. Then breathe out while trying to press belly button to spine. Then put arms out to the side with elbows bent, fingers loosely beside head. Rotate and bend bringing elbow down to opposite knee. Keep elbows back and in line with body. Then bend at the waist side to side.

Well - All this activity is working toward wellness.

Simons said these exercises have kept her father happy. But still, she recommends people start off slowly by doing these exercises only two or three times a week if they haven't exercised in some time. She recommends doing 10 to 12 repetitions of each exercise and then adding resistance tubing or even light weights if more of a challenge is needed.

"You should be able to get through this in one episode of Law and Order.

From hearthealth@medbroadcast.com

Fool Your Body Into Feeling Full

New Strategy Focuses on Hunger Hormone to Satisfy Cravings as You Shed Those Pounds

Feb. 21, 2006 — Americans spend $33 billion a year trying to lose weight, but even if they're successful dropping a few pounds, 95 percent will put it back on. Now, the diet industry is pouring their research dollars into the science of satiety — which researches foods that naturally make you feel full. Scientists are learning more about a hunger hormone called ghrelin. When you're hungry, this hormone is secreted in your stomach and intestines and sends a message to your brain to say it's time to eat.

Nicole Beland, a senior contributor at Women's Health magazine, says you can suppress ghrelin by eating certain foods, so you will then feel full. Carbohydrates and lean protein have been found to slow the production of ghrelin, while foods that are high in fat do not.

When you eat something that is high in protein, carbohydrates or fiber, after 20 minutes the food passes through your stomach to your lower intestines where other hormones are released that tell your brain it's time to stop eating. Then your stomach literally expands when you're full, which is called the gastric stretch, sending another signal to your brain that you are satisfied with your meal.

Which Foods Are Better?

While more still needs to be learned about why certain foods slow ghrelin, there are some guidelines you can follow. Beland offers this comparison of some basic foods to show which choices are more likely to leave you feeling full:

- **Baked potato, mashed potato or French fries?** Studies show that white potatoes are one of the most satisfying foods. The non-fried potato is the better choice because fries have a high fat content. The carbohydrates and fiber of white potatoes stay in your digestive system longer and leave you feeling more full than fat does.
- **Juicy hamburger or lean steak?** Lean steak because lean protein is the second best option for satisfying your hunger.
- **Cod and flounder, or salmon and tuna?** Stick with the white fish. In general, the lighter the color of the fish the less fat it contains and the more satisfied it will leave you at the end of the meal. White fish usually has one to two grams of fat per four ounces; pale-colored fish such as pink salmon, catfish and swordfish has three to six grams of fat per four ounces; and dark fish like mackerel, rainbow trout and red tuna range from eight to 16 grams of fat per four ounces.
- **Cream of broccoli or lentil soup?** Lentil soup, because beans are a great source of fiber and protein. Protein takes longer to digest than fat, and fiber adds a lot of bulk, which helps produce the gastric stretching that makes us feel like we can't eat another bite. Even the broth in lentil soup will satisfy more than the fatty cream base of cream of broccoli. While broccoli is also a good form of fiber, lentils beat it hands down.

Before you get started, there are a few other considerations to help those ghrelin-suppressing foods do their magic. For starters, remember to be patient. Wait 20 minutes after eating your first serving before deciding if you need a second helping or dessert. It takes time for food to start digesting and make it down into your lower intestine so you won't know if you're truly hungry until you've digested that first course.

It's also important to time your meals carefully. The ghrelin factor comes into play because the hormone will spike if you don't eat when you're accustomed to having a meal. Space your meals evenly apart to help keep ghrelin levels from rising. If they're not spaced evenly apart, nudge them closer to that goal in 15-minute increments — so if you usually eat lunch at 12 and dinner at 7, eat lunch at 12:15 tomorrow, 12:30 the next day and so on until there's an equal amount of time between each meal.

Vitamin D supplements may give benefits of sun without skin cancer risk: experts Mar. 08, 2006

Provided by: Canadian Press Written by: SHERYL UBELACKER

TORONTO (CP) - It's definitely a bit of a conundrum: sunlight is the best source of vitamin D, and vitamin D appears to have all kinds of health benefits. But too much sun can cause skin cancer, including the most deadly form, malignant melanoma.

So what should Canadians do? That's what a group of doctors and researchers from across North America are trying to figure out as they gather in Toronto this week to assess the risks and benefits of ultraviolet radiation and the vitamin produced from exposure to the sun.

People have been confused by conflicting messages about sun exposure, conceded Heather Logan of the Canadian Cancer Society, which organized the conference.

"There's been mounting scientific evidence to suggest that being in the sun unprotected - that is, not using sunscreen - may reduce your risk of some big cancers, like breast, prostate, colorectal and non-Hodgkin's lymphoma," said Logan, director of cancer control policy.

"But we know, based on a solid body of evidence, that exposure to ultraviolet radiation can increase your risk of skin cancer, premature aging and cataracts. It's not an easy situation to deal with, and what we don't want people to do is to end up outside unprotected - to trade cancers for cancers."

What is known is that exposing the hands and face (without sunscreen) to sunlight for just five to 10 minutes a week, even on sunny days in winter, will boost vitamin D levels, she said.

In summer, when UV levels are high, just 20 seconds of sun exposure allows the body to manufacture 400 international units (IUs) of vitamin D, the current recommended daily allowance in Canada and the United States for many age groups, said Dr. Edward Giovannucci, a professor of epidemiology and nutrition at the Harvard School of Public Health.

But Giovannucci was among several experts at Wednesday's sessions who suggested the recommended daily amounts of vitamin D are likely woefully insufficient for optimizing health.

Animal and laboratory studies have shown that vitamin D protects against cells replicating too rapidly - uncontrolled cell growth is the hallmark of cancer - and from spreading to other parts of the body, he said. Vitamin D is also believed to affect the immune system, which may explain why rates of multiple sclerosis are higher in northern countries like Canada, especially among darker-complexioned people whose skin provides poor absorption of sunlight.

"Throughout human history, going back tens of thousands of years, we evolved primarily where there was a lot of sun, and then we moved up into more northern regions," Giovannucci said in an interview at the conference. "There was always plenty of vitamin D around and cells needed to use this for many purposes.

"We generally make a lot less vitamin D from the sun than we used to, and there's not much vitamin D in foods," he said, noting that the nutrient is found naturally in cold-water fish like salmon and is added to milk. "Cells are becoming relatively starved of the vitamin D ... and they can't really function 100 per cent properly. At least that's the hypothesis, that these lower levels of vitamin D may be increasing the risk of cancers and other conditions."

So during winter months especially, Giovannucci said, people should take vitamin D supplements, specifically the type known as D3.

"Probably 1,000 IU is a real minimum and realistically we probably need to go up to 2,000 IUs, which is the upper limit before you worry about toxic or adverse affects."

Reinhold Vieth, an internationally recognized expert on vitamin D, was unequivocal about current government and medical bodies' recommendations regarding daily doses, calling them "absurd."

For instance, the Canadian Pediatric Society suggests infants need 400 IUs a day - while other official guidelines tell adults under 50 to take half that amount, despite the obvious difference in physical size, said Vieth, director of the Bone and Mineral Laboratory at Mount Sinai Hospital in Toronto.

"I think people who advocate avoidance of sun should likewise advocate 2,000 units of vitamin D a day, or more," said Vieth, who believes 400 units daily is adequate for children under five, but anyone over that age should boost that amount fivefold.

He said official guidelines that warn of possible hazardous toxicity from taking too much of the fat-soluble vitamin have been "totally overblown," and research suggests that even 10,000 units a day would be safe for adults.

"The bigger hazard is being phobic of it and not taking it. The rules have to be changed." Logan said the Canadian Cancer Society hopes to have a position statement advising Canadians on sun exposure an vitamin D before National Sun Safety Awareness Week at the end of May.

The Five Finger Prayer

This is so neat. I had never heard this before...This is beautiful - and it is surely worth making the 5 finger prayer a part of our lives.

1. Your thumb is nearest you. So begin your prayers by praying for those closest to you. They are the easiest to remember. To pray for our loved ones is, as C. S. Lewis once said, a "sweet duty."

2. The next finger is the pointing finger. Pray for those who teach, instruct and heal. This includes teachers, doctors, and ministers. They need support and wisdom in pointing others in the right direction. Keep them in your prayers.

3. The next finger is the tallest finger. It reminds us of our leaders. Pray for our political leaders, leaders in business and industry, and administrators. These people shape our nation and guide public opinion. They need God's guidance.

4. The fourth finger is our ring finger. Surprising to many is the fact that this is our weakest finger; as any piano teacher will testify. It should remind us to pray for those who are weak, in trouble or in pain. They need your prayers day and night. You cannot pray too much for them.

5. And lastly comes our little finger; the smallest finger of all which is where we should place ourselves in relation to God and others. As the Bible says, "The least shall be the greatest among you." Your pinkie should remind you to pray for yourself. By the time you have prayed for the other four groups, your own needs will be put into proper perspective and you will be able to pray for yourself more effectively.

Emailed in to pass on in the EV, author unknown.

Loneliness linked to high blood pressure in people over 50: study

Mar. 28, 2006

Provided by: Canadian Press
Written by: LINDSEY TANNER

CHICAGO (AP) - Loneliness in people over 50 greatly increases their risk of high blood pressure, researchers say in the latest study to underscore the health advantages of friends and family.

The loneliest people studied had blood pressure readings as much as 30 points higher than those who weren't lonely, suggesting that loneliness can be as bad for the heart as being overweight or inactive, the researchers said.

"The magnitude of this association is quite stunning," said University of Chicago scientist Louise Hawkley, the study's lead author.

With earlier research suggesting that more than 11 million Americans over 50 often feel isolated, left out or lacking companionship, the study could have substantial public health implications if it can be shown that reducing loneliness can lower people's blood pressure, said Richard Suzman, director of a behavioural research program at the National Institute on Aging, which helped fund the study.

Hawkley said the findings hint that one strategy for treating high blood pressure might be to get more involved, "do volunteer work, make yourself useful."
The study of 229 Chicago-area men and women ages 50 to 68 appears in the March issue of the journal Psychology and Aging.

The results build on earlier research by co-author John Cacioppo, who found that in younger adults loneliness was linked with blood vessel problems that could lead to high blood pressure.

Last year, Harvard research linked loneliness in men with increased blood levels of inflammatory markers associated with heart disease. And a study at Duke University found an increased risk of death in socially isolated patients with heart disease.

The research "says something about the importance of social connection in our everyday lives," said Cacioppo, a psychology professor who works with Hawkley at the university's cognitive and social neuroscience centre. "Part of living a healthy life is paying attention to friends and family."

As people grow old, friends and family move away, retire, fall ill and die, "so there has to be a replenishment of social relationships," Suzman said.

Study participants were asked on a 20-item questionnaire to rate the degree to which they lacked companionship. Slightly over half the study participants were considered at least moderately lonely and had higher blood pressure than those who felt less lonely.

The strongest link was in the 15 per cent of participants who were highly lonely. Their systolic blood pressure - the upper number in a blood pressure reading - was 10 to 30 points higher than in non-lonely people.

Loneliness was strongly linked to high blood pressure even when conventional risk factors such as weight, smoking and alcohol consumption were also considered.

From HeartHealth@Medbroadcast.com

Canada's most common weed killer, 2,4-D, said to cause cancer April 24, 2006

Provided by: Canadian Press Written by: DENNIS BUECKERT

OTTAWA (CP) - The most commonly used weed killer on Canadian lawns and gardens - known only as 2,4-D - is "persuasively linked" to cancer, neurological impairment and reproductive problems, says a new study.

The report in the journal Paediatrics and Child Health directly contradicts a recent re-assessment of 2,4-D by the federal Pest Management Regulatory Agency, which found the product does not cause cancer and can be used safely on lawns if directions are followed.

The product 2,4-D is found in many common pesticides, and has been controversial for decades.

By coincidence, the study appeared the same day that New Democrat MP Pat Martin tabled a private member's bill that would ban the use of pesticides for cosmetic purposes.

Martin says more than 50 million kilograms of pesticides are still used in Canada each year.

His bill would require pesticide manufacturers to prove their products are safe before being placed on the market, rather than regulators being required to prove the products are dangerous.

The authors of the new study say the federal re-assessment is largely based on animal studies, which cannot predict consequences in humans. They also say many of the studies are confidential, supplied by the manufacturers themselves.

"The 2,4-D assessment (by the federal agency) does not approach standards for ethics, rigour or transparency in medical research," said medical writer Meg Sears, speaking for co-authors Robin Walker, Richard van der Jagt and Paul Claman.

Van der Jagt is chair of the Canadian Leukemia Studies Group; Walker is past president of the Canadian Pediatric Association; Claman is a professor of reproductive medicine at the University of Ottawa.

"What we find is that the (federal agency) looks at a completely different set of information than the doctors do," Sears said. "They are looking at what happens in animals and their information is largely proprietary.

"The doctors are looking at what is happening in children and people living across the country and they are seeing major reasons for our problems.

"This is why we have a complete disconnect between what's happening at the federal level and down where the doctors are saying there are problems."

A spokeswoman for the Pest Management Regulatory Agency declined to comment on the study, but said it is being reviewed. She acknowledged the agency uses confidential studies in some cases.

About 90 Canadian municipalities and the entire province of Quebec have already banned the non-essential use of pesticides. Other attempts to impose a ban, in Ottawa for example, have failed.

Can I improve my smile? from medbroadcast.com

Cosmetic dentistry is the new specialty of the 90s. Dentists are being inundated with materials, courses, lectures and techniques. The results are dramatic. Dentists have not realized how important a smile is to most people. The end result sees both patients and dentists getting great satisfaction from the experience.

WHAT IS INVOLVED IN COSMETIC DENTISTRY?

Dentists have a variety of techniques at their disposal to improve someone's smile:

- Bleaching
- Reshape and bleach
- Bonding
  - Direct
  - Indirect
- Crown
- Fill in spaces

Bleaching

Bleaching - or tooth whitening - uses chemicals with a base of hydrogen peroxide (see Figure 1). The techniques are harmless and have been approved by health authorities. Like all bleaching, it is not permanent. It lasts approximately three years. Numbing the teeth is usually not required. There are several bleaching techniques, which are all open to further modification:

- Isolate teeth with rubber dam and apply concentrated chemicals.
- Place chemicals in a special tray and leave in mouth for one hour a day for 3 weeks.
- Use over-the-counter chemical-fortified toothpaste morning and night for 6 weeks.
- Apply chemical to tooth and activate with a powerful blue light for 3 seconds, total treatment 1 hour.

Reshape and bleach

Prior to bleaching the dentist may wish to use fine polishing diamonds to narrow, shorten or straighten the outline of the teeth and also remove superficial stains in the enamel. After the reshaping, the bleaching is performed. Freezing is often not needed.

Bonding

Bonding is the process of adding composite or ceramic filling materials to the teeth. This procedure is performed in two ways:

- Direct bonding-composite is added and shaped to the teeth and set with blue light (see Figure 2). The time required for 6 teeth is about 2 hours. The advantage of this procedure is the dentist and patient have complete control of shape and color and it is performed in one visit. Freezing is often not needed. It does require considerable artistic skill that most dentists need to develop through practice.
- Indirect bonding - an impression is taken and instructions sent to the dental laboratory. The ceramic is fabricated and returned to the dentist to be inserted on the second appointment. The dentist reduces more tooth structure as a general rule. The advantages are better color, smoothness and natural look. The disadvantages are the need for two visits, much higher cost and 4 hours of time. The dentist and patient do not have as much control over color and shape.

Crown

A crown is the time-honored method by which 50% of the tooth is reduced to a peg shape and one of several new ceramic systems are placed on the tooth for excellent results. Two visits are required and the procedure takes about 6 hours. This system can be considered an option if bleaching, reshaping or bonding do not meet the dentist's or patient's criteria for success.

Fill in spaces

Using the new composite filling materials, the teeth can be widened, shortened, rounded, or flattened to achieve a more pleasing result (see Figure 3). Freezing is often not required. It takes about 1/2 hour to 2 hours. There are many patients for whom this procedure can be performed.

Alexander Yule, BDS, MDS, in association with medbroadcast.com

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Cutting Your Cancer Risk: Take control of your cancer risk

Knowing which lifestyle factors have an impact on cancer risk worldwide is important, but how can you tell which factors actually affect *your* life?

You can start by looking at the list of modifiable risk factors and asking yourself how you measure up. Remember, these are risk factors you control. While you should feel good about the positive lifestyle decisions you've made, you also know when you are doing something that isn't good for your health. It's important to be honest with yourself.

Is your weight is higher than it should be? Do you know your body mass index? Do you smoke even the occasional cigarette? Do you exercise regularly? Do you know the difference between moderate alcohol intake and problem drinking?

If you're less than totally honest with yourself, you're not alone. A recent survey of New Yorkers found that only 39% of obese adults described themselves as obese. If you are only dealing with a couple of extra pounds right now, it might not be a problem. But adding a pound or two every year with the promise to "take it off in the summer" can add up over time, and that extra weight may eventually add up to a big health problem.

If you only smoke the occasional cigarette, you may be telling yourself it doesn't carry the same health risks as being a regular smoker. But "social" smokers should beware. Even light smoking (one to four cigarettes per day) can carry a hefty health toll, increasing your risk of dying from lung cancer and other ailments.

But acknowledging you could improve in certain areas and actually doing something about it are two different things. After all, why do today what you can put off until tomorrow? Making different lifestyle decisions can be very difficult. These are habits that have developed over years and understanding their effect on your chances of developing cancer and changing them isn't always easy.

If you're confused about how these risk factors may affect you, ask your doctor.

And next time your doctor asks you questions about your lifestyle - for example, if you smoke or if you exercise regularly - be honest. Admitting your habits aren't always the healthiest can feel embarrassing, but your doctor is there to help, not judge. When it comes to getting help to make the changes you need to cut your cancer risk, your doctor is a valuable resource - but they can only help you make those changes if you tell them what areas you need help with. There's no health benefit to sticking your head in the sand.

From HealthNewsletter@Medbroadcast.com

What is gout? From NetDoctor.co.uk

Gout, otherwise known as podagra or uric acid arthropathy is a rheumatic complaint, that usually attacks a single joint at a time.

The disease has a preference for the big toe of middle-aged men - it swells, turns red and becomes sore. The soreness is such that just walking through a room can cause severe pain. It is more common in men than women by a factor of 10 to 1.

What is the cause of gout?

The disease is caused by the deposition of sodium urate (uric acid) crystals in the joints. Uric acid is a by-product of the body's metabolism.

Normally the uric acid is removed when urinating, but among patients with a predisposition for gout, the uric acid accumulates in the blood.

Among some of these patients, the concentration in the blood is so high that the uric acid 'overflows' and settles in the joints and possibly in the skin.

How do you get gout? There are two kinds of gout.

Primary hyperuricaemia and gout

Hyperuricaemia means an increased level of uric acid in the blood. It is usually caused by an hereditary abnormality in the system that changes the nucleic acid into uric acid. In this case the body is incapable of excreting uric acid fast enough even during normal circumstances.

Secondary hyperuricaemia and gout

Is caused by another disease or because of consumption of certain medicines (eg diuretic preparations, which increase the output of urine, and acetylsalicylic acid derivatives including aspirin). In these cases, the problem is that the body produces such large quantities of uric acid that the kidneys cannot keep up.

What are the signs of gout?

Prior to the onset of symptoms of gout, there is usually a latent period of several years in which the concentration of uric acid in the blood has gradually increased. This condition is called asymptomatic hyperuricaemia.

Some 95 per cent of the people with this condition never develop gout.

The first gout attack is often at night. Typically, the afflicted person wakes up in the middle of the night with extreme pain near the joint of the big toe (if the pain is in the knee it is called gonagra). The joint is swollen and may turn a shining purple.

Even the smallest stimuli produce severe pain, for instance a blanket on the toe. The first attack usually subsides after about a week.

About 10 per cent of sufferers will never again experience gout whereas others will experience more frequent and longer lasting attacks if they are not treated.

If it is not treated, repeated cases of gout over several years can produce permanent damage in the joint.

If no preventive treatment is undertaken, over time, sodium urate will collect under the skin. In this case the crystals are seen as small bumps near the joints or on the outer side of the ear called tophi.

Occasionally they rupture or ooze out yellowish chalky materials.

Who is at most risk?

Gout attacks are brought on by several factors including:

- Over consumption of alcohol, especially beer; Some foods with a high content of protein and purines, such as liver, kidneys, sardines, and anchovies; Being overweight; Haemorrhages in the gastrointestinal canal; Bodily trauma with extensive tissue destruction; Major surgery; Conditions in which there is a high rate of cell turnover, eg leukaemia, lymphoma, psoriasis.

Good advice

- Cut down on alcohol consumption; Avoid food that you know can cause attacks; Watch your weight.

- The uric acid crystals can be secreted in the urinary system as calculi (stones). Therefore you have to drink plenty of water, preferably 10 to 12 glasses a day, in order to wash out the urinary system and prevent any stones from developing.

How does the doctor diagnose gout?

- The diagnosis is usually made from the way the patient presents the symptoms, plus the clinical picture.

- In order to rule out other rheumatic complaints, the doctor will usually take a blood sample to measure the concentration of uric acid. He may also undertake an X-ray examination and an examination of the synovial fluid (found within joints), where uric crystals will be visible by using special equipment.

Future prospects

- About 60 per cent of the people who experience a gout attack will have a similar or more severe attack within the next year; The disease can become complicated with calculi (stones) in the urinary system; With modern treatment it has become much easier to relieve gout.

How is gout treated?

Treatment is concentrated on three areas:

- during the actual attack the most important thing is to soothe the pain with non-steroidal anti-inflammatory drugs (ordinary analgesics like paracetamol will not relieve the pain, and aspirin must not be used). Colchicine is used to relieve the pain in people who cannot take NSAIDs.

- once the attack has passed, you are offered preventive treatment, usually with allopurinol (eg Zyloric), which will reduce the level of uric acid in the blood. The preventive treatment can - if it is used during an active attack of gout - actually aggravate an attack, because it causes a large quantity of uric acid to be released at the same time.

- finally it is important to change your lifestyle, as described above.

The goals of the treatment are to remove the pain and the swelling, prevent further episodes, prevent and treat tophi and to stop the production of stones in the urinary system.

Women, poor more likely to have advanced colon cancer when diagnosed: study **May 4, 2006**

Provided by: Canadian Press **Written by: SHERYL UBELACKER**

TORONTO (CP) - By the time they are diagnosed with colorectal cancer, women and low-income individuals are more likely than men and wealthier Canadians to have serious complications that make the disease much harder to treat, a study suggests.

The study by Ontario's Institute for Evaluative Sciences (ICES) found that women were seven per cent more likely than men to have signs of advanced disease at the time of diagnosis; the risk for poor individuals was 22 per cent above that of high-income patients.

The findings suggest that overall, women and low-income Canadians are not being sent as often as men and better-off patients for tests to detect colon cancer at a point when it could more easily be cured, researchers say.

"We think this underscores the need for a provincewide screening program for colorectal cancer," lead author Dr. Linda Rabeneck, a senior scientist at ICES, said Thursday. No province or territory in Canada currently sponsors a specific program to regularly test patients for colon cancer.

"If we had this organized approach, we would be reducing colon cancer deaths," she said. "And those who are diagnosed with the disease, there would be a greater proportion of them at an earlier stage of the disease."

Rabeneck, head of gastroenterology at Sunnybrook Health Sciences Centre in Toronto, said researchers aren't sure why poorer individuals and women are getting diagnosed more often with late-stage colon cancer.

"But it's clear that for some reason these people of the low-income group are not getting enough attention to their symptoms or they're not coming themselves and seeking attention," she said.

When it comes to women, the researchers hypothesize that embarrassment over discussing bowel problems may play a role. "Maybe there's something going on in the interaction between the physician and the woman, some reason that's not leading to prompt action on the patient's symptoms - not as prompt as in men," she said.

With early detection, surgeons can snip out cancerous sections of the colon, improving the odds that the malignancy can be stopped in its tracks, said Rabeneck. But too often, diagnosis doesn't occur until the tumour has spread and symptoms become acute, either because the growth is obstructing the colon or has perforated the organ's walls.

Calling the study "provocative," Dr. Heather Bryant of the Alberta Cancer Board said organized screening programs across Canada would not only mean improved early-detection and lower death rates, it would also provide researchers with important data.

"(It would) really put us in the position to find out whether we do need to target our messages about the benefits of screening to different sexes, to different age groups, to different areas of the country," Bryant said from Calgary.

She expects Alberta will implement a colorectal cancer screening program later this year or in 2007.

The Ontario government is reviewing options for a screening program and expects to move forward with one in the 2006-07 fiscal year, said Health Ministry spokesman John Letherby.

This year, an estimated 20,000 Canadians will be diagnosed with colorectal cancer and about 8,500 will die of the disease, the second-deadliest malignancy after lung cancer for women and men combined.

Under a formal screening program, anyone 50 years or older would undergo a test at least every two years that would look for blood in the stool, a possible sign of cancer. A follow-up colonoscopy, in which a tiny camera is threaded through the colon, would be used to detect and remove pre-cancerous polyps or actual tumours.

"We know with even the most basic screening we can eliminate many of the cases well in advance of patients presenting with obstructed or perforated bowels," said Barry Stein, president of the Colorectal Cancer Association of Canada. "Yet to date, not one province has implemented these simple and cost-effective programs.

"Ontario and all other provinces . . . are on notice that they owe their constituents at minimum a way of preventing this deadly disease by putting into place screening programs without further delay." The ICES study, published in the May issue of the American Journal of Gastroenterology, identified more than 41,000 cases of colorectal cancer in Ontario through health-record databases between 1996 and 2001; almost 20 per cent had signs of advanced disease upon diagnosis. From CancerReport@Medbroadcast.com

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Gluten allergy - no bread, no beer! from the HealthNewsletter@Medbroadcast.com

March 28th 2006 issue - Dr. Art Hister

Confession time, folks: I am now, and I've always been, a celiac, and for those who just muttered, "I knew he was a weirdo," I must tell you that although my family agrees with you, a celiac is not always a weirdo. Rather, it's someone allergic to gluten, a protein found in certain grains including, unfortunately, wheat, rye, and barley. (There's controversy about oats and buckwheat, so I've always avoided those grains, too.)

Many of you will instantly realize that to avoid gluten-containing grains, you must not eat bread, pastry, pasta, and cookies (unless they're made of flour from "safe" grains, such as rice, corn, or (uk!) soy). But what you may not realize until a sad but wise celiac tells you is that other foods that often contain gluten include beer (in Canada, beer is a food!), soy sauce, ice cream, sauces, soups, luncheon meats, and many others, because wheat flour is often used as a "filler" - the industry spin word is "extender" - in such products.

Happily, most celiacs get away with eating "glutenous" foods occasionally (although some are so sensitive that even a bit of cheating leads to problems). But what should keep all celiacs toeing the line as much as possible is this: symptoms (usually related to the gut - diarrhea, cramps, and so on) can recur at any time and be severe; the gut can be so stripped of its lining in response to a continued gluten assault that the celiac doesn't absorb nutrients and thus becomes anemic or even more sick; and, (the one that really keeps me in line) untreated celiac disease is related to a higher risk of small bowel cancers (lymphomas) that have a poor prognosis.

And here's the real kicker today: a recent study found that one in 150 North Americans is a celiac. Further, because symptoms can be quite vague - fatigue, failure to grow, and so on - and because many doctors don't often think of celiac disease, celiacs often have the condition for (gulp!) 12-14 years before it's diagnosed. So if you have symptoms that have defied analysis, it's worth mentioning this possibility to your MD.

By the way, I wasn't diagnosed until my mid-twenties, and I've long been sure that if my parents had had me diagnosed earlier, I'd now be six foot ten instead of five six, although I must say that my five foot two dad and five foot one mom never agreed with me.

BC ELDERS COMMUNICATION CENTER SOCIETY

1420 C 16th Avenue
Campbell River, B.C. V9W 2E3

Phone: 1-250-286-9977
Fax: 1-250-286-4809
Toll-Free: 1-877-738-7288
Coordinator: Donna Stirling
Website: www.bcelders.com
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PROVERBS:

A nation is not conquered until the hearts of its women are on the ground. Then it is done, no matter how brave its warriors or how strong its weapons. Cheyenne

He that maketh haste to be rich shall not be innocent. Biblical

All the hours wound you, the last one kills. Latin

Make happy those who are near, and those who are far will come. Chinese

BIBLE QUOTES:

"The Lord is my strength and my shield; my heart trusted in him, and I am helped: therefore my heart greatly rejoiceth; and with my song will I praise him." Psalm 28:7

"But the salvation of the righteous is of the Lord: he is their strength in the time of trouble." Psalm 37:39

"It is better to trust in the Lord than to put confidence in man." Psalm 118:8

"Be of good courage, and he shall strengthen your heart, all ye that hope in the Lord." Psalm 31:24

"O my God, I trust in thee…" Psalm 25:2

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

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

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

Quotations:

"They say that time changes things, but you actually have to change them yourself."
"The sister bond is often greater than that with a friend or a brother." Dr. Harriette McAdoo
"We are all brothers and sisters—Unless we have to help one another." Glen Ridless
"If we can imagine it, it can come true. So I suggest we be careful about what we imagine."
"Some dreams should remain dreams."
"Unlike fine wine, bottled up emotions do not taste better with time."

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

30th ANNUAL BC ELDER'S GATHERING

Hosts: Nuu-Chah-Nulth Tribal Council and Tseshaht First Nation
Dates: July 18, 19, 20, 2006 **Place**: Alberni Valley Multiplex
Address: 3737 Roger Street, Port Alberni, B.C.
For Information Please Contact Coordinator: Vina Robinson
Office # 250-724-5757 **Fax** # 250-723-0463
Email: vrobinson@nuuchahnulth.org