

**Volume 11 Issue 12**

**November 2011**

**EV'S 132nd Issue!**

**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!**



**BC ELDERS COMMUNICATION CENTER SOCIETY**

**ELDERS VOICE**

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

**REMEMBERANCE DAY  
NOVEMBER 11TH  
"LEST WE FORGET"**

**SUPPORT FEE INVOICES  
HAVE GONE OUT WITH THIS ISSUE OF THE EV  
FOR THE 2012 YEAR.**

**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 Nation and Tsawwassen First Nation,  
July 10-12, 2012  
Roger Andrew and Audrey Kelly  
From Shx'wohamel First Nation  
Were crowned the King and Queen  
(Information from [www.lilwat.ca](http://www.lilwat.ca))**

**Inside this issue**

Easy Bakers Corner/Handy Tips/Website Information	2
List of Paid Support Fees	3
BCSeniorsHelp.com	4
BC First Nations Taking Over Own Health Care	4
Psychedelic Drug Use	5
BC Aboriginal Business	6
BC FN' Art Awards	7

**Pg. 8:** UBCIC Calls of Harper Gov. to Act on Infectious Salmon Anaemia  
**Pgs. 9-10:** Unethical Practices Against Residential School Victims  
**Pg. 11:** Fall Public Workshops  
**Pg. 12:** Seniors Health Information  
**Pgs. 13-14:** Landmark International Hearing  
**Pg. 15:** Aboriginal Dance Festival  
**Pgs. 16-20:** Diverticulitis Information  
**Pgs. 21-23:** Lupus Information

**Back Page:**  
Annual Elders Gathering Information, Our Contact Info, Quotes, and Jokes, Horoscopes

## Easy Bakers Corner – Night Before Christmas Cake

**Cake:** Cream together 1/2 C. sugar and 1/4 C. of butter. Then add 2 beaten eggs, 1/2 C. warm milk, 1 package of yeast dissolved in 3 Tablespoons of warm water, 3 C. flour. 1 tsp. of salt and 1/2 tsp. of vanilla. Beat all of these ingredients together. Then set dough aside and let it rise, until it doubles in size (this could take 2 hours) put it in a 9x13” greased pan and spread with topping.

**Topping:** Combine 2/3 C. sugar, 1 Tbs. cinnamon, 4 Tbs. melted butter, 1/2 cup of nuts or maraschino cherries or candied red and green cherries if you don't like nuts. Now place in a cold oven and leave it there overnight to rise. The next morning turn oven to 350 degrees and bake for 1/2 an hour. Take out and serve warm.

**HANDY TIPS:** House Plants: If you have an aquarium, save the water each time you change it and water your house plants with it. You'll be amazed at the results.

### QUOTES:

“If you want your dreams to come true, you mustn't oversleep.”

“Be kinder than necessary because everyone you meet is fighting some kind of battle.”

“The best vitamin for making friends..... B1.”

“If you lack the courage to start, you have already finished.”

“One thing you can't recycle is wasted time.”

“Ideas won't work unless ' You' do.”

## 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.

Beginning August 1st. 2011 issues of your Elders Voice Newsletter will only be posted on the website at the 1st of each month. Although we mailed out the issues for almost 11 years straight (128 issues) we can no longer afford the cost to mail to your Elder's Contact People. All groups have been notified to go to [www.bcelders.com](http://www.bcelders.com) the 1st of each month.

### 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 2010 – Nov. 30th 2011

(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

### Sisiutl Level - \$500

1. Adams Lake Indian Band
2. Ts'kw'aylaxw Elders
3. Tsleil-Waututh Nation
4. Cook's Ferry Indian Band
5. Lhoosk'uz Dene Nation
6. Saik'uz First Nation

31. Ki-Low-Na Friendship Society
32. Bridge River Indian Band
33. Tsawwassen First Nation
34. Carrier Sekani Family Services
35. SIMPCW First Nation
36. Quatsino Band
37. Wuikinuxv Nation

### Hummingbird Level - \$250

1. Nuxalk Ts'Ikt Elders
2. Kla-How-Eya Circle of Elders
3. Shuswap Nation Tribal Council
4. Kluhx Kluhx Hu-Up
5. Indian Residential School Survivors Society
6. Laich-Kwil-Tach Treaty Society
7. Osoyoos Indian Band
8. Tansi Friendship Centre Society
9. Tobacco Plains Indian Band
10. Uchucklesaht Band Council
11. Douglas Band
12. Neskonlith Indian Band
13. Qualicum First Nation
14. Gitxaala Nation
15. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation
16. Heskwen'scutxe Health Services
17. Ehattesaht Tribe
18. UBCIC
19. Cowichan Elders
20. Wei Wai Kum First Nation
21. BCAAFC
22. Daylu Dene Council
23. Akisqnuq First Nation
24. Carnegie Community Centre
25. BC Assembly of First Nations
26. McLeod Lake Tse'khene Elders Society
27. Hailika'as Heiltsuk Health Centre
28. Xaxli'p Band
29. We Wai Kai Nation
30. Doig River First Nation

38. Mount Currie Band Council
39. Seton Lake Elders
40. SKELKELA7IHKALHA Elders Society
41. Squamish Nation
42. Lower Kootenay Band
43. St. Eugene's Golf Resort and Casino
44. Nicomen Indian Band
45. First Nation Summit
46. Squiala First Nation
47. Qualicum First Nation
48. Tsleil-Waututh Nation
49. Kamloops Indian Band
50. Halalt First Nation
51. Tobacco Plains Indian Band
52. Upper Similkameen Indian Band

### Half-Yearly Fee - \$125

1. K'omoks First Nation
2. Toosey Bands
3. Williams Lake Indian Band
4. Da'naxda'xw First Nation
5. Gingolx Elders
6. Ditidaht First Nation
7. Ki-Low-Na Friendship Society
8. T'It'Qet Elders Council
9. Lytton First Nation

## [About BCSeniorHelp.com](#)

We are at the tipping point of a profound change in our communities. The oldest baby boomers turn 65 this year. By 2027, the number of those over 65 in the Lower Mainland will more than double, growing from 280,000 to 610,000 people. Experts say we are not even close to ready.

Boomerangst is a provocative 14-part-series starting Oct. 16 and running daily in [The Province](#) until Oct. 31. In it, we will explore the issues facing B.C. and recommend solutions. We will report on new research, bring you human stories, debunk myths and offer practical advice. You'll hear inspirational voices and see what's working for seniors and where B.C. could do better.

This website is the information centre of the Boomerangst project, a one-stop shop for information on all things to do with aging in B.C. Here we collect information about nursing homes, assisted living facilities and other resources seniors need. We will present readers' stories and comments and create an online townhall for discussion and learning from each other's experiences.

Summaries and links to all the Boomerangst articles and content from the series in the newspaper and on our website at [theprovince.com](#) will appear on this website. We will be posting these links starting with the launch of the series on Oct. 16, and will add links for the new content each day as the series unfolds in [The Province](#).

---

By: The Canadian Press

Date: Thursday Oct. 13, 2011 7:57 PM PT

First Nations in British Columbia are taking over their own health system in a first-of-its-kind partnership between aboriginals, and the federal and provincial governments.

The landmark legal agreement will see B.C. First Nations play a major role in planning and managing their own health programs and incorporating cultural beliefs and values into the system.

Federal Health Minister Leona Aglukkaq, who was in Vancouver for the announcement, says the agreement will help streamline administration and encourage the integration of health services for First Nations.

Grand Chief Doug Kelly, the chairman of the First Nation Health Council, predicts the new approach will see remarkable improvements in the health and well-being of First Nations in B.C. within a generation.

Assembly of First Nations Chief Shawn Atleo says the agreement allows First Nations to take a step forward by taking back responsibility for their own lives and for their own communities.

The transfer of federal funding will mean about \$380 million dollars a year going to the First Nations Health Authority and the B.C. government has agreed to provide more than \$83 million as part of the commitment to the agreement.

## **Psychedelic use spreads in B.C. native community** [CBC News](#)

Posted: Aug 2, 2011 3:17 PM PT

### [Warnings raised against use of sacred psychedelics for healing 3:56](#)

RCMP are investigating the alleged use of hallucinogenic drugs during religious ceremonies on Haida Gwaii.

Drugs such as peyote and ayahuasca may have been used during healing circles sessions, according to RCMP Sgt. Rob Knapton.

Both plant-based substances are used for spiritual purposes by indigenous people in Central and South America.

Police are only gathering information at this point and have not launched a criminal investigation, Knapton said.

"I have no information of what [the drugs] are," he said. "Short of subjecting them to analysis, we have no idea what's being used."

### **Derivatives illegal**

Skidegate Chief Roy Jones Jr. does not condone the use of the drugs and said he's concerned about spreading use in the island group, about 800 kilometres northwest of Vancouver.

"People are doing it, the kids are doing it, it's out there," said Jones. "When you live in a small community, there's not many secrets."

Local doctors have said their patients are reporting serious side-effects from the drugs and have signed an open letter warning that users risk their health and their sanity if they try the psychedelics.

Ayahuasca and peyote are not illegal in Canada, although both the peyote derivative mescaline and the ayahuasca derivative harmaline are listed as controlled substances under Schedule III in the federal Controlled Drugs and Substances Act.

Conviction of possession of a Schedule III substance without a prescription can result in a maximum three-year prison sentence.

---

From [www.cleanjokes.com](http://www.cleanjokes.com)

1. While reading a newspaper, Walter came across an article about a beautiful actress and model who married a boxer who was noted for his IQ.

"I'll never understand," he said to his wife, "why the biggest jerks get the most attractive wives."

His wife replied, "Why, thank you, dear."

2. A police recruit was asked during the exam, "What would you do if you had to arrest your own mother?" He answered, "Call for backup."

PRESENTED BY

BRITISH COLUMBIA  
ACHIEVEMENT FOUNDATION



# You are invited

*An invitation  
to celebrate  
excellence in  
Aboriginal  
Business in BC*

RECEPTION  
6-7pm

DINNER & AWARDS  
7-10pm

DRESS  
Business

TICKETS  
\$135 per person

TABLES  
of eight or ten  
guests available

BRITISH COLUMBIA  
ABORIGINAL BUSINESS AWARDS  
GALA PRESENTATION DINNER

THURSDAY, DECEMBER 1, 2011

HYATT REGENCY VANCOUVER  
655 BURRARD STREET, VANCOUVER

To purchase tickets, visit the BC Achievement  
Foundation at [www.bcachievement.com](http://www.bcachievement.com) or  
contact 604-261-9777 or toll-free 1-866-882-6088.

LEAD SPONSOR



FOUNDING SPONSOR



GOLDEN EAGLE SPONSOR

Teck

SILVER EAGLE SPONSOR



IN PARTNERSHIP WITH



DINNER SPONSORS



Vancity

**For Immediate Release October 20, 2011**

## **2011 BC FIRST NATIONS' ART AWARDS ANNOUNCED**

**VANCOUVER – British Columbia Achievement Foundation Chair, Keith Mitchell announced today the 2011 BC Creative Achievement Award recipients for First Nations' Art.**

**Primrose Adams, a Haida artist from Massett, BC was named the recipient of the 2011 Creative Lifetime Achievement Award for First Nations' Art, a prestigious award given to an artist who has made a profound impact on the community and First Nations' culture. Adams has been recognized both locally and internationally for practicing the art of spruce root basket weaving.**

**Mitchell also announced the 2011 award recipients of the Annual BC Creative Achievement Awards for First Nations' Art, a juried competition celebrating artistic excellence in traditional, contemporary or media art. The names of this year's recipients are:**

**Sonny Assu, Kwakwa'wakw, Vancouver, BC  
Stan Bevan, Tsimshian/Tahltan/Tlingit, Terrace, BC  
Vera Edmonds, Lil'wat, Mt. Currie, BC  
Shawn Hunt, Heiltsuk, Sechelt, BC  
Jay Simeon, Haida, Vancouver, BC**

**"I commend these award-winning artists whose work recognizes their proud traditions, each piece telling a story of First Nations' culture," said Mitchell. "We all celebrate the lasting accomplishments, locally, nationally and internationally, of our Province's First Nations' artists."**

**The five juried award recipients will receive \$5,000 and the seal of the British Columbia Creative Achievement Award for First Nations' Art.**

**A special presentation ceremony will be held on November 25, 2011 in Vancouver to honour all the 2011 award recipients.**

**The BC Creative Achievement Awards for First Nations' Art are presented with the generous support of Polygon Homes Ltd.**

**Dr. Robert Belton, Associate Professor of Art History at UBC Okanagan and a director of the BC Achievement Foundation, chaired an independent jury panel that selected the 2011 award recipients. The jurors included Reg Davidson, internationally acclaimed Haida artist and past recipient; Brenda Crabtree, Aboriginal Program Manager, Emily Carr University of Art + Design; Bill**

**McLennan, Curator, Pacific Northwest, UBC Museum of Anthropology; and Cathi Charles Wherry, Art Program Manager, First People's Heritage, Language and Culture Council. The British Columbia Achievement Foundation was established and endowed by the Province of British Columbia in 2003 to celebrate excellence and achievement in the arts, humanities, enterprise and community service. For information on British Columbia Achievement Foundation, visit [www.bcachievement.com](http://www.bcachievement.com/) <<http://www.bcachievement.com/>>**

## **UBCIC Calls on Harper Government to Act Immediately on Contagious Infectious Salmon Anaemia**      **News Release. October 20, 2011**

(Coast Salish Territory / Vancouver BC, October 20, 2011) The Union of BC Indian Chiefs is extremely worried about the disturbing findings of Simon Fraser University professor Rick Routledge and biologist Alexander Morton who announced earlier this week that sockeye smolts from Rivers Inlet have tested positive for a strain of Infectious Salmon Anaemia (ISA). The most troubling aspect of their announcement is the identification of this strain as the European strain of the ISA virus by Dr. Fred Kibenge, of the ISA reference laboratory at the Atlantic Veterinary College in P.E.I.

“Wild salmon is central and integral to who we are as Indigenous Peoples. With this startling announcement, it is imperative for the federal Department of Fisheries and Oceans to take action. The scientists have stated that this virus is highly contagious. It would be ill-advised for DFO Minister Keith Ashfield and Prime Minister Stephen Harper to wait for the recommendations of the Cohen Commission to counter this virus emergency. At the very least, as a responsible proactive measure, the Harper Government should immediately provide emergency funding for comprehensive testing to find out how wide-spread the virus is,” said Grand Chief Stewart Phillip, President of the Union of BC Indian Chiefs.

Chief Bob Chamberlin, Vice-President of the Union of BC Indian Chiefs, stated “The top priority of DFO should be the protection of wild salmon as per their own Wild Salmon Policy. DFO cannot ignore the fact that the only possible source of the European strain of ISA is Atlantic salmon fish farms. DFO cannot continue to be blinded by their insidious relationship with the fish farm industry. We as Indigenous Peoples, British Columbians and Canadians must act now because we cannot afford to allow ISA to take away our children’s birthright.”

Chief Chamberlin further stated “With ISA now identified in wild salmon, we must take the utmost precautionary measures along the whole coast. As such the Kwikwasutinuxw-Haxwa’mis First Nation demands all fish farm Atlantic salmon in our territory be removed immediately.”

Chief Jonathan Kruger of the Penticton Indian Band expressed concerns stating “The Penticton Indian Band has devoted considerable time and significant resources to revive the wild salmon runs in our territory. As a community, we have relied on wild salmon since time immemorial and it is deeply disturbing to hear the horrific news that this deadly virus ISA has been found in wild salmon.”

Chief Joe Alphonse, Tribal Chair of the Tsilhqot’in National Government, remarked “ISA is a huge concern for the Tsilhqot’in National Government as we are home to the most consistent sockeye run in the Fraser River Basin, the Chilko Lake salmon run. The Tsilhqot’in National Government continues to work hard to assess, catalogue and to further enhance the Chilko Lake salmon runs. It is a fact that the salmon spawning in the Upper Fraser are more prone to disease and mortality. It is time for DFO to stop experimenting with fish farms and with our wild salmon. It is time to do away with fish farms.”

Grand Chief Phillip concluded “What we fear is that the Harper Government will protect third-party interests at the expense of biodiversity and the constitutionally protected rights of Indigenous Peoples. As such, the Union of BC Indian Chiefs will continue to fully support any and all Indigenous communities who choose to pursue all available steps to ensure that their rights are recognized, respected and protected.”

Media inquires:

Grand Chief Stewart Phillip, Union of BC Indian Chiefs Phone: (250) 490-5314

Chief Bob Chamberlin, Union of BC Indian Chiefs Phone: (778) 988-9282

## Official warns of ‘unethical’ practices towards residential school victims

Monday, October 24, 2011 | Written by Kenneth Jackson from [www.lawtimesnews.com](http://www.lawtimesnews.com)

A small minority of lawyers representing survivors of Indian residential schools are being “unethical” by overcharging their clients and providing illegal cash payments at high interest rates before the settlements are complete, an official has warned.

The settlement process is a long and complex ordeal that includes court-ordered protections to keep lawyers from providing premature payouts to survivors who qualify and that govern how much they can charge in fees as part of the agreement for survivors of sexual and serious physical abuse.

“There appear to be a very small minority of counsel that need to be reminded of what those protections are and there appears to be an even smaller minority of counsel who may not be willing to abide by them,” says Jon Faulds, an Alberta lawyer representing many survivors.

Faulds is also part of the national administration committee composed of representatives of plaintiffs counsel and lawyers for the government, the Assembly of First Nations, and the churches involved in the operation of residential schools.

He notes his firm, Field Law, sits on the committee as a representative of the national consortium, a pan-Canadian group of counsel who act for residential school claimants.

“The vast majority of lawyers who are representing claimants in the Indian residential school process are doing so properly, responsibly, professionally, and in a way that accords to the protections that are provided,” says Faulds.

Lawyers recently came under fire from Daniel Ish, the independent assessment process chief adjudicator, when he warned about 200 lawyers, including several from Ontario, that “unethical” practices could see them forfeit all of their fees, according to a memo obtained by the Aboriginal Peoples Television Network and published Oct. 11.

“It has been brought to my attention that at least one firm has delivered cheques for compensation funds, payable to the claimant, to a third party for ‘delivery’ to the claimant,” Ish wrote in the June 13 memo. “The claimant is then asked to endorse the cheque to the third party for services rendered in processing the IAP claim. This must certainly be an unethical practice.”

Faulds says that by prohibiting assignments, residential school survivors can’t pledge the money they’re entitled to receive in order to get something now. If they can’t pledge it, they’ll presumably be protected from lenders who charge high interest rates to people in difficult circumstances.

“The purpose of that is, I think, to prevent claimants who are entitled to receive money from being taken advantage of by people who are prepared to grant them money but charge them a rate of interest that exceeds what any reasonable person would pay,” says Faulds. “Really, to boil it down in a nutshell, [the idea is] that any money payable under the settlement process goes to the claimants’ hands, no one else’s. That is the heart of it.”

Residential schools began in the 19th century and continued until 1996. The policy saw children taken from their homes and put into church-run schools funded by the government. The intention was to teach the children English and Christianity.

As a result, about 150,000 aboriginals were removed from their homes and communities. However, there were many problems, including sexual and physical abuse.

In 2007, the government announced a \$1.9-billion package to compensate survivors. Then on June 11, 2008, Prime Minister Stephen Harper officially apologized on behalf of the federal government.

Under the agreement, lawyers are entitled to up to 15 per cent in fees on top of the settlement paid by the federal government, says Faulds. The lawyer can also apply for another 15 per cent that would come from the settlement.

All lawyer fees, however, are subject to review by the adjudicators who conduct the hearings. They have discretion to review the fees and reduce them if they think they're excessive.

“Adjudicators use that power and discretion as a matter of routine. Virtually in every case, adjudicators will conduct a fee review in order to assure the fee is appropriate.

I think they have adopted that as a matter of policy to ensure some sort of consistency in the fees claimants are charged,” says Faulds, who adds he has heard of another lawyer in British Columbia who's not following guidelines.

The Supreme Court of British Columbia forbade survivors from assigning money over to a third party for up-front cash, according to a 2007 decision by its late chief justice Donald Brenner.

But that didn't stop a Winnipeg lawyer from bilking 26 clients of almost \$400,000. The lawyer, who can't be named due to Manitoba law, was disbarred in June for over-billing his clients.

The ruling didn't entirely explain how the lawyer over-billed clients. But he did use some of that money to purchase land and apartments in Israel, according to a Winnipeg Free Press article published in May.

The lawyer “professed to be able to net \$200,000 in fees over a four-month period,” the ruling reads. “However, he has negligible assets in Manitoba.

He has substantial assets in Israel which, at least in part, he acknowledges were purchased with fees generated from his residential school clients.”

The Law Society of Manitoba took control over his practice.

Any notion that lawyers would try to squeeze more money out of survivors makes Gail Gallagher sick.

She lost her mother to suicide, something she attributes directly to her mother's time spent in a residential school.

“It took my 53-year-old mother's life as she killed herself due to, I believe, a direct result of her residential school experience and her alcoholism,” says Gallagher, who has worked with the AFN and is now continuing her education in native studies in Alberta.

“I think what those lawyers are doing is disgusting.”

Early rate deadlines this week for the following 2011 Fall Public Workshops in British Columbia. For more information on our public workshops, please click on BC Fall Public Workshops.

### **ANXIETY - Practical Intervention Strategies**

Victoria - November 15, 2011 (early registration deadline TOMORROW, October 25)

Vancouver - November 16 (early registration deadline WEDNESDAY, October 26)

Kelowna - November 18 (early registration deadline FRIDAY, October 28)

*While every person experiences anxiety, it is estimated that over a quarter of the population will experience anxiety at levels that cause distress in their lives. Participants will explore the natural purpose of anxiety and how it can become 'disordered,' including the link with panic, depression, trauma and other health concerns. The main focus of the workshop will be to learn practical and accessible strategies to assist both adults and children in reducing anxiety.*

### **GENDER AND SEXUAL IDENTITY IN YOUTH**

Vancouver - November 17, 2011 (early registration deadline THURSDAY, October 27)

*When a person's internal experience of gender and/or sexuality does not match with what would typically be expected based on their external appearance, it can cause great distress and difficulty. Caregivers can also struggle with knowing how best to respond and support youth in these situations. Participants of this workshop will develop an awareness of how to create more accessible and welcoming environments for lesbian, gay, bi-sexual, transgender, two-spirited, transsexual, queer and questioning individuals.*

Workshops coming to British Columbia in December:

### **CRISIS RESPONSE PLANNING**

Victoria - December 8, 2011 (early registration deadline November 17)

Vancouver - December 15, 2011 (early registration November 24)

### **CRITICAL INCIDENT GROUP DEBRIEFING**

Victoria - December 9, 2011 (early registration deadline November 18)

Vancouver - December 16, 2011 (early registration November 25)

### **WORKSHOP FEES:**

One-day Fees (per workshop): \$160 (early rate) \$190 (regular rate) + HST

On-Site Training - Call or email to receive a fee structure.

Webinars - Our webinars are live on-line training sessions that offer abbreviated versions of our in-person public workshops.

For contact information: [www.ctrinstitute.com/contactus.html](http://www.ctrinstitute.com/contactus.html)

Web: [www.ctrinstitute.com](http://www.ctrinstitute.com)

Email: [info@ctrinstitute.com](mailto:info@ctrinstitute.com)

## Emailed in to pass on to all of you in the Elders Voice

**Native Voices: Native Peoples' Concepts of Health and Illness** – this is a U.S.-based site but looks quite interesting National Library of Medicine, Bethesda, Maryland.

This new online exhibition examines concepts of health and medicine among contemporary American Indians, Alaska Natives, and Native Hawaiians. “Native Voices” explores the connection between wellness, illness, and cultural life through a combination of interviews with Native people, artwork, objects, and interactive media. [www.nlm.nih.gov/nativevoices](http://www.nlm.nih.gov/nativevoices)

The federal **New Horizons for Seniors funding program** made some changes in August (see [www.hrsdc.gc.ca/eng/community\\_partnerships/seniors/nhsp/faq.shtml](http://www.hrsdc.gc.ca/eng/community_partnerships/seniors/nhsp/faq.shtml))

**New Horizons for Seniors** has also just issued a call for proposals for pan-Canadian projects (deadline is Nov.25)

[www.hrsdc.gc.ca/eng/community\\_partnerships/seniors/nhsp/pcp/index.shtml](http://www.hrsdc.gc.ca/eng/community_partnerships/seniors/nhsp/pcp/index.shtml): “Funding for larger pan-Canadian grant or contribution projects can provide support for networking, developing and delivering education and awareness activities, and creating tools and resources to help seniors protect themselves from elder abuse including fraud and financial abuse. The funding can also enable community members to better recognize elder abuse in all its forms and to improve the quality of life, safety and security of seniors.”

### **DID YOU KNOW...**

- The Province of British Columbia has a website for older adults, called SeniorsBC.ca – Your Information Website: [www.SeniorsBC.ca](http://www.SeniorsBC.ca)
- This website includes a page of resource links for Aboriginal Elders and seniors: [www.seniorsbc.ca/resources/elders](http://www.seniorsbc.ca/resources/elders)
- There are also recipes on SeniorsBC.ca, including two recipes from the Elders of All Nations Cookbook: [www.seniorsbc.ca/features/elders\\_cookbook.html](http://www.seniorsbc.ca/features/elders_cookbook.html)
- Elders, seniors, and other community members can call the Health and Seniors Information Line for free. You can call this line for information on government programs and services. Call toll-free, 1-800-465-4911 or call 250-952-1742 if you're in Victoria. Hours of operation are 8:30 a.m. – 4:30 pm PST, Monday to Friday (except statutory holidays). There is more information on the SeniorsBC.ca website: [www.seniorsbc.ca/resources/hsil](http://www.seniorsbc.ca/resources/hsil). This line is part of HealthLink BC.
- HealthLink BC has another phone number that you can call for free, 24 hours a day, to get non-emergency health information from a registered nurse. You can also talk to a Pharmacist or a dietitian. Dial just three numbers: 8-1-1, or call 7-1-1 for deaf and hearing-impaired assistance (TTY). There is more information on the HealthLink BC website: [www.healthlinkbc.ca](http://www.healthlinkbc.ca).

You can order a lot of different publications to be sent to you in the mail for free by calling the Health and Seniors Information Line noted above (1-800-465-4911). One publication a lot of older people like is the Healthy Eating for Seniors handbook, [www.seniorsbc.ca/healthyeating](http://www.seniorsbc.ca/healthyeating). You can view it online as a PDF ([www.seniorsbc.ca/documents/pdf/HEFS\\_english.pdf](http://www.seniorsbc.ca/documents/pdf/HEFS_english.pdf)), but a lot of people like to have a print copy. It has healthy eating tips, recipes, and a lot of other useful information, so you might want to let Elders know they can call that 1-800 number to order a free copy.

There was a short article in the latest SeniorsBC e-newsletter about new legislation that came into force in B.C. on Sept.1 – changing our health care consent and personal planning laws. It's fairly complex, but the explanation on the website is pretty easy to follow. It's important for all of us, and definitely a good thing for older people to learn about... making an “advance directive” means you can decide now about whether or not you'd want things like life support in the future, in case you're ever in a situation where you're not capable of making that decision at the time. [www.seniorsbc.ca/news/advancedirective.html](http://www.seniorsbc.ca/news/advancedirective.html)

**Human rights & Indigenous Peoples' organizations closely monitor landmark international hearing  
Joint Statement. October 26, 2011**

On Friday, October 28, the Human Rights Commission of the Organization of American States (OAS) will hold its first ever hearings into the violation of Indigenous land rights in Canada.

The case before Inter-American Commission on Human Rights (IACHR) concerns the 1884 expropriation of over 237,000 hectares of resource-rich land from the traditional territories of the Hul'qumi'num peoples on Vancouver Island. The Hul'qumi'num Treaty Group alleges that Canada has violated international human rights norms by refusing to negotiate for any form of redress for the expropriated lands, which are now mostly in the hands of large forestry companies, and by failing to protect Hul'qumi'num interests while the dispute remains unresolved .

More than a dozen Indigenous peoples' organizations and human rights groups have filed legal briefs in support of the Hul'qumi'num case.

Craig Benjamin, Campaigner for the Human Rights of Indigenous Peoples with Amnesty International Canada, said, "The case now before the Inter-American Commission highlights crucial issues of justice that affect not only the Hul'qumi'num people, but Indigenous peoples across Canada. The very fact that a respected international human rights body like the IACHR is investigating these issues should be a wake up call to the federal and provincial governments and to all Canadians."

In agreeing to hear the complaint, the Inter-American Commission ruled that the available mechanisms to resolve this dispute in Canada, whether through negotiation or the BC treaty process, are too onerous and too constrained in their protection of human rights to live up to the standards of international justice.

Grand Chief Matthew Coon Come, Grand Council of the Crees (Eeyou Istchee) said, "Fair and timely resolution of land and resource disputes is essential for reconciliation of Indigenous and non-Indigenous peoples in Canada and for closing the unacceptable gap in standard of living facing so many Indigenous communities. We hope that the intervention of the international human rights body can be a catalyst for rethinking government policies and approaches that have so blatantly failed Indigenous peoples and the cause of justice."

"Canada cannot credibly demand that other states live up to international standards for the protection of human rights -- including the fundamental right to equality and non-discrimination -- while dismissing those same standards at home," said Heather Neun of Lawyers Rights Watch Canada. "Our organizations will be closely monitoring this hearing and are prepared to campaign to make sure governments in Canada act on the Commission's findings."

The hearing will be held at the Commission's headquarters in Washington D.C. on October 28, 2011, at 9 am EST. The hearing will be webcast on the Commission's website at [http://www.oas.org/en/media\\_center/webcast\\_schedule.asp](http://www.oas.org/en/media_center/webcast_schedule.asp)

This public statement was endorsed by:

Amnesty International Canada  
Ancient Forest Alliance  
Canadian Friends Service Committee (Quakers)  
Ecotrust  
First Nations Summit

Grand Council of the Crees (Eeyou Istchee)  
KAIROS: Canadian Ecumenical Justice Initiatives  
Lawyer's Rights Watch Canada  
Union of British Columbia Indian Chiefs

For more information, please contact:

Rosanne Daniels  
250-710-2201  
Htg-rdaniels@shaw.ca

Kelly Cross  
202-530-4528  
Kelly.cross@bm.com

Elizabeth Berton-Hunter  
416-363-9933 ext. 332  
Bberton-hunter@amnesty.ca

---

### **From [www.cleanjokes.com](http://www.cleanjokes.com)**

**A Minnesota couple decided to vacation to Florida during the winter. They planned to stay at the very same hotel where they spent their honeymoon 20 years earlier. Because of hectic schedules, it was difficult to coordinate their travel schedules. So, the husband left Minnesota and flew to Florida on Thursday. His wife would fly down the following day.**

**The husband checked into the hotel. There was a computer in his room, so he decided to send an e-mail to his wife. However, he accidentally left out one letter in her e-mail address, and without realizing his error, he sent the e-mail.**

**Meanwhile.....somewhere in Houston, a widow had just returned home from her husband's funeral. He was a minister of many years who was called home to glory following a sudden heart attack. The widow decided to check her e-mail, expecting messages from relatives and friends. After reading the first message, she fainted.**

**The widow's son rushed into the room, found his mother on the floor, and saw the computer screen which read:**

**To: My Loving Wife**

**Subject: I've Arrived**

**Date: 16 May 2003**

**I know you're surprised to hear from me. They have computers here now and you are allowed to send e-mails to your loved ones. I've just arrived and have been checked in. I see that everything has been prepared for your arrival tomorrow. Looking forward to seeing you then! Hope your journey is not as uneventful as mine was.**

**P.S. Sure is hot down here!**

---

**Q: How many psychiatrists does it take to change a light bulb?**

**A: Only one, but the light bulb has to WANT to change.**

---

**Why did the cookie go to the doctor?... Because he felt crummy.**

For immediate release  
19 October 2011

Media Contact: Andrew Templeton  
604 636 7059 (please note new number)  
[andrewtempleton@yahoo.ca](mailto:andrewtempleton@yahoo.ca)

**What** Announcing *Come and Dance: an Aboriginal Dance Festival*, featuring the 6<sup>th</sup> Annual Louis Riel Day Celebrations  
**When** November 16 - 19  
**Where** The ScotiaBank Dance Centre (677 Davie Street) and the Aboriginal Friendship Centre (1607 East Hastings Street)  
**How** Single day tickets: \$20 non-members; \$15 members; \$5 students. Three-day pass: \$49 non-members; \$33 members. Free membership and tickets available from [www.vnidansi.ca](http://www.vnidansi.ca)  
**Who** Campaigni V'ni Dansi, For more information: [www.vnidansi.ca](http://www.vnidansi.ca) or call 604.636.7075

### Come and Dance: an Aboriginal Dance Festival

#### Bringing Traditional & Contemporary Dance to Vancouver's 125<sup>th</sup> Celebrations

Campaigni V'ni Dansi (CVD) Society is thrilled to announce *Come and Dance: an Aboriginal Dance Festival*, taking place in Vancouver November 16-19, 2011.

Vancouver is located in the heart of traditional Aboriginal territory and as the city celebrates the 125<sup>th</sup> year of its founding, *Come and Dance* honours the traditional and contemporary dance of our Aboriginal communities.

Dance is a vital component of spiritual and creative expression for many Aboriginal cultures. As Métis performers, CVD believes that dance can communicate profound emotions and ideas. The Festival, which invites participants to "come and dance", will build connections between Aboriginal and non-Aboriginal dance communities as well as the wider communities that make up contemporary Vancouver.

The event is an expansion of CVD's successful Louis Riel Day Celebration, held each year in mid-November. This year, we mark Louis Riel Day on November 16<sup>th</sup> with a free community event at the Aboriginal Friendship Centre. Everyone is invited as we celebrate Louis Riel and the start the Festival.

The Festival then moves to the Scotiabank Dance Centre for two days featuring programs that celebrate West Coast to Contemporary Dance (on November 17<sup>th</sup>) and Plains to Contemporary Dance (on November 18<sup>th</sup>). Among the artists featured are Bob Baker and the Eagle Song Dancers, Raven Spirit Dance and Nyla Carpentier. Both events at the Dance Centre will be hosted by Greg Coyes.

The Festival concludes on November 19<sup>th</sup> with an evening of Métis dance and performance. Among the featured performers will be Andrea Menard and the Louis Riel Métis Dancers.

More information on the Festival, including a full list of artists participating, will be available shortly.

Come join us for *Come and Dance* and celebrate the multi-faceted Aboriginal heritage that is a vital part of Vancouver's cultural identity today.

## **What are diverticulosis and diverticulitis? Information from [www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov)**

Many people have small pouches in the lining of the colon, or large intestine, that bulge outward through weak spots. Each pouch is called a diverticulum. Multiple pouches are called diverticula. The condition of having diverticula is called diverticulosis. About 10 percent of Americans older than 40 have diverticulosis.<sup>1</sup> The condition becomes more common as people age. About half of all people older than 60 have diverticulosis.<sup>2</sup>

Many people have small pouches in their colon that bulge outward through weak spots. Each pouch is called a diverticulum. Multiple pouches are called diverticula. The condition of having diverticula is called diverticulosis.

Diverticula are most common in the lower portion of the large intestine, called the sigmoid colon. When the pouches become inflamed, the condition is called diverticulitis. Ten to 25 percent of people with diverticulosis get diverticulitis.<sup>3</sup> Diverticulosis and diverticulitis together are called diverticular disease.

<sup>1</sup>Bogardus ST. What do we know about diverticular disease? A brief overview. *Journal of Clinical Gastroenterology*. 2006;40:S108–S111. <sup>2</sup>Ibid. <sup>3</sup>Ibid.

## **What are the symptoms of diverticulosis and diverticulitis?**

**Diverticulosis** Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience crampy pain or discomfort in the lower abdomen, bloating, and constipation. Other conditions such as irritable bowel syndrome and stomach ulcers cause similar problems, so the symptoms do not always mean a person has diverticulosis. People with chronic symptoms should visit their doctor or health care provider.

**Diverticulitis** The most common symptom of diverticulitis is abdominal pain. The most common sign on examination is tenderness in the lower left side of the abdomen. Usually, the pain is severe and comes on suddenly, but it can also be mild and become worse over several days. The intensity of the pain can fluctuate. A person may experience cramping, nausea, vomiting, fever, chills, or a change in bowel habits.

## **What are the complications of diverticulitis?**

Diverticulitis can lead to bleeding; infections; small tears, called perforations; or blockages in the colon. These complications always require treatment to prevent them from progressing and causing serious illness.

**Bleeding** Rectal bleeding from diverticula is a rare complication. Doctors believe the bleeding is caused by a small blood vessel in a diverticulum that weakens and then bursts. When diverticula bleed, blood may appear in the toilet or in the stool. Bleeding can be severe, but it may stop by itself and not require treatment. A person who has bleeding from the rectum—even a small amount—should see a doctor right away. Often, colonoscopy is used to identify the site of bleeding and stop the bleeding. Sometimes the doctor injects dye into an artery—a procedure called angiography—to identify and treat diverticular bleeding. If the bleeding does not stop, surgery may be necessary to remove the involved portion of the colon.

## **Abscess, Perforation, and Peritonitis**

Diverticulitis may lead to infection, which often clears up after a few days of treatment with antibiotics. If the infection gets worse, an abscess may form in the wall of the colon.

An abscess is a localized collection of pus that may cause swelling and destroy tissue. If the abscess is small and remains in the wall of the colon, it may clear up after treatment with antibiotics. If the abscess does not

clear up with antibiotics, the doctor may need to drain it using a catheter—a small tube—placed into the abscess through the skin. After giving the patient numbing medicine, the doctor inserts the needle through the skin until reaching the abscess and then drains the fluid through the catheter. This process may be guided by sonography or x ray.

Infected diverticula may develop perforations. Sometimes the perforations leak pus out of the colon and form a large abscess in the abdominal cavity, a condition called peritonitis. A person with peritonitis may be extremely ill with nausea, vomiting, fever, and severe abdominal tenderness. The condition requires immediate surgery to clean the abdominal cavity and remove the damaged part of the colon. Without prompt treatment, peritonitis can be fatal.

## **Fistula**

A fistula is an abnormal connection of tissue between two organs or between an organ and the skin. When damaged tissues come into contact with each other during infection, they sometimes stick together. If they heal that way, a fistula may form. When diverticulitis-related infection spreads outside the colon, the colon's tissue may stick to nearby tissues. The organs usually involved are the bladder, small intestine, and skin.

The most common type of fistula occurs between the bladder and the colon. This type of fistula affects men more often than women. It can result in a severe, long-lasting infection of the urinary tract. The problem can be corrected with surgery to remove the fistula and the affected part of the colon.

## **Intestinal Obstruction**

Scarring caused by infection may lead to partial or total blockage of the intestine, called intestinal obstruction. When the intestine is blocked, the colon is unable to move bowel contents normally. If the intestine is completely blocked, emergency surgery is necessary. Partial blockage is not an emergency, so the surgery to correct it can be planned.

## **What causes diverticular disease?**

Although not proven, the dominant theory is that a low-fiber diet causes diverticular disease. The disease was first noticed in the United States in the early 1900s, around the time processed foods were introduced into the American diet. Consumption of processed foods greatly reduced Americans' fiber intake.

Diverticular disease is common in developed or industrialized countries—particularly the United States, England, and Australia—where low-fiber diets are consumed. The disease is rare in Asia and Africa, where most people eat high-fiber diets.

Fiber is the part of fruits, vegetables, and grains that the body cannot digest. Some fiber, called soluble fiber, dissolves easily in water. It takes on a soft, jelly-like texture in the intestines. Insoluble fiber passes almost unchanged through the intestines. Both kinds of fiber help prevent constipation by making stools soft and easy to pass.

Constipation—or hard stool—may cause people to strain when passing stool during a bowel movement. Straining may cause increased pressure in the colon, which may cause the colon lining to bulge out through weak spots in the colon wall. These bulges are diverticula.

Lack of exercise also may be associated with a greater risk of forming diverticula, although the reasons for this are not well understood.

Doctors are not certain what causes diverticula to become inflamed. The inflammation may begin when bacteria or stool are caught in the diverticula. An attack of diverticulitis can develop suddenly and without warning.

## How is diverticular disease diagnosed?

To diagnose diverticular disease, the doctor asks about medical history, does a physical exam, and may perform one or more diagnostic tests. Because most people do not have symptoms, diverticulosis is often found through tests ordered for another ailment. For example, diverticulosis is often found during a colonoscopy done to screen for cancer or polyps or to evaluate complaints of pain or rectal bleeding.

When taking a medical history, the doctor may ask about bowel habits, pain, other symptoms, diet, and medications. The physical exam usually involves a digital rectal exam. To perform this test, the doctor inserts a gloved, lubricated finger into the rectum to detect tenderness, blockage, or blood. The doctor may check stool for signs of bleeding and test blood for signs of infection. If diverticulitis is suspected, the doctor may order one of the following radiologic tests:

- **Abdominal ultrasound.** Sound waves are sent toward the colon through a handheld device that a technician glides over the abdomen. The sound waves bounce off the colon and other organs, and their echoes make electrical impulses that create a picture—called a sonogram—on a video monitor. If the diverticula are inflamed, the sound waves will also bounce off of them, showing their location.
- **Computerized tomography (CT) scan.** The CT scan is a noninvasive x ray that produces cross-section images of the body. The doctor may inject dye into a vein and the person may be given a similar mixture to swallow. The person lies on a table that slides into a donut-shaped machine. The dye helps to show complications of diverticulitis such as perforations and abscesses.

## How is diverticular disease treated?

A high-fiber diet and pain medications help relieve symptoms in most cases of diverticulosis. Uncomplicated diverticulitis with mild symptoms usually requires the person to rest, take oral antibiotics, and be on a liquid diet for a period of time. Sometimes an attack of diverticulitis is serious enough to require a hospital stay, intravenous (IV) antibiotics, and possibly surgery.

### Diverticulosis

Increasing the amount of fiber in the diet may reduce symptoms of diverticulosis and prevent complications such as diverticulitis. Fiber keeps stool soft and lowers pressure inside the colon so that bowel contents can move through easily. The American Dietetic Association recommends consuming 20 to 35 grams of fiber each day. The table “What foods have fiber?” shows the amount of fiber in some foods that a person can easily add to the diet.

The doctor may also recommend taking a fiber product such as methylcellulose (Citrucel) or psyllium (Metamucil) one to three times a day. These products are available in powder, pills, or wafers, and provide 2 to 3.5 grams of fiber per dose. Fiber products should be taken with at least 8 ounces of water.

Avoidance of nuts, popcorn, and sunflower, pumpkin, caraway, and sesame seeds has been recommended by physicians out of fear that food particles could enter, block, or irritate the diverticula. However, no scientific data support this treatment measure. Eating a high-fiber diet is the only requirement highly emphasized across the medical literature. Eliminating specific foods is not necessary. The seeds in tomatoes, zucchini, cucumbers, strawberries, and raspberries, as well as poppy seeds, are generally considered harmless. People differ in the amounts and types of foods they can eat. Decisions about diet should be made based on what works best for each person. Keeping a food diary may help identify what foods may cause symptoms.

If cramps, bloating, and constipation are problems, the doctor may prescribe a short course of pain medication. However, some pain medications actually cause constipation.

## **Diverticulitis**

Treatment for diverticulitis focuses on clearing up the inflammation and infection, resting the colon, and preventing or minimizing complications.

Depending on the severity of symptoms, the doctor may recommend bed rest, oral antibiotics, a pain reliever, and a liquid diet. If symptoms ease after a few days, the doctor will recommend gradually increasing the amount of high-fiber foods in the diet.

Severe cases of diverticulitis with acute pain and complications will likely require a hospital stay. Most cases of severe diverticulitis are treated with IV antibiotics and a few days without food or drink to help the colon rest. In some cases, surgery may be necessary.

## **What foods have fiber?**

### **Examples of foods that have fiber include**

#### **Breads, cereals, and beans**

- 1/2 cup of navy beans 9.5 grams
- 1/2 cup of kidney beans 8.2 grams
- 1/2 cup of black beans 7.5 grams

#### **Whole-grain cereal, cold**

- 1/2 cup of All-Bran 9.6 grams
- 3/4 cup of Total 2.4 grams
- 3/4 cup of Post Bran Flakes 5.3 grams

1 packet of whole-grain cereal, hot 3.0 grams  
(oatmeal, Wheatena)

1 whole-wheat English muffin 4.4 grams

#### **Fruits**

- 1 medium apple, with skin 3.3 grams
- 1 medium pear, with skin 4.3 grams
- 1/2 cup of raspberries 4.0 grams
- 1/2 cup of stewed prunes 3.8 grams

#### **Vegetables**

- 1/2 cup of winter squash 2.9 grams
- 1 medium sweet potato with skin 4.8 grams
- 1/2 cup of green peas 4.4 grams
- 1 medium potato with skin 3.8 grams
- 1/2 cup of mixed vegetables 4.0 grams
- 1 cup of cauliflower 2.5 grams
- 1/2 cup of spinach 3.5 grams
- 1/2 cup of turnip greens 2.5 grams

Source: U.S. Department of Agriculture and U.S. Department of Health and Human Services, *Dietary Guidelines for Americans*, 2005

## When is surgery necessary for diverticulitis?

If symptoms of diverticulitis are frequent, or the patient does not respond to antibiotics and resting the colon, the doctor may advise surgery. The surgeon removes the affected part of the colon and joins the remaining sections. This type of surgery—called colon resection—aims to prevent complications and future diverticulitis. The doctor may also recommend surgery for complications such as a fistula or partial intestinal obstruction.

Immediate surgery may be necessary when the patient has other complications, such as perforation, a large abscess, peritonitis, complete intestinal obstruction, or severe bleeding. In these cases, two surgeries may be needed because it is not safe to rejoin the colon right away. During the first surgery, the surgeon cleans the infected abdominal cavity, removes the portion of the affected colon, and performs a temporary colostomy, creating an opening, or stoma, in the abdomen. The end of the colon is connected to the opening to allow normal eating while healing occurs. Stool is collected in a pouch attached to the stoma. In the second surgery several months later, the surgeon rejoins the ends of the colon and closes the stoma.

## Points to Remember

- Diverticulosis occurs when small pouches called diverticula bulge outward through weak spots in the colon, or large intestine.
- Most people with diverticulosis never have any discomfort or symptoms.
- Diverticula form when pressure builds inside the colon wall, usually because of constipation.
- The most likely cause of diverticulosis is a low-fiber diet because it increases constipation and pressure inside the colon.
- For most people with diverticulosis, eating a high-fiber diet is the only treatment needed.
- Fiber intake can be increased by eating whole-grain breads and cereals; fruits like apples and pears; vegetables like peas, spinach, and squash; and starchy vegetables like kidney and black beans.
- Diverticulitis occurs when the pouches become inflamed and cause pain and tenderness in the lower left side of the abdomen.
- Diverticulitis can lead to bleeding; infections; small tears, called perforations; or blockages in the colon. These complications always require treatment to prevent them from progressing and causing serious illness.
- Severe cases of diverticulitis with acute pain and complications will likely require a hospital stay. When a person has complications or does not respond to medication, surgery may be necessary.

**Hope through Research** The National Institute of Diabetes and Digestive and Kidney Diseases and the National Cancer Institute sponsor research programs to investigate diverticulosis and diverticulitis.

Investigation continues in several areas, including

- a possible link between diverticular disease and inflammatory bowel disease
- the management of recurrent diverticular disease
- the use of probiotics in the prevention and treatment of diverticular disease

## **What Are the Symptoms of Lupus? From [www.niams.nih.gov](http://www.niams.nih.gov)**

**Symptoms of lupus vary, but some of the most common symptoms of lupus are:**

- **Pain or swelling in joints**
- **Muscle pain**
- **Fever with no known cause**
- **Red rashes, most often on the face**
- **Chest pain when taking a deep breath**
- **Hair loss**
- **Pale or purple fingers or toes**
- **Sensitivity to the sun**
- **Swelling in legs or around eyes**
- **Mouth ulcers**
- **Swollen glands**
- **Feeling very tired.**

**Less common symptoms include:**

- **Anemia (a decrease in red blood cells)**
- **Headaches**
- **Dizzy spells**
- **Feeling sad**
- **Confusion**
- **Seizures.**

**Symptoms may come and go. The times when a person is having symptoms are called flares, which can range from mild to severe. New symptoms may appear at any time.**

## **How Is Lupus Diagnosed?**

**There is no single test to diagnose lupus. It may take months or years for a doctor to diagnose lupus. Your doctor may use many tools to make a diagnosis:**

- **Medical history**
- **Complete exam**
- **Blood tests**
- **Skin biopsy (looking at skin samples under a microscope)**
- **Kidney biopsy (looking at tissue from your kidney under a microscope).**

## **How Is Lupus Treated?**

**You may need special kinds of doctors to treat the many symptoms of lupus. Your health care team may include:**

- A family doctor
- Rheumatologists—doctors who treat arthritis and other diseases that cause swelling in the joints
- Clinical immunologists—doctors who treat immune system disorders
- Nephrologists—doctors who treat kidney disease
- Hematologists—doctors who treat blood disorders
- Dermatologists—doctors who treat skin diseases
- Neurologists—doctors who treat problems with the nervous system
- Cardiologists—doctors who treat heart and blood vessel problems
- Endocrinologists—doctors who treat problems related to the glands and hormones
- Nurses
- Psychologists
- Social workers.

Your doctor will develop a treatment plan to fit your needs. You and your doctor should review the plan often to be sure it is working. You should report new symptoms to your doctor right away so that treatment can be changed if needed.

The goals of the treatment plan are to:

- Prevent flares
- Treat flares when they occur
- Reduce organ damage and other problems.

Treatments may include drugs to:

- Reduce swelling and pain
- Prevent or reduce flares
- Help the immune system
- Reduce or prevent damage to joints
- Balance the hormones.

In addition to medications for lupus itself, sometimes other medications are needed for problems related to lupus such as high cholesterol, high blood pressure, or infection. Alternative treatments are those that are not part of standard treatment. No research shows that this kind of treatment works for people with lupus. You should talk to your doctor about alternative treatments.

**What Can I Do?**

It is vital that you take an active role in your treatment. One key to living with lupus is to know about the disease and its impact. Being able to spot the warning signs of a flare can help you prevent the flare or make the symptoms less severe. Many people with lupus have certain symptoms just before a flare, such as:

- Feeling more tired
- Pain

- **Rash**
- **Fever**
- **Stomach ache**
- **Headache**
- **Dizziness.**

**You should see your doctor often, even when symptoms are not severe. These visits will help you and your doctor to:**

- **Look for changes in symptoms**
- **Predict and prevent flares**
- **Change the treatment plan as needed**
- **Detect side effects of treatment.**

**It is also important to find ways to cope with the stress of having lupus. Exercising and finding ways to relax may make it easier for you to cope. A good support system can also help. A support system may include family, friends, community groups, or doctors. Many people with lupus have found support groups to be very useful. Besides providing support, taking part in a support group can make you feel better about yourself and help you to keep a good outlook. Learning more about lupus is very important. Studies have shown that patients who are informed and involved in their own care:**

- **Have less pain**
- **Make fewer visits to the doctor**
- **Feel better about themselves**
- **Remain more active.\**

---

**From [www.cleanjoke.com](http://www.cleanjoke.com)**

This is the true story of George Phillips of Meridian, Mississippi, who was going to bed when his wife told him that he'd left the light on in the shed. George opened the door to go turn off the light but saw there were people in the shed in the process of stealing things.

He immediately phoned the police, who asked "Is someone in your house?" and George said no and explained the situation. Then they explained that all patrols were busy, and that he should simply lock his door and an officer would be there when available.

George said, "Okay," hung up, counted to 30, and phoned the police again.

"Hello, I just called you a few seconds ago because there were people in my shed. Well, you don't have to worry about them now because I've just shot them all."

Then he hung up. Within five minutes three squad cars, an Armed Response unit, and an ambulance showed up. Of course, the police caught the burglars red-handed.

One of the policemen said to George: "I thought you said that you'd shot them!"

George said, "I thought you said there was nobody available!"

**BC ELDERS  
COMMUNICATION  
CENTER SOCIETY**

**ADDRESS:  
1415 Wewaikum Rd.  
Campbell River, B.C.  
V9W 5W9**

**Phone: 1-250-286-9977  
Fax: 1-250-286-4809  
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  
ELDERS VOICE  
ISSUES  
ARE POSTED ONLINE  
ONLY NOW BY THE 1ST OF  
EACH MONTH!**

**From [www.cleanjoke.com](http://www.cleanjoke.com)**

A couple had two little boys, ages 8 and 10, who were excessively mischievous. They were always getting into trouble and their parents knew that, if any mischief occurred in their town, their sons were probably involved.

They boys' mother heard that a clergyman in town had been successful in disciplining children, so she asked if he would speak with her boys. The clergyman agreed, but asked to see them individually. So the mother sent her 8-year-old first, in the morning, with the older boy to see the clergyman in the afternoon.

The clergyman, a huge man with a booming voice, sat the younger boy down and asked him sternly, "Where is God?"

They boy's mouth dropped open, but he made no response, sitting there with his mouth hanging open, wide-eyed. So the clergyman repeated the question in an even sterner tone, "Where is God!?" Again the boy made no attempt to answer. So the clergyman raised his voice even more and shook his finger in the boy's face and bellowed, "WHERE IS GOD!?"

The boy screamed and bolted from the room, ran directly home and dove into his closet, slamming the door behind him. When his older brother found him in the closet, he asked, "What happened?"

The youngest brother gasped for breath and replied, "We are in BIG trouble this time. God is missing and they think WE did it!"

**QUOTES: "Failure is the line of least persistence."  
"Success consists of getting up just one more time than you fall."**

**SCORPIO - The Intense One (Oct 23 – Nov 21)**

**Very energetic. Intelligent. Can be jealous and/or possessive. Hardworking. Great kisser. Can become obsessive or secretive. Holds grudges. Attractive. Determined. Loves being in long Relationships. Talkative. Romantic. Can be self-centered at times. Passionate and Emotional.**

**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 Nation and Tsawwassen First Nation,  
July 10-12, 2012.**

**Roger Andrew and Audrey Kelly  
From Shx'wohamel First Nation  
Were crowned the King and Queen  
(Information from [www.lilwat.ca](http://www.lilwat.ca))**