



ELDERS VOICE

ATTENTION: ELDERS SUPPORT PEOPLE
PLEASE DON'T FORGET TO MAKE COPIES OF THE ELDERS VOICE
FOR YOUR ELDERS EACH MONTH.

To have an application sent to you for the Residential School Settlement's Common Experience Payment please call:
Service Canada at 1-866-699-1742

Quotes

"Happiness keeps you Sweet,
Trials keep you Strong,
Sorrows keep you Human,
Failures keep you Humble,
Success keeps you Glowing,
But Only God Keeps You Going!"

- "You teach people how to treat you." Dr. Phil
- "A man plans his course, the Lord guides his steps."
- "People travel to wonder at the height of mountains, at the huge waves of the sea, at the long courses of rivers, at the vast compass of the ocean, at the circular motion of the stars; and they pass by themselves without pondering." St. Augustine
- "The imagination exercises a powerful influence over every act of sense, thought, reason, -- over every idea." Latin Proverb
- "He who has imagination without leaning, has wings with no feet." Joseph Joubert

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BC Elders Gathering Info Corner
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Proverbs/Bible Quotes/Quotes/Zodiac

Easy Bakers Corner – Ultimate Cookie Square—makes 15

Cookie Base: Cream 1 cup butter, softened with 1/2 cup granulated sugar until light and fluffy. Add 2 egg yolks, one at a time. Beat well. Add 1 tsp. of vanilla and 2 Tbsp. of orange rind. Slowly beat in 2 1/4 cups all-purpose flour to butter mixture until well blended.

Spread batter into an ungreased 13-by-9-inch baking pan.

Bake at 375°F for 15 minutes, or until lightly browned. Set aside while making topping.

Topping: In Medium saucepan, mix together 2 1/2 cups figs, peeled and chopped, 1/2 raisins, 1/2 cup of coconut, 3/4 cups of granulated sugar, 1 cup of boiling water and 2 Tbsp. of butter. Place over medium-high heat. Boil until thick, and the consistency of jam, about 30 minutes. Spread mixture over cookie base. Bake at 300°F for 10 minutes.

Remove from oven. Place on rack. Sprinkle with 1/4 cup of coconut.

When cool, cut into squares. Serve with vanilla ice cream, if desired.

Handy Tips: Clever use of baking soda or cream of tartar

Try using it as a Coffeepot cleaner: To remove coffee stains from the inside of an electric percolator, fill the coffeepot with water and add about 2 or 3 tablespoons of baking soda or 2 to 3 teaspoons of cream of tartar. Let it perk; then let the water cool and scrub the pot with a plastic scrubbie or other nonabrasive tool. Rinse well.

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/Birthday Wishes, 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’

New Elder’s Website: www.bcelders.com

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.

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

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

Disclaimer:

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

BC ELDERS COMMUNICATION CENTER SOCIETY

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8th Year GRATITUDE LIST

Groups who have thankfully paid their \$250 'Yearly Support Fee'
so far for the Dec. 2007 – Nov. 2008 Year

1. Gingolx Elders
2. Seton Lake Elders
3. Assembly of First Nations (Ottawa)
4. Mamalilikulla Qwe'Qwa'Sot'Em Band
5. Nuu-chah-nulth Tribal Council
6. Hamatla Treaty Society
7. Hailika'as Heiltsuk Health Centre
8. Qualicum First Nation Council
9. Quatsino First Nation
10. Tobacco Plains Indian Band
11. Tansi Friendship Centre Society
12. Tsleil-Waututh Nation
13. Gitsegukla Band
14. Bridge River Indian Band
15. Vancouver Aboriginal Friendship Centre Society
16. Sumas First Nation
17. Tsawwassen First Nation
18. BC Assembly of First Nation
19. Osoyoos Indian Band
20. Carnegie Community Centre Association
21. Wuikinuxv Nation
22. Mowachaht/Muchalaht
23. Wewaikum First Nation
24. Da'naxda'xw First Nation
25. Tseycum First Nation
26. Gitanyow Human Service
27. Uchucklesaht Band Council
28. Chehalis Indian Band
29. In-SHUCK-ch Nation
30. Wet'suwet'en First Nation
31. Douglas First Nation
32. Xaxli'p Indian Band
33. BC Transmission Corporation
34. Squiala First Nation
35. Ts'kw'aylaxw Elders Society
36. McLeod Lake Tse'khene Elders Society
37. Kitamaat Village Council
38. Tsawataineuk Band
39. Cook's Ferry Indian Band
40. Ki-Low-Na Friendship Centre
41. BCAAFC
42. Kwikwetlem First Nation
43. Musquem Indian Band
44. Adams Lake Indian Band
45. Kamloops Indian Band
46. We Wai Kai Nation
47. Tla-o-qui-aht First Nation
48. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation
49. Lower Kootenay Band
50. Carrier Sekani Family Services
51. Doig River First Nation
52. Lower Nicola Indian Band
53. Soowahlie Health Services
54. Tsewultun Health Centre
55. Union of BC Indian Chiefs
56. Fort St. John Friendship Society
57. Nuxalk Nation Elders
58. Hesquiaht First Nation
59. Ehattesaht Tribe
60. Kluskus Indian Band
61. Samahquam Band

Dear Elders Contact Person,

***If your office has paid the support fee, thank you very much for your assistance!**

***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 on this end having received a reply from you.**

***If you are in the process of paying the fee with the new fiscal year upon us, then thank you very much for your continued efforts!**

***Staff changes often occur, so please call into the office if you require the Invoice to be resent to a new Contact Person.**

**Thank you for your continued support!
Donna Stirling, BCECCS Coordinator**



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FIRST NATIONS LEADERSHIP COUNCIL

News Release

FOR IMMEDIATE RELEASE
January 30, 2008

Forests Are Not the Crown's to Sell Privatization Proposals Would Create Chaos, Not Certainty

Coast Salish Territory/Vancouver – The industrial privatization of BC Forests through outright sales or long-term leases of large tracts of land cannot be one of the outcomes of the latest initiative from Premier Gordon Campbell, the province's First Nations leaders warned today.

In the absence of the settlement of the outstanding land question in the province, proceeding with certain industry proposals for such privatization or forest tenure reform would be a massive act of bad faith that will only add to legal conflicts and the province's current land title quagmire, First Nations leaders warned.

"We welcome Premier Gordon Campbell's announcement of a roundtable to review government forestry regulations in a bid to find ways to rejuvenate the ailing industry," said Shawn Atleo, Regional Chief of the BC Assembly of First Nations.

"We know the urgency of the situation and are willing to explore options for addressing our respective interests through government-to-government talks. Rejuvenation must occur through the reconciliation of First Nations and Crown titles as required by section 35(1) of the *Constitution Act*. Attempting this through the Premier's Roundtable process alone would be inconsistent with numerous Supreme Court of Canada rulings and with the recent Tsilhqot'in decision rendered by Mr. Justice Vickers of the BC Supreme Court on November 18, 2007", said Chief Atleo.

"Some industry advocates have proposed selling off Crown land to raise revenues and give industry security of tenure and the province's chief forester has publicly raised the idea as a possibility – and this is definitely a non-starter due to the unresolved land question in this province," added Grand Chief Edward John of the First Nations Summit political executive.

"Rather than creating any certainty, privatization would clearly increase uncertainty and add to the legal issues that now exist. It would leave both the taxpayer and industry on the hook for unrealized investment and future compensation costs," said Grand Chief Stewart Phillip, President of the union of BC Indian Chiefs.

The recent BC Supreme Court decision in *Tsilhqot'in v. BC* made this evident yet again. The Xeni' Gwetin First Nation in central BC challenged the Crown's authority to provide a forest license to a third party within their territory and Justice Vickers ruled that it has sufficient evidence to prove title to at least 50% of their territory.

The Tsilhqot'in also questioned the authority of the *BC Forest Act* and stated it does not apply to Aboriginal title lands. In our opinion the Crown cannot sell lands or even provide tenure without the free, prior, and informed consent of the First Nation whose territory is impacted.

Resource development projects are now being stalled or quashed in British Columbia because of unresolved title issues, with recent examples including the Kemess North mine proposal, the Enbridge Gateway pipeline, and the Pembina pipeline. All of these stalled projects involved land privatization or the granting of tenure that amounted to several thousand hectares or less.

New privatization proposals could involve areas encompassing hundreds of thousands or perhaps millions of hectares of land where ownership has yet to be resolved.

First Nations will not discuss privatization until their title and rights issues have been addressed in a meaningful and effective way. BC's First Nations recognize the importance of certainty and encourage government and industry to work with First Nations to achieve this laudable goal.

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

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 please contact:

Grand Chief Stewart Phillip
President, UBCIC: 250-490-5314

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BC Assembly of First Nations: 604-922-7733

Colin Braker
Communications Director Office: 604-926-9903
First Nations Summit: Cell: 604-328-4094

NEWS RELEASE

First Nations Kids Not Smiling

Crisis in Oral Health Requires Emergency Response

NANAIMO, (Snuneymuxw Territory)

February 12th, 2008

In a two-pronged attack on the worsening dental care crisis in First Nations communities, Inter Tribal Health Authority today issued an appeal for an emergency response from the federal and provincial governments. ITHA has written to Dr. Perry Kendall, British Columbia's Medical Officer of Health requesting immediate help, "in the hope that you will address this matter directly with the parties to the Tripartite Health Plan. Specifically, we believe that it would be important for you to provide your own professional opinion with respect to the status of First Nations oral health and establish its linkage to other health conditions". These include diabetes, heart disease and low birth weight.

In a letter to Sheila Fraser, Canada's Auditor General, ITHA brought to her attention the shortfall in spending on First Nations dental care in British Columbia. It is believed that funds budgeted for the dental benefit of Health Canada's non-insured health benefits program, are not fully expended on an annual basis in British Columbia. "This is alarming, as it is well known that the needs of our people for oral health treatment are extensive".

ITHA believes the "under-expenditure of budgeted funds" is due to barriers faced by First Nations people attempting to access service, "These barriers relate to the reluctance or refusal of dentists to participate in Health Canada's non-insured plan; and/or the requirement of dentists that First Nations patients pay 'up front' for expensive treatment procedures".

There is extensive evidence of the linkage between poor oral health and life threatening conditions such as heart disease, diabetes and low birth weight. Costs to the health care system of treating these serious conditions are significant. "Additionally, we are told that dental health is the leading cause of pediatric hospital admissions; and, we know that it is also a leading cause of prescription drug use by our people."

ITHA asked for an official investigation by the Auditor General of these serious concerns, and also requested Dr. Kendall's views be made public, on the relationship between poor dental health and other health issues faced by First Nations people. This call for an emergency response, is part of an ongoing effort to ensure First Nations children and families receive dental care that is comparable to services received by other Canadians through private dental insurance plans.

In an open letter sent in November 2007, the ITHA Directors called on First Nations leaders, and provincial and federal ministers of health to work together on a strategic plan to address this crisis. The Board has not yet received a response from either of the ministers. However, directors have been advised that the First Nations Chiefs' Health Committee is negotiating a Memorandum of Understanding with the British Columbia Dental Association, to address some of the issues.

Inter Tribal Health Authority (ITHA) is operated by twenty-nine First Nations on Vancouver Island, providing direct services and support to its Member Nations, and is active in the promotion of the enhanced health status of Aboriginal people.

For more information contact: Inter Tribal Health Authority Executive Director, Terry Fox at (250) 753-3990, ext. 234

PASSAGE FROM THE THRONE SPEECH FROM GOV.BC.CA FEB. 12TH 2008

BUILDING A NEW RELATIONSHIP WITH B.C.'S FIRST NATIONS

History has taught us that we all move forward by moving beyond the positions that have held us back.

That is the essence of your government's effort to build a New Relationship with First Nations.

It aspires to a brighter future for all Aboriginal Canadians, built on self-reliance and self-determination, and based on mutual respect, recognition and reconciliation.

The Transformative Change Accord calls on us to close the gaps for B.C.'s First Nations in health, housing, education and economic opportunity.

Working together, we are opening new doors for progress.

There are new land use agreements for the North Coast, the Central Coast, the Sea-to-Sky corridor, the area north of Tweedsmuir Park, and Haida Gwaii.

The true leadership provided by the Tsawwassen, the Huu-ay-aht, the Ka:'yu:'k't'h'/Che:k'tles7eth'h, the Toquaht, the Uchucklesaht, and the Ucluelet First Nations has resulted in the highest form of negotiated settlement — constitutionally protected treaties, which are awaiting ratification by Parliament. Those First Nations will soon join the Nisga'a.

Final agreement negotiations are underway with the Sliammon, Yale, Yekooche and In-SHUCK-ch Nations. The treaty process is producing real results. It can and will be improved.

Your government will support fast-tracked treaty negotiations at common tables, as suggested by the BC Treaty Commission and First Nations themselves. It will pursue "incremental treaty agreements" to help First Nations benefit earlier in the treaty-making process.

New mechanisms will facilitate effective engagement of all parties in meaningful consultation and help First Nations participate as equity partners in major economic development projects.

Aboriginal rights to harvest wood for domestic purposes on Crown land will be given new statutory recognition. New investments in carbon offset projects that benefit First Nations will be an integral part of your government's climate action plan.

The journey to reconciliation is about bridging the barriers that have divided Aboriginal Canadians from everyone else in Canada. Nowhere is that more important than in caring for our children.

It is time that all of Canada embraced Jordan's Principle. Simply put, that principle says the interests of Aboriginal children must always be paramount, and that no child, on- or off-reserve, should be put at risk due to jurisdictional disputes.

Your government will work with First Nations and the federal government to put Jordan's Principle into action, and to strengthen services for Aboriginal children and families.

New legislation will enable Aboriginal authorities to assume legal responsibility for the delivery of most child and family services in their communities.

Your government will contribute to the establishment of the Stehiyaq Healing and Wellness Village in the Fraser Valley. It will be a place of healing for Aboriginal youth and families from across British Columbia who are addressing histories of trauma, addiction and mental illness.

This August, the Cowichan Tribes will host the North American Indigenous Games. That event will be a celebration of competition, sport and First Nations cultures. Everyone is invited.

Background - Action Plan on Consultation and Accommodation

Why Action Plan is Needed?

In the 2004 *Haida* and *Taku River* decisions and in the 2005 *Mikisew Cree* decision, the Supreme Court of Canada ruled that the federal and provincial Crown have a legal duty to consult, and, where appropriate, accommodate when Crown conduct may adversely impact established or potential Aboriginal and Treaty rights..

The legal duty to consult may be triggered by a federal or provincial approval, license, permit or by any large or small size project or activity that could adversely impact established or potential Aboriginal and Treaty rights. This could include, for example, approvals of natural resource development projects or the management or disposal of Crown property.

The legal duty is the responsibility of all departments/agencies and each one must manage the duty to consult triggered by its own activities. However, no one department or agency has been responsible for coordinating a federal approach, resulting in lack of coherence, consistency and coordination.

The strategic objectives of the federal action plan include:

- To assist federal departments and agencies in fulfilling Canada's legal duty to consult and, where appropriate, accommodate in relation to established and potential Aboriginal and Treaty rights.
- To create sustainable approaches and partnerships in relation to consultation.
- In the long-term, to provide more predictability, certainty and transparency on when and how to consult and possibly accommodate Aboriginal groups.
- To promote reconciliation of Aboriginal and Treaty rights with other societal interests.

What does the action plan consist of?

Authority was given to the Ministers of Indian Affairs and Northern Development and Justice, on behalf of the government, to take the following concrete measures:

- Engage with First Nations, Métis and Inuit groups in the development a federal policy on consultation and accommodation, and discussions with provinces, territories and industry groups
- Establish interdepartmental mechanisms to monitor and improve coordination of consultation and accommodation practices
- Create an inventory of information on the location and nature of established and potential Aboriginal and Treaty rights
- Distribute interim consultation guidelines to federal officials and provide related training
- Establish an interdepartmental team to implement the action plan

Expected Results of the Action Plan

- Federal officials are equipped with the tools they need to discharge the legal duty to consult
- Improved federal interdepartmental consistency and coordination
- Creation of a federal policy on consultation that addresses policy and legal challenges and that reflects the participation of First Nations, Métis and Inuit groups in its development
- Better coordination of Canada's consultation approaches with related provincial, territorial and industry activities

For: Kwicksutaineuk Ah-kwa-mish First Nation

Contact: Bob Chamberlin, Chief, Kwicksutaineuk Ah-kwa-mish First Nation

Primary Phone: 250-974-8282

Date issued: February 13, 2008, 13:18 e

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

Health Canada Rescinds "Do Not Consume Order" Water Advisory

Health Canada Rescinds "Do Not Consume Order" for drinking water for Kwicksutaineuk Ah-kwa-mish First Nation

Gilford Island, BC, MEDIA ADVISORY, Feb.13 /CCNMatthews/ - The Kwicksutaineuk Ah-kwa-mish First Nation is extremely pleased to announce that the Health Canada - "Do Not Consume" order for our village drinking water was lifted on January 7, 2008. This is a result of the new Reverse Osmosis Water purification plants now operating in the village of Gwa-Yas-Dums on Gilford Island.

"This is a long time coming" says Chief Bob Chamberlin, "Our community members have demonstrated an amazing level of resilience and commitment, to our village and our people, by remaining during the ten years of undrinkable water, an amazing demonstration of strength and perseverance."

There will be a Water Treatment Plant Commissioning ceremony held in the village of Gwa-Yas-Dums, Gilford Island on February 16th, 2008. Confirmed attendees are;

- * Phil Fontaine, AFN National Chief
- * Shawn Atleo, Regional AFN Chief
- * Stewart Phillip, UBCIC President
- * Jeff Loucks, INAC Regional Director General
- * Ann Davidson, CAW BC/ALTA President
- * Mike Michaud, CAW Skilled Trades Coordinator
- * International Forest Products representatives

In addition to the water problem, Gwa-Yas-Dums is currently embarking on the rebuilding of virtually the entire village and every home. "To accomplish the rebuild our First Nation is developing a broad range of partnerships with Provincial Ministries, Industry partners and other organizations" says Chief Chamberlin.

Industry partners include International Forest Products, Ministry of Forests and Range and most recently the Canadian Auto Workers Union, whom have accepted AFN's Corporate Challenge to help eradicate poverty on First Nation reserves. The Kwicksutaineuk Ah-kwa-mish First Nation is developing a Pilot Project with the Ministry of Forests and Range for the provision of lumber under more recent Supreme Court ruling allowing First Nation access to Crown Timber for the building of homes.

"We have been working very hard on many levels to bring together a broad range of interests and initiatives to ensure our villages survival. As an example, we are committing the lions share of our First Nations Forest and Range agreement funds and revenue to move our village forward" says Chief Bob Chamberlin.

- END RELEASE - 13/02/2008

For further information:

Media wishing to attend please contact the Kwicksutaineuk Ah-kwa-mish First Nations Band Office to ensure travel to and from the village 250 974 3004

Provided by: The Canadian Press **Written by: Lauran Neergaard, THE ASSOCIATED PRESS**

WASHINGTON - Bone tests aren't just for women anymore. New U.S. guidelines are calling for older men to get a routine check for bone-thinning osteoporosis.

There's news for women, too: A new computerized tool uses more than bone-density tests to predict who is at highest risk of breaking a bone in coming years - by adding in such important risk factors as whether a parent ever broke a hip.

It's an effort to better target who really needs treatment and who can safely skip it, even before someone's bones become thin enough to be officially labeled an osteoporosis patient.

And it promises a major shift in bone care.

"You treat the people who have high risk, and you would reassure the women at low risk and ask them to come back for a re-check in a few years," explains Dr. Ethel Siris of Columbia University and president of the National Osteoporosis Foundation, which issued the new guidelines last week.

Moreover, the new work stresses that a disease long associated with little old white ladies actually can strike anyone as they age. The biggest change: The NOF guidelines recommend a bone-mineral density X-ray test for all men 70 and older, just like women 65 and older have long been urged to get. (Men and women may need the tests sooner if other factors put them at high risk.)

"There's a recognition more so now than in the past that men are at risk," says Dr. Jay Magaziner of the University of Maryland medical school, who has long researched hip fractures - osteoporosis' most-feared break.

Don't misunderstand. Postmenopausal women are still at greatest risk of osteoporosis, when bone-strengthening estrogen plummets. But a quarter of hip fractures occur in men, and as men live longer, the number who break a hip is steadily rising, Magaziner told a recent meeting of the American Academy of Orthopaedic Surgeons.

Screening men "as we do with women can have some real payoffs in terms of prevention," he says.

Another conundrum: More than half of fractures due to bone loss occur in people whose bones are thinning but aren't quite thin enough to be labelled osteoporosis. They're in a grey zone known as osteopenia.

In the U.S. alone, some 10 million people have osteoporosis but 34 million are estimated to have osteopenia. With the population rapidly aging, the government estimates half of Americans over 50 will be at risk of fractures from too-thin bones by 2020.

The World Health Organization funded a web-based tool called FRAX, unveiled last week, that helps calculate the odds of a hip, wrist, shoulder or spine fracture within the next 10 years for anyone 40 or older in nine different countries - regardless of whether they have full-fledged osteoporosis or just low bone mass.

Both geography and ancestry matter for bone health. Consider differences such as diet, exercise and exposure to Vitamin D-making sunlight, and odds of a break differ dramatically from China and Japan, to France and Spain, and on to the highest-risk U.S. and Sweden. Here, white women have the highest risk and black women the lowest. FRAX lets users take all that into account.

How? Researchers at Britain's University of Sheffield used data from 60,000 people in developed countries - where life expectancy is long enough for osteoporosis to be an issue - to determine factors that play the biggest role in an individual's odds of thinning bones as they age.

Breaking a bone during adulthood that's not the result of, say, a bad car crash is one risk factor. A parent who broke a hip suggests a genetic risk. Smoking also thins bones, as does heavy alcohol consumption and long-term use of steroid-containing medicines.

Plug in a patient's score from a bone-density measurement of the hip for the final calculation.

That number alone doesn't say whether someone needs bone-building treatment. So in the U.S., the National Osteoporosis Foundation went a step further. It used the FRAX predictions to update guidelines on who needs bone-density testing, and to calculate when fracture risk becomes high enough that bone-building drugs would be cost-effective.

In addition to a routine bone check for older men, the guidelines recommend:

-Treat postmenopausal women and men 50 and older who have thinning bones, but not osteoporosis yet, if they have at least a 20 per cent risk of any major fracture in the next decade, or at least a three per cent risk of a hip fracture.

-Check for osteoporosis risk factors in postmenopausal women and men 50 and over, to see who needs a bone test before their senior years.

-A bone test for anyone who has any type of fracture after age 50, or who has conditions associated with bone loss, such as rheumatoid arthritis.

-For adults over 50, 1,200 milligrams a day of calcium and 800 to 1,000 international units a day of Vitamin D, more D than the government recommends.

-Do regular weight-bearing and muscle-strengthening exercise. Information from Medbroadcast.com

MOTHERS

Answers given by 2nd grade school children to the following questions:

Why do we have mothers?

1. She's the only one who knows where the scotch tape is.
2. Mostly to clean the house.
3. To help us out of there when we were getting born.

How was she created?

1. Dirt, just like for the rest of us.
2. Magic plus super powers and a lot of stirring.
3. She was made just the same like he made me. He just used bigger parts.

What ingredients are mothers made of?

1. They were made out of clouds and angel hair and everything nice in the world and one dab of mean.
2. They had to get their start from men's bones. Then they mostly use string, I think.

Why do you have your mother and not some other mom?

1. We're related
2. She likes me a lot more than other people's moms like me.

What kind of little girl was your mom?

1. My Mom has always been my mom and none of that other stuff.
2. I don't know because I wasn't there, but my guess would be pretty bossy.
3. They say she used to be nice.

What did mom need to know about dad before she married him?

1. His last name.
2. She had to know his background. Like is he a crook? Does he get drunk on beer?
3. Does he make at least \$800 a year? Did he say NO to drugs and YES to chores?

Why did your mom marry your dad?

1. My dad makes the best spaghetti in the world. And my Mom eats a lot.
2. She got too old to do anything else with him.
3. My grandma says that Mom didn't have her thinking cap on.

Who's the boss at your house?

1. Mom doesn't want to be boss, but she has to because dad's such a goof ball.
2. Mom. You can tell by room inspection. She sees the stuff under the bed.
3. I guess Mom is, but only because she has a lot more to do than dad.

What's the difference between moms & dads?

1. Moms work at work and work at home and dads just go to work at work.
2. Moms know how to talk to teachers without scaring them.
3. Dads are taller & stronger, but moms have all the real power 'cause that's who you got to ask if you want to sleep over at your friend's.
4. Moms have magic, they make you feel better without medicine.

What does your mom do in her spare time?

1. Mothers don't do spare time.
2. To hear her tell it, she pays bills all day long.

What would it take to make your mom perfect?

1. On the inside she's already perfect. Outside, I think some kind of plastic surgery.
2. Diet. You know her hair. I'd diet, maybe blue.

If you could change one thing about your mom, what would it be?

1. She has this weird thing about me keeping my room clean. I'd get rid of that.
2. I'd make my mom smarter. Then she would know it was my sister who did it and not me.
3. I would like for her to get rid of those invisible eyes on the back of her head.

I'VE LEARNED

I've learned that you cannot make someone love you. All you can do is stalk them and hope they panic and give in...

I've learned that one good turn gets most of the blankets.

I've learned that no matter how much I care, some people are just jackasses.

I've learned that it takes years to build up trust, and it only takes suspicion, not proof, to destroy it.

I've learned that whatever hits the fan will not be evenly distributed.

I've learned that you shouldn't compare yourself to others - they are more screwed up than you think.

I've learned that depression is merely anger without enthusiasm.

I've learned that it is not what you wear; it is how you take it off.

I've learned to not sweat the petty things, and not pet the sweaty things.

I've learned that ex's are like fungus, and keep coming back.

I've learned age is a very high price to pay for maturity.

I've learned that I don't suffer from insanity, I enjoy it.

I've learned that we are responsible for what we do, unless we are celebrities.

I've learned that artificial intelligence is no match for natural stupidity.

I've learned that 99% of the time when something isn't working in your house, one of your kids did it.

I've learned that there is a fine line between genius and insanity.

I've learned that the people you care most about in life are taken from you too soon and all the less important ones just never go away.

Cutting Your Cancer Risk Reducing cancer's death toll through prevention

Ever heard the saying "prevention is the best medicine"? While there are a number of factors that contribute to the risk of developing cancer and affect its prognosis, a study published in the medical journal *The Lancet* found that nine risk factors contributed to more than a third of cancer deaths around the world annually.

But, unlike risk factors that are beyond our control, such as family history, these are modifiable risk factors, something we do have control over. So taking positive action in any or all of these areas can lower the risk of developing and dying from cancer.

The risk factors identified in the study were:

- overweight and obesity
- low fruit and vegetable intake
- physical inactivity
- smoking
- alcohol use
- unsafe sex
- urban air pollution
- smoke from coal or wood stoves
- transmission of hepatitis virus in a healthcare setting

In the study, researchers from the Harvard School of Public Health analyzed data from the World Health Organization's Comparative Risk Assessment project, which examines risk factors in different regions around the world. In their analysis, the Harvard researchers looked at how certain risk factors affected men and women as well as the impact these risk factors had in high-, low-, and medium-income countries.

Overall, the researchers concluded that these risk factors account for 35%, or 2.43 million, of the world's 7 million annual cancer deaths. In high-income regions, such as North America, smoking, alcohol, and overweight and obesity were found to be the most important risk factors.

In Canada, an estimated 69,500 people die of cancer each year. Because there are effective screening methods available for only a few cancers (and prognosis can be dependent on catching cancer early, before it spreads) and for many cancers the effectiveness of treatment may be limited, the best way to reduce these deaths, according to the Harvard study, is to prevent the cancers from developing in the first place by targeting modifiable risk factors.

This is where you can be in control.

Article from HealthNewsletter@Medbroadcast.com

OPEN LETTER: Failure to Disclose Expenditure of Public Funds for Specific Claims

The Honourable Chuck Strahl, P.C., M.P.
Minister of Indian and Northern Affairs
House of Commons
Ottawa, ON K1A 0A6
SENT VIA FAX: (819) 953-4941
(613) 947-9475

February 25, 2008

Dear Minister Strahl,

Re: Failure to Disclose Information Regarding the Expenditure of Public Funds for Specific Claims

The Union of British Columbia Indian Chiefs ("UBCIC") is deeply concerned the federal government's failure to disclose information regarding the expenditure of public funds related to the operations of the Indian Specific Claims Commission ("ISCC") and the allocation of loan funding for the negotiation of specific and comprehensive claims.

On October 3, 2007, the UBCIC submitted formal Access to Information requests for financial data on ISCC operations and outstanding loans for specific and comprehensive claims negotiations from 1991 to 2007. UBCIC formally amended its requests after being informed that ISCC data and records related to loan funding for claims negotiation pre-1996 would be very difficult and time consuming to locate, and would result in protracted delays to other administrative operations that impact Claims Research Units across the country. We agreed to limit our request to the post-1996 period, for which information was more readily available.

On January 17, 2008, the UBCIC received a letter from INAC's Access to Information and Privacy Office indicating that "after a thorough search...no records reflecting the information sought were found."

It is alarming that records related to the expenditure of public funds cannot be produced. Furthermore, we are deeply concerned that this information is either not available (that the records were never retained or were lost) or that the information is not being provided in clear violation of the Access to Information Act. It is highly unlikely that records for specific claims or records detailing the amount of the ISCC's operational funding do not exist. Surely the Government of Canada can account for these expenditures of public funds.

The Standing Committee on Aboriginal Affairs and Northern Development is currently hearing testimony regarding Bill C-30 The Specific Claims Tribunal Act. The Act is intended to fulfill your government's specific claims action plan, entitled "Justice At Last," which is supposed to address the unacceptable backlog of specific claims across Canada and ensure the fair and timely settlement of specific claims.

Your government has indicated that this legislative reform will be undertaken in consultation with First Nations. This amounts to an empty gesture if vital information about claims spending is not provided. The release of financial data regarding specific claims is imperative if a review of the specific claims process is to be meaningful, open and fair. The process of renewal must ensure all interested parties have access to all relevant information.

At this time, the UBCIC's recourse is to appeal to the Office of the Information Commissioner. This avenue may eventually lead to the disclosure of information. However, there is no way of predicting how long this might take. Surely this appeals process will require more time than it will take for Bill C-30 to reach final reading and possibly be proclaimed into law.

If your government is firmly committed to the just resolution of specific claims, the UBCIC urgently requests that the ISCC data and records related to loan funding for claims negotiation from 1996-2007 be released immediately.

Sincerely,

Grand Chief Stewart Phillip
President, Union of BC Indian Chiefs

cc:
Assembly of First Nations,
First Nations in British Columbia
National Claims Research Units

Respiratory Syncytial Virus

- Respiratory syncytial virus (RSV) infection is a viral disease of the lungs. It is one of the most important causes of lower respiratory tract illness in infants and young children.
- RSV is spread by contact with droplets from the nose or throat of an infected person.
- Persons with mild infections usually get better without treatment. Severely ill children often need to be hospitalized.
- There is currently no vaccine to prevent RSV infection. The best ways to prevent the spread of RSV are to cover coughs and sneezes and to wash hands often and well. Intravenous immune globulin treatment has recently been approved for use in high-risk infants.

What is respiratory syncytial virus infection?

Respiratory syncytial virus (RSV) infection is one of the most important causes of lower respiratory illness in infants and young children. It also causes both mild and serious respiratory diseases in older children and adults.

What is the infectious agent that causes RSV infection?

RSV infection is caused by the respiratory syncytial virus.

Where is RSV infection found?

RSV infections occur worldwide. Most children are infected at least once by age 2 and continue to be reinfected throughout life. In temperate climates, RSV infections usually occur in the winter. Peaks occur in January and February in the United States.

How do people get RSV infection?

The virus is found in discharges from the nose and throat of an infected person. People can get RSV infection by:

- Breathing in droplets after an infected person has coughed
- Hand-to-mouth contact after touching an infected person
- Hand-to-mouth contact with a surface that an infected person has touched or coughed on

What are the signs and symptoms of RSV infection?

RSV infections can range from very mild illness to serious lower respiratory tract infections, including pneumonia, that occur mostly in the very young, the very old, and those with weakened immune systems. Symptoms can last for a few days to several weeks.

Signs and symptoms in young children are usually mild and similar to a cold. They include stuffy nose, cough, and sometimes ear infection. In older children and adults, RSV causes upper respiratory infection involving the nose, throat, or sinuses.

Children who develop a lower respiratory tract infection often have low-grade fever for several days, a cough that sometimes lasts more than 2 weeks, and respiratory symptoms including difficult or rapid breathing and deep coughing. Symptoms in newborns and young infants may include irritability, listlessness, and poor feeding.

What complications can result from RSV infection?

A person with a first RSV infection can develop severe breathing problems that need to be managed in the hospital. RSV infections in premature babies less than 6 months old and in infants with chronic lung, heart, or immune problems are most likely to be severe and lead to death.

How soon after exposure do symptoms appear?

Illness usually starts within 3 to 5 days of infection.

How is RSV infection diagnosed?

There are tests for RSV infection, but the diagnosis is sometimes based on symptoms and time of year.

Who is at risk for RSV infection?

People of any age can be infected. Very young infants, premature infants, and children with underlying lung, heart, or immune system problems are at high risk for severe RSV disease. The virus can also cause serious illness in elderly persons and in adults with lung disease or weakened immune systems.

What complications can result from RSV infection?

Infants and young children with a first RSV infection can develop a severe infection in the lower respiratory tract. Approximately 80,000 children are hospitalized with these infections each year. Most children needing hospitalization are newborns and infants and those with weak immune systems, congenital heart or lung disease, or prematurity.

What is the treatment for RSV infection?

Most people with mild RSV infections usually get better without treatment. Care of patients with mild illness centers on relieving symptoms and easing breathing. Those with more serious infections are sometimes treated in the hospital with the anti-virus drug ribavirin. Some hospitalized patients need intensive care and mechanical ventilation (respirator).

How common is RSV infection?

RSV is the leading cause of lower respiratory tract illness in infants and young children. In the United States, approximately 50% of infants and young children become infected with RSV each winter season. RSV causes about 90,000 hospitalizations and 4,500 deaths per year in children under age 5 years.

Is RSV infection an emerging infectious disease?

Yes.

How can RSV infection be prevented?

There is currently no RSV vaccine. The best ways to prevent the spread of RSV are to cover coughs and sneezes, wash hands often and thoroughly, and dispose of used tissues properly. Immune globulin intravenous (IGIV) treatment to prevent RSV infection has recently been approved for use in high-risk infants.

This fact sheet is for information only and is not meant to be used for self-diagnosis or as a substitute for consultation with a health-care provider. If you have any questions about the disease described above, consult a health-care provider.

Preventing RSV

RSV is a common, highly contagious virus, but there are things you can do as a parent to reduce your baby's risk of being infected.

For starters, you can practice basic techniques that have been shown to reduce the transmission of all kinds of infections, including RSV:

- **Wash hands:** Wash your hands frequently with soap and water – especially before you touch the baby. Make sure siblings and visitors wash their hands as well.
- **Avoid exposure to illness:** If you have a cold or fever, avoid kissing your baby, and limit your infant's exposure to people who have a contagious illness.
- **Keep surfaces clean:** Because the RSV virus can live on surfaces for hours, make sure countertops and bathroom surfaces are cleaned regularly with cleanser – especially when someone in the family has a cold. Make sure to clean toys regularly, and always after a child with a cold has played with them.
- **Avoid crowds:** Try to avoid crowded places such as shopping centers, daycares, and large family gatherings where your baby will come into contact with lots of people – and all their germs.
- **Avoid second-hand smoke:** Minimize your baby's exposure to second-hand smoke. Exposure to tobacco smoke can increase your baby's risk of contracting RSV and increase the risk of more severe symptoms if they do contract the virus. Don't smoke around your baby and don't let others do so.

Preventative medicine

If your infant is at high risk for serious RSV complications, there is a medication, called palivizumab (Synagis®), which can help to reduce the risk of contracting the virus. Unlike a vaccine, which stimulates the immune system to create its own antibodies, palivizumab provides the antibodies required to fend off infection. Palivizumab is a preventative medication, not a cure, which means it only works to ward off the virus **before** your baby is infected.

Palivizumab is administered as an injection into your baby's thigh muscle. It's given on a monthly basis for five months, starting at the beginning of the RSV season in the fall. The injections must be given every year so long as your child is still considered to be at risk.

Palivizumab has also been shown to decrease the frequency and length of hospital stays if your baby does become infected with RSV.

Side effects can include temporary discomfort at the injection site, upper respiratory infections, ear infections, runny nose, and rash. Other side effects may also occur, so check with your doctor or pharmacist.

If you think your baby is at high risk for serious complications of RSV, talk to their doctor about what you can do to protect them from infection.

Articles from HealthNewsletter@Medbroadcast.com

EVERYONE NEEDS TO READ ALL OF THIS and HAVE YOUR CHILDREN READ IT TOO!

After tossing her books on the sofa, she decided to grab a snack and get on-line. She logged on under her screen name ByAngel213. She checked her Buddy List and saw GoTo123 was on. She sent him an instant message:

ByAngel213: Hi. I'm glad you are on! I thought someone was following me home today. It was really weird!
GoTo123: LOL You watch too much TV. Why would someone be following you? Don't you live in a safe neighborhood?

ByAngel213: Of course I do. LOL I guess it was my imagination cuz' I didn't see anybody when I looked out.
GoTo123: Unless you gave your name out on-line. You haven't done that have you?

ByAngel213: Of course not. I'm not stupid you know.
GoTo123: Did you have a softball game after school today?

ByAngel213: Yes and we won!!
GoTo123: That's great! Who did you play?

ByAngel213: We played the Hornets. LOL. Their uniforms are so gross! They look like bees. LOL
GoTo123: What is your team called?

ByAngel213: We are the Canton Cats. We have tiger paws on our uniforms. They are really cool.
GoTo123: Did you pitch?

ByAngel213: No I play second base. I got to go. My homework has to be done before my parents get home. I don't want them mad at me. Bye!
GoTo123: Catch you later. Bye

Meanwhile.....GoTo123 went to the member menu and began to search for her profile. When it came up, he highlighted it and printed it out. He took out a pen and began to write down what he knew about Angel so far.

Her name: Shannon Birthday: Jan. 3, 1985 Age: 13 State where she lived: North Carolina
Hobbies: softball, chorus, skating and going to the mall.

Besides this information, he knew she lived in Canton because she had just told him. He knew she stayed by herself until 6:30 p.m. every afternoon until her parents came home from work. He knew she played softball on Thursday afternoons on the school team, and the team was named the Canton Cats. Her favorite number 7 was printed on her jersey. He knew she was in the eighth grade at the Canton Junior High School.

She had told him all this in the conversations they had on- line. He had enough information to find her now.

Shannon didn't tell her parents about the incident on the way home from the ballpark that day. She didn't want them to make a scene and stop her from walking home from the softball games. Parents were always overreacting and hers were the worst. It made her wish she were not an only child. Maybe if she had brothers and sisters, her parents wouldn't be so overprotective.

By Thursday, Shannon had forgotten about the footsteps following her. Her game was in full swing when suddenly she felt someone staring at her. It was then that the memory came back. She glanced up from her second base position to see a man watching her closely.

He was leaning against the fence behind first base and he smiled when she looked at him. He didn't look scary and she quickly dismissed the sudden fear she had felt. After the game, he sat on a bleacher while she talked to

the coach. She noticed his smile once again as she walked past him. He nodded and she smiled back. He noticed her name on the back of her shirt. He knew he had found her.

Quietly, he walked a safe distance behind her. It was only a few blocks to Shannon's home, and once he saw where she lived he quickly returned to the park to get his car. Now he had to wait. He decided to get a bite to eat until the time came to go to Shannon's house. He drove to a fast food restaurant and sat there until time to make his move.

Shannon was in her room later that evening when she heard voices in the living room.

"Shannon, come here," her father called. He sounded upset and she couldn't imagine why. She went into the room to see the man from the ballpark sitting on the sofa.

"Sit down," her father began, "this man has just told us a most interesting story about you."

Shannon sat back. How could he tell her parents anything? She had never seen him before today!

"Do you know who I am, Shannon?" the man asked.

"No," Shannon answered.

"I am a police officer and your online friend, GoTo123."

Shannon was stunned. "That's impossible! GoTo123 is a kid my age! He's 14. And he lives in Michigan!"

The man smiled. "I know I told you all that, but it wasn't true. You see, Shannon, there are people on-line who pretend to be kids; I was one of them. But while others do it to injure kids and hurt them, I belong to a group of parents who do it to protect kids from predators. I came here to find you to teach you how dangerous it is to talk to people on-line. You told me enough about yourself to make it easy for me to find you. You named the school you went to, the name of your ball team and the position you played. The number and name on your jersey just made finding you a breeze."

Shannon was stunned. "You mean you don't live in Michigan?"

He laughed. "No, I live in Raleigh. It made you feel safe to think I was so far away, didn't it?"

She nodded.

"I had a friend whose daughter was like you. Only she wasn't as lucky. The guy found her and murdered her while she was home alone. Kids are taught not to tell anyone when they are alone, yet they do it all the time on-line. The wrong people trick you into giving out information a little here and there on-line. Before you know it, you have told them enough for them to find you without even realizing you have done it. I hope you've learned a lesson from this and won't do it again. Tell others about this so they will be safe too?"

"It's a promise!"

That night Shannon and her Dad and Mom all knelt down together and thanked God for protecting Shannon from what could have been a tragic situation.

Please send this to as many people as you can to teach them not to give any information about themselves. This world we live in today is too dangerous to even give out your age, let alone anything else.

Facts and myths about ADHD from Medbroadcast.com

There are a number of common beliefs about attention deficit hyperactivity disorder (ADHD). Some of them are true - and some aren't.

ADHD is caused by my child's diet and environment.

Myth. Although the exact cause of ADHD is unclear, the symptoms of ADHD appear to be genetically based and related to an imbalance in brain chemicals.

ADHD affects boys more often than girls.

Fact. Boys are diagnosed with ADHD more often than girls. There may be an underdiagnosis in girls, which may be attributed to their quieter demeanour and less frequent display of impulsive and hyperactive behaviour.

All children with ADHD eventually "grow out of it."

Myth. It is a common myth that children will outgrow ADHD. In fact, 80% of children with ADHD will continue to have symptoms into adolescence and more than 60% will experience ADHD symptoms as adults.

ADHD is considered to be a medical disorder.

Fact. ADHD is a medical disorder recognized by the Canadian Psychiatric Association, the Canadian Medical Association, the American Psychiatric Association, the US National Institute of Mental Health, the US Centers for Disease Control, and the US Surgeon General.

Children with ADHD should only take their medication while in school.

Myth. ADHD is a chronic disorder. Giving medication continuously through weekends and holidays may enable the child to better control behaviour and improve socialization and self-esteem.

Medications are important for treating ADHD.

Fact. People who suffer from ADHD benefit from changes in the classroom, behaviour management strategies, and medications. Interestingly, studies indicate that using medication alone is more effective than behaviour management alone. There are 2 types of medications for ADHD: non-stimulants and stimulants.

For more information, please visit www.adhd.ca

ADHD Medications

How do ADHD medications work?

Medications for treating ADHD are believed to work by improving the way some chemicals work in certain regions of the brain. Researchers believe ADHD symptoms occur when certain brain chemicals, also called *neurotransmitters*, are not working properly. The two neurotransmitters that are thought to be affected in people with ADHD are called *norepinephrine* and *dopamine*. These brain chemicals are important for concentration, impulse control, and control of mood and behaviour.

ADHD medications are used to improve symptoms of poor attention, poor concentration, poor impulse control, and hyperactivity. It is thought that they do this by helping these neurotransmitters work properly.

The two main types of medications used to treat ADHD, *non-stimulants* and *stimulants*, work by increasing the actions of these neurotransmitters. For example, the non-stimulant atomoxetine (Strattera®) is believed to work by increasing the effects of norepinephrine in the brain. Stimulants such as methylphenidate (e.g. Ritalin®) are thought to act mainly through the regulation of brain chemicals, called norepinephrine and dopamine.

For more information, please visit www.adhd.ca

Dearest precious child,
You may not know me, but I know everything about you...
Psalm 139:1 I know when you sit down and when you rise up...
Psalm 139:2 I am familiar with all your ways...
Psalm 139:3 Even the very hairs on your head are numbered...
Matthew 10:29-31 For you were made in my image...
Genesis 1:27 In me you live and move and have your being...
Acts 17:28 For you are my offspring...
Acts 17:28 I knew you even before you were conceived...
Jeremiah 1:4-51 I chose you when I planned creation...
Ephesians 1:11-12 You were not a mistake...
Psalm 139:15-16 For all your days are written in my book...
Psalm 139:15-16 I determined the exact time of your birth and where you would live...
Acts 17:26 You are fearfully and wonderfully made...
Psalm 139: 14 I knit you together in your mother's womb...
Psalm 139: 13 And brought you forth on the day you were born...
Psalm 71: 6 I have been misrepresented by those who don't know me...
John 8:41-44 I am not distant and angry, but am the complete expression of love...
1 John 4:16 And it is my desire to lavish my love on you...
1 John 3:1 Simply because you are my child and I am your Father...
1 John 3:1 I offer you more than your earthly father ever could...
Matthew 7:11 For I am the perfect Father...
Matthew 5:48 Every good gift that you receive comes from my hand...
James 1:17 For I am your provider and meet all your needs...
Matthew 6:31-33 My plan for you has always been filled with hope...
Jeremiah 29:11 Because I love you with an everlasting love...
Jeremiah 31:3 My thoughts toward you are countless as the sand on the seashore...
Psalm 139:17-18 And I rejoice over you with singing...
Zephaniah 3:17 I will never stop doing good to you...
Jeremiah 32:40 For you are my treasured possession...
Exodus 19:5 I desire to establish you with all my heart and all my soul...
Jeremiah 32:41 And I want to show you great and marvelous things...
Jeremiah 33:3 If you seek me with all your heart, you will find me...
Deuteronomy 4:29 Delight in me and I will give you the desires of your heart...
Psalm 37:4 For it is I who gave you those desires...
Philippians 2:13 I am able to do more for you than you could possibly imagine...
Ephesians 3:20 For I am your greatest encourager...
2 Thessalonians 2:16-17 I am also the Father who comforts you in all your troubles...
2 Corinthians 1: 3-4 When you are broken hearted, I am close to you...
Psalm 34: 18 As a shepherd carries a lamb, I have carried you close to my heart...
Isaiah 40:11 One day I will wipe away every tear from your eyes...
Revelation 21: 3-4 And I will take away all the pain you have suffered on this earth...
Revelation 21:4 I am your Father and I love you even as I love my son Jesus...
John 17:23 For in Jesus my love for you is revealed...
John 17:26 He is the exact representation of my being...
Hebrews 1:3 And he came to demonstrate that I am for you, not against you...
Romans 8:31 And to tell you that I am not counting your sins...
2 Corinthians 5: 18-19 His death was the ultimate expression of my love for you...
1 John 4:10 I gave up everything I loved that I might gain your love...
Romans 8:32 If you receive the gift of my son Jesus, you receive me...
1 John 2:23 And nothing will ever separate you from my love again...
Romans 8: 38-39 Come home and I will throw the biggest party heaven has ever seen...
Luke 15: 21-24 I have always been Father and will always be Father...
Ephesians 3:14-15 My question is. Will you be my child?...
John 1:12-13 I am waiting for you... LOVE, Your Father, Almighty God.

Emailed in the office to pass on in the EV: A DAD'S STORY

On July 22nd I was in route to Washington, DC for a business trip. It was all so very ordinary, until we landed in Denver for a plane change. As I collected my belongings from the overhead bin, an announcement was made for Mr. Lloyd Glenn to see the United Customer Service Representative immediately. I thought nothing of it until I reached the door to leave the plane and I heard a gentleman asking every male if he were Mr. Glenn. At this point I knew something was wrong and my heart sunk.

When I got off the plane a solemn-faced young man came toward me and said, "Mr. Glenn, there is an emergency at your home. I do not know what the emergency is, or who is involved, but I will take you to the phone so you can call the hospital." My heart was now pounding, but the will to be calm took over. Woodenly, I followed this stranger to the distant telephone where I called the number he gave me for the Mission Hospital. My call was put through to the trauma center where I learned that my three-year-old son had been trapped underneath the automatic garage door for several minutes, and that when my wife had found him he was dead. CPR had been performed by a neighbor, who is a doctor, and the paramedics had continued the treatment as Brian was transported to the hospital.

By the time of my call, Brian was revived and they believed he would live, but they did not know how much damage had been done to his brain, nor to his heart. They explained that the door had completely closed on his little sternum right over his heart. He had been severely crushed. After speaking with the medical staff, my wife sounded worried but not hysterical, and I took comfort in her calmness.

The return flight seemed to last forever, but finally I arrived at the hospital six hours after the garage door had come down. When I walked into the intensive care unit, nothing could have prepared me to see my little son laying so still on a great big bed with tubes and monitors everywhere. He was on a respirator. I glanced at my wife who stood and tried to give me a reassuring smile. It all seemed like a terrible dream. I was filled-in with the details and given a guarded prognosis. Brian was going to live, and the preliminary tests indicated that his heart was OK, two miracles in and of themselves. But only time would tell if his brain received any damage.

Throughout the seemingly endless hours, my wife was calm. She felt that Brian would eventually be all right. I hung on to her words and faith like a lifeline. All that night and the next day Brian remained unconscious. It seemed like forever since I had left for my business trip the day before.

Finally at two o'clock that afternoon, our son regained consciousness and sat up uttering the most beautiful words I have ever heard spoken. He said, "Daddy hold me" and he reached for me with his little arms.

By the next day he was pronounced as having no neurological or physical deficits, and the story of his miraculous survival spread throughout the hospital. You cannot imagine, we took Brian home, we felt a unique reverence for the life and love of our Heavenly Father that comes to those who brush death so closely.

In the days that followed there was a special spirit about our home. Our two older children were much closer to their little brother. My wife and I were much closer to each other, and all of us were very close as a whole family. Life took on a less stressful pace. Perspective seemed to be more focused, and balance much easier to gain and maintain. We felt deeply blessed. Our gratitude was truly profound.

The story is not over (smile)! Almost a month later to the day of the accident, Brian awoke from his afternoon nap and said, "Sit down Mommy. I have something to tell you." At this time in his life, Brian usually spoke in small phrases; so to say a large sentence surprised my wife. She sat down with him on his bed, and he began his sacred and remarkable story.

"Do you remember when I got stuck under the garage door? Well, it was so heavy and it hurt really bad. I called to you, but you couldn't hear me. I started to cry, but then it hurt too bad. And then the 'birdies' came."

"The birdies?" my wife asked puzzled.

"Yes," he replied. "The birdies made a whooshing sound and flew into the garage. They took care of me."

"They did?"

"Yes," he said. "One of the birdies came and got you. She came to tell you "I got stuck under the door." A sweet reverent feeling filled the room. The spirit was so strong and yet lighter than air. My wife realized that a three-year-old had no concept of death and spirits, so he was referring to the beings who came to him from beyond as "birdies" because they were up in the air like birds that fly. "What did the birdies look like?" she asked.

Brian answered, "They were so beautiful. They were dressed in white, all white. Some of them had green and white. But some of them had on just white."

"Did they say anything?"

"Yes," he answered. "They told me the baby would be all right."

"The baby?" my wife asked confused.

Brian answered. "The baby laying on the garage floor." He went on, "You came out and opened the garage door and ran to the baby. You told the baby to stay and not leave."

My wife nearly collapsed upon hearing this, for she had indeed gone and knelt beside Brian's body and seeing his crushed chest whispered, "Don't leave us Brian, please stay if you can." As she listened to Brian telling her the words she had spoken, she realized that the spirit had left His body and was looking down from above on this little lifeless form. "Then what happened?" she asked.

"We went on a trip," he said, "far, far away." He grew agitated trying to say the things he didn't seem to have the words for. My wife tried to calm and comfort him, and let him know it would be okay. He struggled with wanting to tell something that obviously was very important to him, but finding the words was difficult.

"We flew so fast up in the air. They're so pretty Mommy," he added.

"And there are lots and lots of birdies." My wife was stunned. Into her mind the sweet comforting spirit enveloped her more soundly, but with an urgency she had never before known. Brian went on to tell her that the "birdies" had told him that he had to come back and tell everyone about the "birdies." He said they brought him back to the house and that a big fire truck, and an ambulance were there. A man was bringing the baby out on a white bed and he tried to tell the man that the baby would be okay. The story went on for an hour.

He taught us that "birdies" were always with us, but we don't see them because we look with our eyes and we don't hear them because we listen with our ears. But they are always there, you can only see them in here (he put his hand over his heart). They whisper the things to help us to do what is right because they love us so much. Brian continued, stating, "I have a plan, Mommy. You have a plan. Daddy has a plan. Everyone has a plan. We must all live our plan and keep our promises. The birdies help us to do that cause they love us so much."

In the weeks that followed, he often came to us and told all, or part of it, again and again. Always the story remained the same. The details were never changed or out of order. A few times he added further bits of information and clarified the message he had already delivered. It never ceased to amaze us how he could tell such detail and speak beyond his ability when he talked about his birdies.

Everywhere he went, he told strangers about the "birdies." Surprisingly, no one ever looked at him strangely when he did this. Rather, they always got a softened look on their face and smiled. Needless to say, we have not been the same ever since that day, and I pray we never will be.

**BC ELDERS
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**Phone: 1-250-286-9977
Fax: 1-250-286-4809
Toll-Free: 1-877-738-7288
Coordinator: Donna Stirling
Website: www.bcelders.com
Email:
bcelders@telus.net**

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

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

PROVERBS:

He who builds according to every man's advice will have a crooked house.

Nothing is so liberally given as advice.

The afternoon knows what the morning never suspected.

The afterthought is good, but forethought is better.

He who is ashamed of asking is ashamed of learning.

With your brother eat and drink, but have no business.

Let bygones be bygones.

QUOTES: Emailed in to pass on

"To get something you never had, you have to do something you never did."

"When God takes something from your grasp, He's not punishing you, but merely opening your hands to receive something better."

Concentrate on this sentence..... 'The will of God will never take you where the Grace of God will not protect you.'

***Please mail, fax, email, or call in your
Special Wishes/Community Events !!***

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

PISCES - The Dreamer (Feb. 19 - Mar. 20) Generous, kind, and thoughtful. Very creative and imaginative. May become secretive and vague. Sensitive. Don't like details. Dreamy and unrealistic. Sympathetic and loving. Kind. Unselfish. Good kisser. Beautiful.

National Survivors Support Line

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

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

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

32nd Annual BC Elders Gathering

July 7, 8, 9th 2008

(with early registration on July 6th, 2008)

Host: Kaien Island Elders

(from the Friendship House Association of Prince Rupert)

Mailing address is: P.O. Box 22092 Prince Rupert, BC V8J 4P8

Temporary Contact Phone: (250) 627-1505

Co-ordinator: Darlene Harris Wolfe

Email address: northcoaster55@hotmail.com