

ATTENTION: Elders Contact People Please Remember To Make Copies of the EV Each Month For Your Elders AND If You Could Also Make Copies For Your Chiefs and Councils That Would Be A Great Help, And Much Appreciated!



**HAPPY BIRTHDAY TO ALL ELDERS BORN IN MAY!**

**FEES ARE DOWN!  
SUPPORT FEE INVOICES  
WENT OUT WITH THE NOVEMBER ISSUE OF THE EV  
FOR THE 2012 YEAR AND ARE DUE NOW.  
PLEASE DO ALL YOU CAN TO HELP THIS OFFICE TO KEEP  
OPERATING FOR ALL THE ELDERS IN BC.**

The 36th Annual BC Elders Gathering is to be hosted by Sto:lo Nations and Tsawwassen First Nation, In Abbotsford at the TRADEX Centre (as is 2011) July 10-12, 2012.

CONTACT INFORMATION IS ON PAGE 5 OF THIS ISSUE

**RERUNNING: Please see Application attached to this email for the: Elders Transportation Program 2012**

**Objective:**

The Elders Transportation Program provides partial funding to Elders travelling to the Annual BC Elders Gathering. Twenty-five individual grants are available (up to \$1,000 each).

**Deadline:**

Applications are due by the second Friday of June annually. The 2012 applications will be due *by 4:30pm on Friday June 8th, 2012*

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## Easy Bakers Corner –

Preheat oven to 350°F.

### Handy Tips: From the Dr. Oz Show

1. For a nosebleed, tip your head forward NOT back, this will stop the risk of getting blood in your stomach.
2. Cuts heal faster with a bandage. Leaving a cut open to “air-dry” makes bigger scabs that will keep growing and end up enlarging the wound instead of closing it. Use a dot of polysporin to keep the wound moist and cover with a Band-Aid.
3. For 2nd degree burns, do not use ice on a burn, instead put the affected area in a bowl of cold water for 20 minutes to stop the burning.
4. What super foods equal super memory? Answer: beets, cashews and avocados.

## What Can you please share?

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

Gilakasla, Donna Stirling

## ‘PRESERVING THE PAST’

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

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

### Disclaimer:

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

# BCECCS 11th Year GRATITUDE LIST

Support Fee from Dec. 1st 2011 – Nov. 30th 2012

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

## LEVELS OF SUPPORT

\$1000 – Salmon

\$750 – Frog

\$500 – Sisiutl

\$250 - Hummingbird

### SALMON LEVEL - \$1000

#### 1. TAHLTAN BAND COUNCIL

### FROG LEVEL - \$750

#### 1. Lhoosk'uz Dene Nation

### SISIUTL LEVEL - \$500

1. Vancouver Aboriginal Friendship Centre
2. We Wai Kai First Nation

### HUMMINGBIRD LEVEL - \$250

1. Gingolx Elders Group
2. We Wai Kum First Nation
3. Musquem Indian Band
4. St. Mary's Indian Band
5. Osoyoos Indian Band
6. Tsawwassen First Nation
7. Squiala First Nation
8. Akisqnuk First Nation
9. Da'naxda'xw First Nation
10. Hailika'as Heiltsuk Health Centre
11. Indian Residential School Survivors Society
12. Laich-kwil-tach Treaty Society
13. Coldwater Indian Band
14. Qualicum First Nation
15. Xaxli'p Indian Band
16. Bridge River Indian Band
17. Quatsino Band
18. Osoyoos Indian Band
19. Klulx Klulx Hu-up
20. McLeod Lake Tse'khene Elders Society
21. Tobacco Plains Indian Band

22. Tsleil-Waututh Nation
23. Lytton First Nation
24. Chawathil Elders
25. Doig River First Nation
26. BC Assembly of First Nations
27. Kamloops Indian Band
28. Williams Lake Indian Band
29. Hailika'as Heiltsuk Health Centre
30. Adams Lake Indian Band
31. Carnegie Community Centre
32. SIMPCW First Nation
33. Ts'kw'aylaxw Elders
34. Mount Currie Band Council
35. Shxw'ow'hamel First Nation
- 36.

## **Alcohol and Aging: Know the Facts**

Many of us enjoy a drink when socializing, relaxing, or celebrating. But did you know that as we get older, our bodies process alcohol more slowly, and we become more sensitive to the effects of alcohol? *The Effect of Alcohol on Aging Bodies*

With age, we tend to lose lean body mass, resulting in more body fat and less water in the body to dilute alcohol. This means that the same amount of alcohol will produce higher blood alcohol content in an older person – and make you more impaired – than in a younger adult of the same weight.

Because older bodies process alcohol less effectively, drinking as we get older also puts an extra burden on the liver. See the [Canadian Liver Foundation](#) website for information on [Alcohol and the Liver](#).

### **Low-Risk Drinking Guidelines**

What is a safe amount for seniors to drink? The amount that's safe for you to drink may vary depending on your age, gender, ethnicity, weight, body fat, and health status.

If you're an older adult and you choose to drink alcohol, [Canada's Low-Risk Alcohol Drinking Guidelines](#) (endorsed by the [Centre for Addictions Research of BC](#)) advise you to drink below limits suggested for adults in general:

- **per week** = fewer than 10 drinks for women and 15 for men;
- **on any one occasion** = fewer than 3 drinks for women and 4 for men.

Always avoid alcohol when taking medication, or check with your doctor or pharmacist first.

The online [Alcohol Reality Check](#) can help you determine whether your drinking puts you at risk.

### ***Getting Help***

If you or an older friend needs help, talk to your doctor or call the B.C. [Alcohol and Drug Information and Referral Service](#). This service is confidential, multilingual, free, and available 24 hours a day, 7 days a week.

- Call toll-free, 1-800-663-1441, or dial 2-1-1 in Metro Vancouver, Fraser Valley and Squamish-Lillooet regional districts
- Text: 604-836-6381
- For deaf and hearing-impaired assistance (TTY), call 604-875-0885

Email: [help@bc211.ca](mailto:help@bc211.ca)

If you want to talk to someone about alcohol and your health, nutrition, or medication use, visit our [Health Information](#) page to learn about [HealthLink BC's toll-free 8-1-1 phone line](#) and the [Health and Seniors Information Line](#).

## Stevens and Company Law



**Sam Stevens, Barrister & Solicitor**

The dedicated staff, at Stevens and Company, offers help in submitting Residential School Claims to the Independent Assessment Process (IAP). If you, your family member, or other members of your community would like more information, please call our office.

Our toll free number is: 1-877-248-8220.

Time is running out, to submit a claim.

The deadline for claims is September 19, 2012.

Visit our website at:

<http://www.stevensandcompanylaw.com>

### **The contacts for the 36 Annual BC Elders Gathering are:**

**Rick Quipp, Co-Chair PH: 604-798-5574**  
**Diane McElhinney, Co-Chair PH: 253-886-2675**  
**Millie Silver, Elder Chair, PH: 604-852-4159**

**Registrations for Elders, Elder Support persons, and Groups of Elders are to go to:**

**Melanie Williams**  
**c/o Tzeachten First Nation Governance Office**  
**Unit 29 – 6014 Vedder Road**  
**Chilliwack, BC V2R 5M4**  
**FAX: 604-846-4889**  
**PH: 604-846-4888**

**Arts & Craft Vendor Registrations are to go to:**

**Rick Quipp**  
**c/o Cheam First Nation**  
**52130 Old Yale Road**  
**Rosedale, BC V0X 1X0**  
**FAX: 604-794-7456**  
**PH: 604-798-5574**

## **Dealing with alcohol problems: Alcohol use and problems in older adults**

### **How does alcohol affect older adults?**

- When adults age 65 and older drink the same amount of alcohol as younger people, their blood alcohol levels are typically 30 to 40 per cent higher.
- One reason for this is that older bodies tend to have less alcohol dehydrogenase available. This is the enzyme in the stomach that starts to break down alcohol before it reaches the blood-stream.
- Older bodies also tend to have less water, which means that alcohol is less diluted in the blood of an older person. Women in general have less body water than men.
- A higher blood alcohol level is associated with a higher risk of intoxication, cognitive difficulties and problems with balance and co-ordination.
- Older adults' sensitivity to alcohol may also be heightened by medical conditions such as diabetes, hypertension or dementia or by medications.

### **What are the characteristics of alcohol use problems in older adults?**

- An alcohol use problem may begin earlier in life and continue into late life, or it may begin later in life in response to life events and the stresses of aging.
- Long-term problems may be referred to as early onset problems and more recent problems as late onset problems.
- Older adults with early onset problems are more likely to have:
  - poor physical health
  - small social networks
  - housing problems
  - financial problems or poverty
  - permanent or reversible brain damage leading to impaired judgment.
- Older adults with late onset problems tend to be more stable in all areas of their lives and may or may not show impaired judgment.
- Some older adults may temporarily increase their alcohol use following a loss or during periods of stress but do not develop a late onset problem.
- Chronic physical pain is common in older adults and can lead to disability or functional impairment and emotional isolation. Older adults who experience chronic pain may self-medicate with alcohol or other drugs.

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Information from <http://knowledgex.camh.net>

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### **On the lighter side**

- 1. What do you get when you cross Batman and Robin with a steamroller? Flatman and Ribbon!**
- 2. Beware of the young doctor and the old barber.**
- 3. Romance often begins by a splashing waterfall and ends over a leaky sink.**
- 4. A dog is the only thing on earth that loves you more that you love yourself.**

## **UBCIC Fully Supports Musqueam's Fight to Protect the Marpole Site**

**News Release. April 20, 2012**

(Vancouver, BC April 20, 2012) On April 18, 2012, the Musqueam Indian Band issued an open letter to BC Premier Christy Clark and Vancouver Mayor Gregor Robertson stating their position on the proposed condominium project on the site of their ancient village, *čəsnaʔəm*, and burial areas. The Musqueam believe the BC Government and the City Council have placed the commercial interest of the developers above "the just and right assertion of the Musqueam that this site not be developed."

"The Union of BC Indian Chiefs fully supports the Musqueam and we share the deep concerns of Chief Ernest Campbell, Council and the Nation that the interests of a third party have been granted protection rather than to protect the history and culture of the Musqueam," said Grand Chief Stewart Phillip, President of the Union of BC Indian Chiefs. "The fact that the BC Government and the City of Vancouver have provided permits to build condos on ancestral graves is horrifically offensive and unfathomable."

Grand Chief Phillip continued "The Musqueam is offering to work with the BC Government and the City of Vancouver towards an agreement where there will be a land swap with the developers. Furthermore they are offering to work with the BC Government and the City to create an interpretive park open to all. It is a win-win solution. To ignore the Musqueam's offer, is to challenge not only the determination of Musqueam's position to protect the entire site but a challenge to all First Nations in BC."

FOR MORE INFORMATION CONTACT:  
Grand Chief Stewart Phillip, (250) 490-5314

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### **A dash of salt can really add up** From [www.seniorshealth@medbroadcast.com](mailto:www.seniorshealth@medbroadcast.com)

It is so easy to get in the habit of adding a pinch or dash of salt to make your food taste better. Unfortunately, most of the sodium comes from processed food that we buy because it is convenient and quick to fix.

So, many of the foods that you may currently eat already have more than enough salt and most have too much. As much as we hear how horrible salt can be for us, sodium is needed in our bodies.

Not only does sodium help balance out the fluids in your body, it helps muscles contract and relax and helps in the process of transmitting nerve impulses. Your kidneys also regulate the sodium in your body. As with anything, there is a limit when you are taking in too much sodium. This can lead to high blood pressure, chronic kidney disease, and diabetes. It is important to learn how to read food labels so that you can monitor how much sodium your body is digesting.

#### **There are key sources of sodium that are consumed in your diet:**

A lot of the sodium that comes from food is acquired through processed and prepared foods like frozen entrees, canned soups and vegetables, and luncheon meats.

Condiments such as soy sauce and steak sauces all have sodium contained in them.

There are many foods that have naturally occurring sodium such as vegetables, dairy products, meats, and poultry products. Eggs, butter, and milk also contain sodium.

*Marlene Veloso*

## **FNLC OPEN LETTER: Federal Announcement of the Responsible Resource Development Plan**

April 19, 2012

Honourable Joe Oliver  
Ministry of Natural Resources Canada  
House of Commons  
Ottawa, ON, K1A 0A6

Sent via facsimile: 613-943-1562

OPEN LETTER: Federal Announcement of the Responsible Resource Development Plan (April 17th, 2012)

Dear Minister Oliver:

We are writing with respect to your government's shocking announcement to completely gut the environmental assessment process. We are gravely concerned with this announcement to eviscerate the process for environmental review on resource development projects after the changes lay waste to the credibility of the process. These environmental laws and the associated processes do not replace the judicially-recognized and constitutionally-protected Aboriginal Title, Rights and Treaty Rights but there are vital parts of the Crown's relationship with First Nations. Fundamental changes to the environmental assessment process and other environmental protection laws can only be undertaken with meaningful consultation with First Nations. We urge the federal government to work with First Nations to improve environmental protections rather than weaken them with the reduction of assessment timelines and the reduction of required organizations responsible for such reviews.

First Nations have legal and constitutionally protected rights and responsibilities to protect their traditional territories and all that this encompasses, and are not merely stakeholders in resource development projects. Both domestic and international law recognize the importance of Indigenous Peoples' relationship to resources and all activities that take place on our traditional territories. A recent report by the United Nations Committee on the Elimination of Racial Discrimination emphasized the need for Canada to include Indigenous peoples in decision making, recommending that Canada "Implement in good faith the right to consultation and to free, prior and informed consent of Aboriginal peoples whenever their rights may be affected by projects carried out on their lands, as set forth in international standards and the State party's legislation." Further, the United Nations Declaration on the Rights of Indigenous Peoples sets out in Article 26(1) that "Indigenous peoples have the right to the lands, territories and resources which they have traditionally owned, occupied, or otherwise used or acquired." We fully expect Canada to uphold its commitment to this important international doctrine.

We remind you that the Crown cannot legislate itself out of its duties to consult and accommodate First Nations. With upcoming projects that require further review such as Taseko Mines Ltd's Prosperity Mine, expansion of the Kinder-Morgan pipeline, Enbridge Northern Gateway Project as well as other resource development projects, the Federal government must engage in good faith and meaningfully consult with First Nations. Removing or weakening environmental reviews for projects will only result in greater uncertainty and heightened conflict on the land.

We are keenly aware that the British Columbia government is simultaneously working to create regulations to exempt some so-called "low-risk activities" from the requirement to hold a Mines Act permit.

The regulatory changes to the Mines Act were set out in Bill 19, which was introduced on November 14th and rushed through the House to receive Royal Assent on November 24th, the last day that the Legislative Assembly sat in 2011. We wish to put you on notice that we are monitoring the dovetailing approaches taken by both the provincial and federal governments to categorically erode the approval process for environmental projects in favour of industry and in complete disrespect for Aboriginal Title and Rights and Treaty Rights.

Again, we are deeply disturbed by these developments and we urgently request a meeting with the First Nations Leadership Council to further discuss how these proposed changes to the environmental assessment process and other environmental protection laws will impact on the Aboriginal Title, Rights and Treaty Rights of First Nations in BC.

**FIRST NATIONS LEADERSHIP COUNCIL**

On behalf of the FIRST NATIONS SUMMIT:

Grand Chief Edward John

Chief Douglas White III Kwulasultun

Dan Smith

On behalf of the UNION OF BC INDIAN CHIEFS:

Grand Chief Stewart Phillip

Chief Bob Chamberlin

Chief Marilyn Baptiste

On behalf of the BC ASSEMBLY OF FIRST NATIONS:

Regional Chief Jody Wilson-Raybould

CC: BC First Nations

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## **Adult white orca seen for the first time in the wild**

For the first time ever, scientists say they've spotted an adult white orca—or killer...

by Alex Ballingall on Monday, April 23, 2012

For the first time ever, scientists say they've spotted an adult white orca—or killer whale—in the wild. The discovery occurred off the coast of Kamchatka, in eastern Russia, where experts participating in the Far East Russia Orca Project have been conducting field research. They nicknamed the male orca Iceberg for his pale colouring.

"We've seen another two white orcas in Russia but they've been young, whereas this is the first time we've seen a mature adult," Erich Hoyt, senior research fellow of the Whale and Dolphin Conservation Society, told the BBC. "It has the full two-metre-high dorsal fin of a mature male, which means it's at least 16 years old – in fact the fin is somewhat ragged, so it might be a bit older."

White whales of any species are rare. An albino humpback whale named Migaloo, first seen in 1991, is famous in Australia, for example. But until now, only young orcas had been spotted with the unusual pigmentation. In 1972, a white orca named Chima, who suffered from a genetic disorder called Chediak-Higashi syndrome, died in captivity.

The group that found Iceberg is now hoping to learn more about the white whale, who despite his unusual appearance, appears to have been fully accepted as a member of his familial pod.

## **Vancouver school board to vote on classes with aboriginal focus**

By KIM PEMBERTON, Vancouver Sun April 12, 2012

The Vancouver school board is expected to vote Monday to offer classes with an aboriginal focus from kindergarten to Grade 3 next September. The plan would be to add a grade every year throughout the primary school years, at MacDonald elementary school, and consider expanding it into a high school in the future.

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The plan would be to add a grade every year throughout the primary school years, at MacDonald elementary school, and consider expanding it into a high school in the future.

The classes would be a choice for all students — not only aboriginal students — and is comparable to how the district already offers specialized learning programs such as an arts program at Nootka elementary and French immersion programs, said school board chair Patti Bacchus.

“One of the concerns raised was whether this is going to be a segregated school. That’s not the intention. This is looking at an educational program through an aboriginal lens,” she said, adding students would be in a setting “rich in aboriginal culture and history.”

Bacchus said the district created an Aboriginal Enhancement Agreement in June 2009, and this would be “part of that commitment to engage the aboriginal community.”

“The education of native students has been fairly dismal. We need to do things differently,” she said Thursday.

“It’s not going to solve everything but it’s another piece and we hope it’s an opportunity to engage aboriginal students and the community so we can get parents back to the education system supporting their students,” she said.

Bacchus said the residential school system, where students’ parents and grandparents may have experienced abuse, has resulted in an understandable distrust of the educational system among the aboriginal community.

“It’s a complex problem. We know the legacy of the residential school system has been absolutely devastating. There’s also poverty, unstable housing, a whole historic perspective ... I don’t think the school system recognized aboriginal history and ways of learning. We did forums with [first nations] students and they talked about their teachers knowing European history but nothing about aboriginal history.”

Linda Grey, executive director of the Urban Native Youth Association, said classes with a focus on aboriginal education will help to change the “unhealthy fear” many aboriginal parents have about the school system.

She said the idea of the classes has already received “overwhelming support” from members of the Metro Vancouver Aboriginal Executive Council, which represents 25 non-profit organizations serving the aboriginal community in Vancouver.

“It’s just a great opportunity to try another thing for our kids. Another way of learning. You could have them do things in a [traditional native] circle or bring elders in and talk about the good things our people have contributed to society.”

Grey said with only 30 per cent of aboriginal students graduating on average each year from high school, it's imperative that changes are made to improve their educational success. She said there are about 2,100 aboriginal students in the district and most tend to drop out by Grade 9 and 10.

While the idea of creating a mini-school at high school for aboriginal students was discussed, the decision was to start the program when the students were young.

“By Grade 3 if students don't have strong numeracy and literacy skills, it's an upwards struggle from there and they tend to just go downhill and not be able to keep up,” she said.

It's not yet known how many would be interested in applying for the specialized program so no decision has been made about how many students will be served, said Bacchus.

“It's ambitious [for the program to start next September] but senior management feel it's doable,” she said, adding MacDonald elementary school was selected because it has the space and is in a neighbourhood with a high population of aboriginal families.

kpemberton@vancouversun.com

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[Read more:](http://www.vancouversun.com/literacy/raiseareader/) <http://www.vancouversun.com/literacy/raiseareader/>

[Vancouver+school+board+vote+classes+with+aboriginal+focus/6450895/story.html#ixzz1rxQSXeSb](http://www.vancouversun.com/literacy/raiseareader/Vancouver+school+board+vote+classes+with+aboriginal+focus/6450895/story.html#ixzz1rxQSXeSb)

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## How to Be a Good Visitor in Assisted Living

By Michelle Seitzer / Posted on 26 April 2012

**Family members and friends of assisted living residents may visit anytime, and some do so on a regular basis. There is really no limit to what visitors can do: they can have a meal in the community dining room, they can participate in group activities (trivia, arts & crafts, concerts), they can visit with other residents with whom they have developed a relationship, or they can go directly to their senior loved one's apartment or suite and have a private visit there, never interacting with anyone else. Sometimes, visitors may even come to pick up loved ones and transport them to family events, doctor's appointments, or for a shopping trip, among other things.**

**While the possibilities are essentially endless, the procedure for signing in and signing out varies by assisted living community. Even if there is no formal sign-out sheet, being a good visitor means letting the person in charge (director of nursing or equivalent staff member) know when you'll be taking your loved one out for errands or a day/overnight trip, in case there are medications needed and to notify the dining staff if a meal will be missed.**

**Good visitors are respectful of the staff's responsibilities, recognizing they must serve a number of people with diverse needs every day and every night (your loved one isn't the only person they must care for, in other words). If it is necessary to bring an issue of concern to light, do so constructively. Say thank you and give compliments often when you see quality care and services being provided.**

Article from [www.seniorsforliving.com](http://www.seniorsforliving.com)

## **Open Letter: Groups affirm boycott of discriminatory Missing Women Commission of Inquiry April 10, 2012**

Fifteen organizations issued letters directed to Commissioner Wally Oppal confirming that they will not be participating in the “second phase” of the Missing Women Commission of Inquiry, citing concerns about discrimination and the conduct of the Commission to date.

The attached letters from an informal coalition of advocacy and service providing groups, the Native Women’s Association of Canada and the Assembly of First Nations are written in response to an invitation letter sent by Commissioner Wally Oppal, asking organizations to return to the Inquiry.

Full PDF copies at: [http://www.ubcic.bc.ca/files/PDF/OpenLetterstoMWCI\\_041012.pdf](http://www.ubcic.bc.ca/files/PDF/OpenLetterstoMWCI_041012.pdf)

### **For more information, please contact:**

Aboriginal Front Door Society, Mona Woodward, Executive Director, (604) 697-5662

Amnesty International Canada, Craig Benjamin, (613) 744 -7667 ext 235

Atira Women’s Resource Society, Janice Abbott, Executive Director, (604) 331-1420

B.C. Civil Liberties Association, David Eby, Executive Director, (778) 865-7997

Battered Women’s Support Services, Angela Marie MacDougall, Executive Director, (604) 808-0507

Carrier-Sekani Tribal Council, Terry Teegee, Vice Tribal Chief, (250) 640-3256

Downtown Eastside Sex Workers United Against Violence Society, Katrina Pacey, (604) 729-7849

Ending Violence Association British Columbia, Tracy Porteous, Exec. Director, (604) 633-2506, x11

February 14th Women’s Memorial March Committee, Lisa Yellow-Quill, L.YellowQuill@gmail.com

First Nations Summit, Colin Braker, Communications Director, (604) 926-9903

Native Women’s Association of Canada, Claudette Dumont-Smith, Exec. Director, (613) 722-3033 x223

PACE: Providing Alternatives Counselling & Education Society, Karen Mirsky, (778) 838-2972

Pivot Legal Society, Doug King, Lawyer, (778) 898-6349

Union of B.C. Indian Chiefs, Grand Chief Stewart Phillip, (250) 490-5314

Union Gospel Mission, Genesa Greening, Director, Community Strategies, (604) 506-0845

West Coast LEAF, Executive Director, Kasari Govinder, (604) 684-8772, x212

WISH Drop-in Centre Society, Kate Gibson, Executive Director, (604)669-9474

## NEWS RELEASE

**FOR IMMEDIATE RELEASE**

**March 28, 2012**

### **VIHA PLAN STRIVES TO IMPROVE HEALTH OUTCOMES FOR ABORIGINAL RESIDENTS**

VANCOUVER ISLAND – The Vancouver Island Health Authority and its Aboriginal partners unveiled the health authority's 2012 Aboriginal Health Plan at a special signing ceremony held in the traditional territory of We Wai Kai Nation/Cape Mudge located in the Campbell River area.

The plan, entitled *Remember the Past, Reflect on the Present, and Build a Healthy Future*, will serve as a guide for VIHA's Board, leadership and staff in their work to continue to improve the health status of Aboriginal residents. The 2012 Aboriginal Health Plan updates VIHA's 2006 plan and encompasses more than a year of engagement and collaborative working partnerships between Aboriginal partners from across Vancouver Island and VIHA leaders and staff.

"Improving the health of Aboriginal people is one of VIHA's strategic priorities and the 2012 Aboriginal Health Plan will help us accomplish this priority," said Don Hubbard, VIHA Board Chair. "This plan also reinforces our commitment to health services delivery that reflects and honours the input and cultural beliefs of Aboriginal residents."

The 2012 Plan was signed by VIHA President and CEO Howard Waldner and Aboriginal Health Council Co-Chair Chief David Bob at a ceremony and feast hosted by VIHA Aboriginal Health in the We Wai Kai Nation/Cape Mudge at the Quinsum Centre.

"All Aboriginal people on Vancouver Island need and deserve access to quality, timely health care services that meet their unique cultural and geographical needs and that is the fundamental purpose behind the Aboriginal Health Plan," said Waldner. "The health authority is committed to supporting the six strategic themes that are identified in the Aboriginal Health Plan with the goal of providing health services that meet the needs of Aboriginal residents and improving the health status of Aboriginal people living on Vancouver Island."

Statistics show that Aboriginal people are more likely to face significant health challenges, to suffer from chronic diseases such as diabetes, kidney disease and heart failure, and to die prematurely from a variety of causes when compared to other Island residents. They are also more likely to have trouble accessing health care due to poverty, geographic isolation and the complexity of health care service delivery.

"Today's signing of the VIHA 2012 Aboriginal Health Plan strengthens our commitment to share our wisdom and vision with VIHA to develop culturally appropriate and accessible health care services for Aboriginal residents which in turn, will make First Nations communities on Vancouver Island among the healthiest in the province," said Chief Bob. "Together we can make change happen."

The 2012 Aboriginal Health Plan can be viewed on the VIHA website at: [http://www.viha.ca/aboriginal\\_health/ABORIGINAL\\_HEALTH\\_PLAN.htm](http://www.viha.ca/aboriginal_health/ABORIGINAL_HEALTH_PLAN.htm)

[Information on VIHA's Aboriginal Health Program can be found at the following link: http://www.viha.ca/aboriginal\\_health/](http://www.viha.ca/aboriginal_health/)

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[Attachment \(1\): Backgrounder](#)

[Media Contact:](#)

[Valerie Wilson, VIHA Communications](#)

[250-739-6303](#)

## Ten ways to improve your heart health from the Heart and Stroke Foundation

Making healthy choices will help prevent heart disease and stroke. By changing habits a little at a time, you can reach your heart-healthy goals. Here are some practical suggestions that may make the changes easier, day by day, week by week, month by month. Give them your best shot.

1. Eat 10 fewer restaurant, fast-food or takeout snacks or meals this month. By cooking for yourself at home or packing a lunch for work, you exercise greater control over ingredients, cooking methods (grilling, poaching, baking) and, vitally, smaller portion sizes. “We're still overdoing it when dishing out servings,” says Bonnie Stern, author of the Heart and Stroke Foundation of Canada's HeartSmart™ (Random House) series of cookbooks. “Restaurants make large portion sizes seem normal. And you have no idea what goes into each dish.” See our recipe files online for some great meal ideas
2. Take 10 seconds to read the new nutrition panel before you buy a food product. New labelling regulations introduced last December mean you can spot trans fats in foods quickly. Trans fats are an unhealthy fat that increase your blood cholesterol. Try to minimize your intake of trans fats as much as possible. Or, simply look for the Heart and Stroke Foundation's Health Check™ symbol, now on more than 500 items, to ensure that the products you buy are healthy choices. See the full list here
3. Spend 10 minutes with your mom, father, aunt or uncle on both sides of the family discussing your history of heart disease, stroke and diabetes. Although you can't change your genes, knowing your family's health history will help you and your doctor tailor an appropriate prevention plan for you.
4. Increase your intake of vegetables and fruit by 10 servings per week. These foods are chock-full of disease-fighting antioxidants and heart-healthy fibre. Five to 10 servings a day is your ultimate goal, but if you're not hitting that target, read about some simple ways to make them part of your daily diet here
5. Achieve and maintain a healthy weight. Consider this: a weight loss of only 10 pounds (4.5 kg) over five to ten weeks – that's 1 to 2 pounds per week – can result in as much as a 7 point reduction in systolic blood pressure (the top number) and a nearly 6 point reduction in diastolic blood pressure (the bottom number), which will lower your risk of stroke and heart disease. A healthy blood pressure reading is lower than 120/80. Read about healthy weight here
6. Take 10 seconds to measure your waist circumference. Maybe you've figured out how much extra weight you carry, but where do you carry it? Are you an apple or a pear? Studies show that those who carry weight around the middle tend to have higher blood pressure and cholesterol – two risk factors for heart disease. “I like to see my female clients measuring less than 88 centimetres around the waist and the men less than 102 centimetres,” says cardiologist and Heart and Stroke Foundation spokesperson Dr. Beth Abramson. “If you haven't already got one, get a tape measure. It's as vital to your health as a scale.” The best way to whittle down your middle is to be physically active – walking, hiking, jogging, biking as often as you can. Read about getting active here
7. Increase your physical activity by 10 minutes per day. While a healthy goal is 30 minutes of exercise most days of the week, you can get there by increasing your activity level by 10 minutes daily. And you don't have to run a marathon or become a triathlete; modest levels of physical activity will help to lower blood pressure, keep weight off and reduce your risk of developing coronary artery disease. So walk, play with the kids or dance to your favourite CD. Read more tips on getting active here

8. Set aside 10 minutes a day for a time-out. Leave your desk and walk around the block. Close your door at work or at home, then sit in a comfortable position and breathe in and out slowly. Stress is often associated with unhealthy activities such as smoking, overeating, excessive drinking, worrying or outbursts of anger. Read about more ways you can reduce your stress.

9. Think about your alcoholic consumption for 10 seconds. Research shows that drinking more than nine (for women) and 14 (for men) standard drinks of beer, wine or liquor a week increases the risk of heart disease and stroke. Choose other beverages instead – sparkling mineral water or low-sodium tomato juice makes for a delightful, heart-healthy change. Read more about alcohol consumption here.

10. Read and then send the risk factors for heart disease and stroke to 10 friends and members of your family. Your age, gender, ethnicity and genetic makeup can't be modified. But you can do something about smoking, inactivity and being overweight, among others, to reduce your risk. Read the list of risks for heart disease and stroke.  
Information from [www.seniorshealth@medbroadcast.com](http://www.seniorshealth@medbroadcast.com)

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## **Secondhand Smoke Permeates Many Apartment Buildings: Study**

**Article from [www.medbroadcast.com](http://www.medbroadcast.com) By Alan Mozes *HealthDay Reporter***

SUNDAY, April 29 (HealthDay News) -- A new survey of American apartment dwellers reveals that upwards of a third of nonsmoking residents sniff the stench of secondhand smoke in their building's public spaces, while almost half smell it within their own homes.

"As a pediatrician, I have had a lot of feedback from parents who have been telling me that this is really a significant issue for them," said study author Dr. Karen Wilson. "But I do think for many people this is a relatively new concept to think about, in terms of looking at the situation and the potential impact, and then being able to do something about it."

Wilson is the section head of pediatric hospital medicine at Children's Hospital Colorado, and an assistant professor of pediatrics at the University of Colorado School of Medicine. The findings are set for Sunday presentation at the annual meeting of the Pediatric Academic Societies, in Boston.

The survey focused on the experiences of 323 nationally representative respondents, and was conducted by the American Academy of Pediatrics Julius B. Richmond Center of Excellence, an advocacy group aimed at safeguarding children from cigarettes and secondhand smoke.

The researchers surveyed apartment residents whose own homes had been smoke-free for a minimum of three months. All the participants were drawn from a larger 2011 Social Climate Survey.

They were asked about their building's smoking restrictions; family composition; where they smelled secondhand smoke and how often.

Among those who reported smelling secondhand smoke, 38 percent said it happened weekly and 12 percent said they noticed the smell daily.

Nonsmoking residents were more likely to indicate that the smell of secondhand smoke was an issue in common areas if they had children: 41 percent of respondents with children reported some degree of public area smoke incursion, compared with 26 percent of childless residents.

Households with children were less likely to report such smoke incursions within their own unit: 34 percent vs. 60 percent among childless residents.

The survey found that those whose housing costs were underwritten to some degree by government subsidies were also more likely to report smoke incursion.

Building regulations only seemed to have an appreciable impact on secondhand smoke if they involved total bans, the survey found. Smoke-free buildings had lower rates of common-area smoking incursion than those with no restrictions. By contrast, secondhand smoke smells in public spaces was as much of a problem in buildings featuring common-area-only bans as they were in buildings featuring no restrictions whatsoever.

"We clearly saw that a total ban is much more effective than a partial ban," Wilson noted. "And with that I would say that while I absolutely support moves to ban smoking in the workplace, at the very least adults have some choice in the matter in terms of their being able to leave a job or go somewhere else if they come into a work environment where smoking is still allowed. Children in the home, however, do not have that choice."

"Parents need to advocate and speak up, and say 'I don't want my children to be exposed while they're sleeping, doing their homework or playing at home,'" she added. "And they should ask their landlord about smoking regulations in any apartment building they're considering before they move in."

For her part, one advocate said that the issue of smoking incursion in apartment dwellings complements her organization's prime focus "to get smoke-free indoor air everywhere we can."

"We certainly think that residents have an absolutely legitimate right to at least know whether they are going to be exposed to this kind of health risk when they are considering moving into an apartment," said Marie Cocco, a spokeswoman for the Campaign for Tobacco-Free Kids. "Because we know that secondhand smoke is a deadly substance that contains more than 7,000 chemicals, 69 of which, at least, cause cancer."

Cocco said her organization has publicly endorsed measures, such as the one recently unveiled by New York Mayor Michael Bloomberg, which would require multi-dwelling apartment buildings to fully disclose their smoking policy to all prospective renters and buyers.

"The Surgeon General has clearly [described secondhand smoke risks such as] lung cancer and heart disease among adults, and respiratory and ear infections and asthma among babies and children," she added.

Because this study was presented at a medical meeting, the data and conclusions should be viewed as preliminary until published in a peer-reviewed journal.

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**Health Tip: Dealing With Stress** (HealthDay News) -- A key way to handle stress is not to avoid life's challenges, but to deal with them head-on, the Cleveland Clinic says.

The clinic offers these suggestions for women:

Deal directly with challenging situations, instead of avoiding them.

Accept and embrace change as an opportunity to learn.

Focus on the present, rather than the future.

Trust your instincts and listen to what your "gut" tells you.

Honor and accept yourself.

Don't be afraid to seek professional help when you need it.

**Heart attack: know the symptoms**

**The key to surviving a heart attack is getting medical help early - nearly half of all deaths due to heart attack occur within three to four hours of the beginning of symptoms.**

**Keep in mind that not everyone experiences the same heart attack symptoms to the same degree - some older people and women can experience less obvious symptoms. Some heart attacks come on suddenly, but the vast majority start slowly with mild pain and discomfort. Many people experiencing a heart attack are not sure they are having one and may think it's only heartburn or indigestion. This may result in not seeking medical attention promptly.**

**Therefore, it's critical to be familiar with and recognize heart attack symptoms, and to take them seriously. The following are heart attack warning symptoms:**

**pain or discomfort in the chest, shoulder, arm, back, neck, or jaw that does not go away with rest (in women, pain may be more vague)**

**pressure, heaviness, fullness, or squeezing in the chest**

**shortness of breath**

**nausea and/or vomiting**

**sweating, or cool and clammy skin**

**anxiety**

**denial**

**If you experience these warning symptoms, the Heart and Stroke Foundation suggests doing the following things:**

**Call 9-1-1.**

**Stop all activity and rest (sit or lie down).**

**If you are taking nitroglycerin, take your usual dose.**

**If you have chest pain and are not allergic to ASA, chew and swallow one 325 mg ASA tablet or two 81 mg tablets.**

**Rest and wait for Emergency Medical Services (EMS).**

**Acting promptly may save your life!**

## Trapped bear commits vehicular mauling

A bear, trapped in Tim Hamilton's SUV for a few minutes last October near Waterton Lakes National Park, caused \$60,000 worth of damage. The SUV was a complete write-off. THE CANADIAN PRESS/ho-Tim Hamilton

If being trapped in a car during rush hour sometimes seems unbearable, just imagine how a young bruin felt when it got trapped in Tim Hamilton's SUV.

It happened back in October when the animal opened an unlocked door on Hamilton's Toyota Sequoia, which was parked outside his cabin near Waterton Lakes National Park, and climbed inside.

Nobody knows for sure how it became trapped but the winds are typically strong in that part of southern Alberta and the prevailing theory is that a gust blew the door shut.

Experts suspect the bear was only in the vehicle for a few minutes before finally crashing through the rear window to freedom. But in that time it did \$60,000 worth of damage and the SUV was a complete write-off.

Pictures of the vehicular mauling have been posted and re-posted on websites and blogs around the world for months, but the Calgary businessman and avid outdoorsman has been reluctant to speak publicly about them until now.

"I didn't want people to portray it as an aggressive bear or a mean bear or a dangerous bear," Hamilton explained about why he wanted to keep the incident quiet at the time.

"I'm kind of pro-bear."

Hamilton said he and his wife frequently go to the cabin for the weekend, but he noticed something wrong when he was getting ready to make the drive back to Calgary on that Monday morning.

It was still dark, and he could see a mess in the SUV's back seat as he approached. At first he thought his wife had put garbage there to be taken back to the city, but then he saw the smashed back window.

Bears — usually black bears — are common in the area but Hamilton said his neighbours had been seeing a young grizzly in the area. They guessed it was about two years old and had recently been given the boot by its mother.

At first, Hamilton thought the bear had gone in through the back window, but he realized that was unlikely. Then he noticed his garage door was open and the light was on. He called his neighbour with a rifle in case the bear was still nearby.

"It had never been in the garage," he recalled. "It turned out that the bear had either bit or stepped on the garage door opener when it was in our vehicle."

Realizing then that the bruin was long gone, Hamilton finally had time to take an inventory of the damage.

"It panicked and went crazy and deployed most of the airbags and ripped out the seats, and the dashboard and even bent the steering column," he said.

Oh, and one other thing — Hamilton may not be able to answer the age-old question about whether a bear poops in the woods, but he knows for sure they'll do it in an SUV.

Hamilton said he could tell by the prints in the dust on his SUV that the animal hadn't forced his way inside. He said it appeared it had simply been leaning against the vehicle, pressing its snout against the windows, and that its paw slid down the side and hooked a door handle.

"It was clearly a misadventure on the bear's part. I mean, there's not even a scratch on the door outside," Hamilton said.

"Absolutely no one was hurt and the bear got the biggest start of all."

An expert from the University of Calgary examined teeth and claw marks in the SUV and believed it was indeed a grizzly, Hamilton said. He said there was just a tiny speck of blood on one of the airbags, so he doesn't believe the bear was hurt.

On some blogs that display pictures of his SUV, the story has grown. Hamilton said he saw one that suggested he was inside the vehicle at the time. Others claim the vehicle is on display for promotional purposes, which he said isn't true.

Hamilton can't say for certain how pictures of the damage got on the Internet. He said he and his wife took some photos, neighbours took some others, and that a few were likely snapped at a dealership in Calgary where the vehicle ended up.

He said his insurance company, coincidentally, is the same one that has a TV commercial about a bear that destroys a vehicle. Needless to say, they didn't give him any trouble when he filed his claim.

Hamilton said one of his neighbours asked wildlife officials if they planned to trap the animal.

"They kind of smiled and said this poor bear will never go around another vehicle or cottage as long as he lives," Hamilton said. "He's probably still running as we speak."

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## **US dairy cow slips out for McDonald's takeout**

BRUSH, Colo. - What did the dairy cow order when she got to the drive-thru window at McDonalds? Nothing — she just wanted a little attention.

That's what Sandy Winn says was the reason her cow, Darcy, wandered from her pen on Friday and ended up at takeout window of the fast-food restaurant a half-mile (0.8 kilometre) away in Brush, Colorado.

Winn tells KUSA-TV that Darcy is a good cow until she's bored — and then she goes looking for attention. Winn says she didn't know Darcy had escaped until police called asking if the family owned a dairy cow. She says they told her it was "up at McDonalds," so she fetched the cow and took her home. Brush police clerk Vivian Llewellyn joked Tuesday that Darcy "didn't get her burger."

## Caring for your feet when you have diabetes

People with diabetes need to get to know their feet like - well, like the back of their hand. That's because the high blood glucose levels common in diabetes can lead to two types of damage that spell trouble for the feet:

**blood vessel damage:** Blood vessel damage can reduce blood flow to the feet, which can make the feet more vulnerable to ulcers and infection and make wounds slower to heal.

**nerve damage:** The nerves that carry messages from the feet to the brain can be compromised by too much glucose in the blood. This nerve damage is called *neuropathy*. When that circuit is interrupted by nerve damage, your feet might have a burning, numbing, or tingling sensation, or you might not be able to sense pain. That sounds like a good thing until you realize that feeling pain is what signals you that problems are afoot.

So say you wear new shoes, and they rub a blister onto your heel. With nerve damage, you might never know that the blister is there at all. And a simple blister that goes undetected can grow into a deep sore, known as an ulcer. An ulcer that becomes infected is a serious condition. Add reduced blood circulation to the mix, and the healing process slows down. To compound the problem, glucose-rich blood provides plenty of food for germs, making infection even harder to fight off.

Left undetected or untreated, ulcers and other foot injuries can affect mobility, changing a person's weight distribution on their feet and boosting their risk of blisters and calluses. Infections can even advance to the point of gangrene. In fact, people with diabetes are at an elevated risk of foot or leg amputation compared to people without diabetes. Amputation is needed to prevent gangrene from spreading to other parts of the body.

### Take steps to better foot care

Foot care actually starts far from your feet. Undoubtedly, the first and best strategy for healthy, happy feet is to manage your blood glucose levels. Keep your levels on target as often as possible, and you will minimize and even prevent the damage to your nerves and to your blood vessels. And smokers with diabetes, be advised: smoking decreases blood flow to your feet and can increase the risk of amputation.

Beyond blood sugar management and stopping smoking, there are several things you can do directly to manage your feet:

#### Go on a daily feet-scanning mission

Just like brushing your teeth or washing your face, checking your feet should be a part of your everyday routine.

Check all sides of your feet - tops, bottoms, the toes, in between the toes, on the heels. You're searching for any sign of potential trouble: ingrown toenails, cuts, cracking or dry skin, calluses, blisters, sores, corns, or warts.

Changes in skin temperature could also signal developing sores. You can do your scan in the bath or shower, in bed, wherever it's easiest for you to see your feet well. For those with mobility issues or who cannot reach their feet, you can ask a friend or family member to help out. Some people use mirrors to get a better view of the bottoms of their feet. Mirrored weigh scales are also available.

If you notice any changes or troubling marks, consult your physician, primary health care provider, or foot specialist. Do not attempt to self-treat injuries or infections - even something as seemingly minor as an ingrown toenail.

## **Treat your feet with TLC**

When you have diabetes, keeping your feet clean is crucial. But the simple act of washing your feet becomes a little more involved.

Wash your feet daily in warm water using a mild soap. This means *wash* - not *soak*. Soaking can dry the skin. And *warm* water - not *hot* or *cold*. Nerve damage may make it hard to tell how hot or cold the water is, so test the temperature with your hand or your elbow.

Dry your feet well. Be gentle. Use a soft towel to pat dry and don't forget between your toes. Avoid scrubbing or rubbing the skin too briskly.

Moisturize your feet - your heels and soles - in the morning and at bedtime. Dry skin can crack and leave you susceptible to infection. Excess moisture also welcomes germs, so don't use too much lotion, and never apply it between the toes. Shake on unmedicated powder to minimize sweating.

After a shower, your nails are softer, so that's the perfect time to tidy up your toenails. Trim nails straight across and not too short to prevent ingrowns. If your nails have grown too thick (e.g., due to fungal infection such as athlete's foot), you may need to have someone help you.

## **Keep them covered**

Something as straightforward as putting on your shoes and socks presents potential problems.

Before slipping your feet into your shoes, look into each shoe and use your hand to feel around inside. You never know when a stray pebble, thumbtack, or paperclip could be awaiting your foot.

Buying new shoes? Since feet swell through the day, it's best to shop for shoes late in the afternoon.

Choose shoes that fit properly, that don't rub blisters, that provide cushioning, and that encourage even distribution of weight across the foot. Flip-flops, sandals, or peep-toe, pointy-toed, high-heeled, or worn-out shoes are not recommended.

Once you have a new pair of shoes, allow time to break them in. During the first few weeks, wear them for only 1 to 2 hours at a time.

Socks rock. Always wear socks or stockings to keep feet from sweating too much or rubbing blisters. Switch your socks daily, and opt for looser-fitting ones that are not tight around the ankles.

During colder weather, wear loosely-fitted wool socks to protect your feet from moisture and frost-bite.

Never go barefoot! Wear slippers or shoes at all times when you will be walking around, even indoors.

Put your feet up when sitting. Don't cross your legs for long periods of time.

## **Have your health care provider perform periodic foot check-ups**

Most physicians and primary health care providers know that foot care is a priority for people with diabetes, but you can advocate for your own two feet, too.

Remove your shoes and socks when you're waiting for your health care provider. This way, neither of you can forget about your feet.

Don't be foot-shy. If you have a question or concern, speak up.

Article from [SeniorsHealth@Medbroadcast.com](mailto:SeniorsHealth@Medbroadcast.com)

**IT WAS A MIRACLE** A good-ol'-boy staggered home late after another evening with his drinking buddies.

Shoes in left hand to avoid waking his wife, he tiptoed as quietly as he could toward the stairs leading to their upstairs bedroom, but misjudged the bottom step in the darkened entryway. As he caught himself by grabbing the banister, his body swung around and he landed heavily on his rump.

A whiskey bottle in each back pocket broke and made the landing especially painful. Managing to suppress a yelp, he sprung up, pulled down his pants and examined his lacerated and bleeding cheeks in the mirror of a nearby darkened hallway, then managed to find a large full box of band aids before proceeding to place a patch as best he could on each place he saw blood.

After hiding the now almost empty box, he managed to shuffle and stumble his way to bed.

Morning, he awakens with screaming pain in head and butt to find his wife staring at him from across the room, and hears her say: "You were drunk again last night!!!"

Forcing himself to ignore his agony, he looked meekly at her and replied: "Now Hon, why would you say such a mean thing?"

"Well," she said, "there is the front door left open, the glass at the bottom of the stairs, the drops of blood trailing through the house, and your bloodshot eyes but, mostly... It's all those band aids stuck all over the downstairs mirror!"

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**NOW WHAT?** Three weeks after her wedding day, Joanna called her minister. "Reverend," she wailed, "John and I had a DREADFUL fight!"

"Calm down, my child," said the minister, "it's not half as bad as you think it is. Every marriage has to have its first fight!"

"I know, I know!" said Joanna, "but what am I going to do with the BODY?"

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By The Associated Press, [thecanadianpress.com](http://thecanadianpress.com)

## **5-year-old backs car onto US street, calls police**

MANSFIELD, Ohio - Authorities say a 5-year-old looking for her mother in Ohio backed a car out of the driveway, then called police dispatchers for help.

Mansfield police say Ameleah Kegley backed the car out Monday evening after returning from school to an empty house.

According to the Mansfield News Journal newspaper, her mother had gone to the hospital with an emergency and her father never got the message.

Worried that her mother wasn't home, Ameleah decided to look for her. She backed her mother's car down the sloped driveway, and it came to a stop on grass across the street.

The girl dialed police dispatchers, explained the situation and asked for quick help getting the car back home because she said her mom would be upset with her.

## **The Old Man**

A pious man, who had reached the age of 105, suddenly stopped going to synagogue. Alarmed by the old fellow's absence after so many years of faithful attendance, the Rabbi went to see him. He found him in excellent health, so the Rabbi asked, "How come after all these years we don't see you at services anymore?"

The old man lowered his voice. "I'll tell you, Rabbi," he whispered. "When I got to be 90, I expected God to take me any day. But then I got to be 95, then 100, then 105. So, I figured that God is very busy and must've forgotten about me, and I don't want to remind Him!"

## **Elderly Woman**

An elderly woman called 911 on her cell phone to report that her car has been broken into. She is hysterical as she explains her situation to the dispatcher: "They've stolen the stereo, the steering wheel, the brake pedal and even the accelerator!" she cried.

The dispatcher said, "Stay calm. An officer is on the way." A few minutes later, the officer radios in. "Disregard." He says. "She got in the back-seat by mistake."

## **Perks of Being Over 55**

Kidnappers are not very interested in you.

In a hostage situation you are likely to be released first.

No one expects you to run into a burning building.

People call at 9 PM and ask, "Did I wake you?"

People no longer view you as a hypochondriac.

There is nothing left to learn the hard way.

You can eat dinner at 4 P.M.

You enjoy hearing about other peoples operations.

You get into heated arguments about pension plans.

You have a party and the neighbors don't even realize it.

You no longer think of speed limits as a challenge.

You quit trying to hold your stomach in, no matter who walks into the room.

You sing along with elevator music.

Your eyes won't get much worse.

Your investment in health insurance is finally beginning to pay off.

Your joints are more accurate meteorologists than the National Weather Service.

Your secrets are safe with your friends because they can't remember them either.

**From [www.myseniorsite.ca](http://www.myseniorsite.ca)**

**BC ELDERS  
COMMUNICATION  
CENTER SOCIETY**

**ADDRESS:  
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Campbell River, B.C.  
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Toll-Free: 1-877-738-7288  
Coordinator:  
Donna Stirling  
Website: [www.bcelders.com](http://www.bcelders.com)  
Email:  
[bcelders@telus.net](mailto:bcelders@telus.net)**

**BCECCS HAS GONE  
PAPERLESS!  
AND NOW  
ELDERS VOICE ISSUES  
ARE EMAILED OUT TO  
ALL CONTACTS AND  
POSTED ONLINE BY THE  
1ST OF EACH MONTH!**

**HAPPY MOTHER'S DAY TO ALL MOMS**

**A Mother's Love**

**There are times when only a mother's love  
Can understand our tears,  
Can soothe our disappoints  
And calm all of our fears.**

**There are times when only a mother's love  
Can share the joy we feel  
When something we've dreamed about  
Quite suddenly is real.**

**There are times when only a mother's faith  
Can help us on life's way  
And inspire in us the confidence  
We need from day to day.**

**For a mother's heart and a mother's faith  
And a mother's steadfast love  
Were fashioned by the angels  
And sent from God above.**

**"A mother is a person who seeing there are only four pieces of pie for five people, promptly announces she never did care for pie." ~Tenneva Jordan**  
**"A man loves his sweetheart the most, his wife the best, but his mother the longest." ~Irish Proverb**  
**"A mom's hug lasts long after she lets go." ~Author Unknown**  
**"Making the decision to have a child is momentous. It is to decide forever to have your heart go walking around outside your body." ~Elizabeth Stone**  
**"Being a full-time mother is one of the highest salaried jobs... since the payment is pure love."~ M.B.V.**

**Annual Elders Gathering Grand Entry Photos are on:  
[www.bcelders.com](http://www.bcelders.com) each year (except unfortunately for 2011)**

**ANNUAL BC ELDERS GATHERING INFO CORNER**

**The 36th Annual BC Elders Gathering is to be hosted by  
Sto:lo Nations and Tsawwassen First Nation,  
In Abbotsford at the TRADEX Centre (as is 2011)  
July 10-12, 2012.  
Roger Andrew and Audrey Kelly  
From Shx'wohamel First Nation  
Were crowned the King and Queen**