



ELDERS VOICE

Congratulations to the Carrier Sekani Tribal Council, Elders and Community Members for the fantastic job they did on hosting the BC Elders Gathering!

I have personally heard great feedback from groups already and I think that the people in Prince George deserve to be very please with the results of their efforts, especially when taking into consideration the fact that they began Hosting duties four months into the year.

I want to acknowledge the staff at the Carrier Sekani Tribal Council for their dedication to the Elders Gathering, especially to Joanna Prince for always being there with a ready answer when I called. Thank you for being so committed. Job well done by all!
Gilakasla, Donna Stirling

Dear Friends

Please join us in the Historic 'Honouring our Veterans' March from the Carnegie Centre to the Victory Square Cenotaph in Vancouver on Aboriginal Veterans Day - Tuesday, November 8th, 2005 from 9:00 am.

We also invite you to join us afterwards at the Feast to 'Honour our Veterans' at the Aboriginal Friendship Centre.

We would greatly appreciate it if you could let everyone in your community know about this historic event and if possible, we would also appreciate having this information listed on your website.
We look forward to seeing you there!

Yours sincerely
Robert Nahanee

Garry Jobin - BladeRunners - 604 688 9116 garry@buildingfuturestoday.com

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Easy Bakers Corner – Crusty Casserole Loaves—Makes 2 loaves

Dissolve 1 pkg. active dry yeast in 1/4 cup warm water.

In a large bowl, combine 4 cups of all-purpose flour, 1 Tbsp. of granulated sugar, 2 tsp. of salt and a 1/4 cup wheat germ.

Stir or beat in 1 1/2 cups warm water and dissolved yeast mixture. Beat into a soft, sticky dough. Cover.

Let rise until almost doubled, about 1 hour. Stir dough down and spoon into 2 well-buttered 1 quart casseroles. Cover. Let rise again until almost doubled, about 1 hour.

Bake at 400°F for 35 to 40 minutes until crusty golden brown.

Remove from casserole. Let cool on rack. Brush top with butter if desired.

Handy Tips: Vaseline cure for hair balls... To prevent troublesome hairballs, apply a dollop of Vaseline petroleum jelly to your cat's nose. The cat will lick off the jelly, lubricating any hair in its stomach so it can pass easily through the digestive system.

Coca-Cola Cure for rust... Forget those expensive rust removers. Just saturate an abrasive sponge with Coca Cola and scrub the rust stain. The phosphoric acid in the coke is what gets the job done.

Before you head to the drugstore for a high-priced inhaler filled with mysterious chemicals, try chewing on a couple of curiously strong Itoid - Peppermints. They'll clear up your stuffed nose.

What Can you please share?

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

'PRESERVING THE PAST'

New Elder's Website: www.bcelders.com

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

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

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

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.

McLEOD LAKE TSE'KHENE ELDERS SOCIETY

MEMO

**To: Donna Stirling, Coordinator
BC Elders Communication Center Society,
Via Fax: 1-250-286-4809**

From: Geraldine Solonas, Elders Program Administrator

Date: October 11, 2005

Re: Annual Provincial Elders Art Raffle

On behalf of the McLeod Lake Tse'khene Elders Society we thank the BC Elders Communication Center Society for the prize of \$1,300, which came from the proceeds of the Annual Provincial Elders Art Raffle. These funds will assist our Elders in either our own activities or donations to our youth for sports activities.

One of our Elders actively involved with our Elders activities donated two framed prints for this raffle. The tickets were selling slowly, so our Elders bought the tickets that were left.

We thank the Provincial Elders Office for their hard work throughout the year, and for making this annual event happen.

Mussi Cho

/grs

29TH ANNUAL B.C. ELDERS' GATHERING SUMMARY
OCTOBER 4-6TH, 2005
HOSTED BY CARRIER SEKANI TRIBAL COUNCIL

The celebratory gathering of 2005 occurred with out incident at the Prince George Civic Centre, hosted by Carrier Sekani Tribal Council. We are thrilled that nearly 2,000 Elders made their way to the Gathering and filled our city with smiling faces that greeted locals everywhere they went. I have heard from several people in the service industry that proudly discussed their encounters with many First Nations Elders. They were shocked by just how many Elders they had seen in and around the city.

Over 75 Volunteers were happy to be part of the gathering and recognized that the Elders appreciated their presence. I personally was surprised at how many youth came to assist and were willing to do whatever needed to be done for the Elders. I am happy to see that our Elders are respected on many levels regardless of gender or age.

Elders have so much to say about their life experiences, and they should be acknowledged. I believe this more than ever as I get older and take time to reflect on my life practices. Through our Elders' teachings we will be able to improve our health, well-being and life choices. History should not repeat itself when the result has been disheartening, therefore we must make the right choice for ourselves and help one another to do the same.

Carrier Sekani Tribal Council did not send out evaluations to assess our Gathering organization and agenda development. We are requesting the Elders' Coordinators to take the time to respond to the following three questions for our assessment and we will forward to Port Alberni to assist with the 2006 BC Elders Gathering. Mussi Cho.

You can send your responses via email to the bcelderscommcenter@telus.net (Donna Stirling) or by phone 1-800-280-8722 Angie Grant, Executive Assistant from Carrier Sekani Tribal Council.

- 1. How long have you been attending the Annual Elders Gatherings in BC?**
- 2. Describe what kind of experience you had at the 2005 BC Elders Gathering in Prince George hosted by Carrier Sekani Tribal Council.**
- 3. What did you like the most and the least about this years gathering?**

Thank you so much for taking the time for your evaluation.

DONATIONS AND IN-KIND SUPPORT FOR THE 29TH ANNUAL ELDERS GATHERING

Health Canada \$25,000	Carrier Sekani Tribal Council	Spee Dee Printers
United Church of Canada The Healing Fund \$10,000	Bursey & Buryn Chartered Accountants	Save-on-Foods
First Nation Summit (pay for 2,500 lunches)	Prince George Dakelh Elders Society	Economy Inn
CN Rail \$10,000	Royal Bank of Canada Aboriginal Banking	Days Inn
Ministry of Aboriginal Relations and Reconciliation \$10,000	United Native Nations Local 112	Ritz Bakery
BC Hydro \$5,000	Uniglobe Sunburst Travel	The Pastry Chef
Provincial Health Services Authority \$5,000	The Two Rivers Art Gallery	Growers Direct
Prince George Casino Goodtime Bingo Hall \$5,000	Fraser Stationers	Finning
Agriculture Canada Rural Community Capacity Building \$5,000	Goldcap Travel Lodge	Endako Mines
Ministry of Health \$5,000	Indian Residential School Survivors Society of BC	Golder Associates
Enbridge \$10,000	Nak'azdli Elders Society	Dunkley Lumber
Carrier Sekani Family Services	The Prince George Citizen	Winton Global
Native Counselling Services	Cariboo Steakhouse & Seafood	Land and Water British Columbia Inc.
Prince George Native Friendship Centre	Lheidli T'enneh Band	First Nations Summit
Prince George Nechako Aboriginal Employment and Training Association	Nadleh Whut'en	City of Prince George
BC Elders Communication Center (Donna Stirling)	McLeod Lake Band	Direct Art and Framing
	Northern Health Authority	Various Artisans for Donated Artwork & Rental Fees
	Integrated Contractors	Alcan Inc.
	Prince George School District 57	Duz Cho Logging
	College of New Caledonia University of Northern BC	West Fraser Timber
	Southcentral Society of Alaska	Chinook- Aboriginal Business Education (UBC)
	Exploration Place	All First Nations that paid registration fees (THANK YOU)

Okanagan Indian Band Press Release: Remove Legal Barriers to Access to Justice for Historical Wrongs

AFN calls upon BC and Canada to remove legal barriers to access to justice for historical wrongs October 20, 2005 For Immediate Release

From the UBCIC Latest News

(Kamloops) At the meeting of the British Columbia Assembly of First Nations (“BCAFN”) on October 19, 2005, the representatives of First Nations from across British Columbia voted unanimously to endorse a resolution put forward by the Okanagan Indian Band calling upon the governments of British Columbia and Canada to stop hiding behind legislative provisions that prevent British Columbia First Nations from bringing Court actions for historic grievances against the Crown.

“Five years ago, then Indian Affairs Minister Robert Nault came to our community and publicly stated that they would accept our Commonage Reserve Claim for negotiations,” said Fabian Alexis, Chief of the Okanagan Indian Band. “We fully expect that Canada and British Columbia will keep their promise and negotiate fairly and honourably. If they don’t, then we are entitled to our day in Court. The Crown should not hide behind limitations provisions to protect itself from its own wrongdoings”.

AFN National Chief Phil Fontaine also stated his strong support of the Okanagan Indian Band’s position and committed to follow up with Indian Affairs Minister Andy Scott. “I am very concerned by Canada’s decision to withdraw from negotiating the Upper Nicola’s Commonage Claim and I am alarmed at the prospect that Canada may decide to try and do the same with the Okanagan Indian Band’s Commonage Claim,” said Fontaine. “I intend to raise both issues with Minister Scott and the negative consequences of Canada unilaterally withdrawing from these negotiations.”

“Rather than a new era of reconciliation, the federal government, along with the government of BC, is driving us towards a new era of confrontation,” commented Chief Stewart Phillip, President of the Union of BC Indian Chiefs and Chair of the Okanagan Nation Alliance.

The Okanagan Commonage Reserve was set apart for the Okanagan Indian Band in 1877. Soon after its creation, local non-native settlers urged that this reserve of 28,000 acres of prime Okanagan ranchland and lakefront be taken away from the Band. After secret meetings between the Premier of British Columbia and the Prime Minister of Canada at the time (Sir John A. MacDonald), Canada purported to “relinquish” the Band’s interest in the valuable reserve. Canada and British Columbia, fearing a negative reaction, deliberately kept the Okanagan Indian Band in the dark.

“No surrender vote was ever held and no compensation was ever paid to the Okanagan Indian Band,” noted Grand Chief Ed John. “Thus the Okanagan Indian Band still to this day claims lawful entitlement to the Commonage Reserve and the governments of Canada and British Columbia can not hope to have constructive dialogue with First Nations without addressing these outstanding legal claims.”

“In 1989 the Okanagan Indian Band filed its claim concerning the Commonage Reserve in Canada’s Specific Claims Process and it took the government eleven years to finally accept that claim,” noted Shawn Atleo, Regional Chief of BCAFN. “Yet the Okanagan Indian Band remains committed to negotiation as demonstrated by the successful resolution of their Boundary Claim in 2002.”

“Our approach has always been to give negotiation a fair chance,” said Chief Alexis, “but if Canada and British Columbia refuse to keep their word to the Okanagan Band, and fail to live up to their commitment to negotiate this significant claim in good faith, then they should let us take them to Court”.

The Okanagan Indian Band’s Commonage Reserve Claim is believed to be the largest claim submitted under Canada’s Specific Claims Process in the history of British Columbia. Conservative, order-of-magnitude estimates value portions of this claim at close to three quarters of a billion dollars.

“British Columbia has committed to entering into a New Relationship with First Nations. Premier Campbell has indicated that he will look through his legislation for laws that get in the way of this New Relationship. What could interfere more with a new relationship than a law that looks neutral on its face but has the effect of keeping the First Nations from bringing their claims to a Court of law?” noted Shawn Atleo.

Grand Chief Ed John, of the First Nations Summit, stated that the legislative reform proposed is a necessary one if Canada and British Columbia are to live up to their international obligations. “Access to justice is a basic human right,” Grand Chief John stated. “Canada and British Columbia have denied First Nations in this province access to the legal system. This is a fundamental infringement of Canada’s international law obligations.”

Chief Fabian Alexis thanked the assembled First Nations for their support. “This is an issue that affects all First Nations in the Province. We greatly appreciate the strong show of support and unity at today’s gathering”. Chief Alexis noted that Ontario, Saskatchewan and Alberta have already revised their laws to allow aboriginal claims to proceed. “If Ralph Klein could do it, so can Gordon Campbell” Chief Alexis stated.

For more information, please contact:

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Cutting down on cigarettes cuts lung cancer risk

Oct. 18, 2005

Provided by: MediResource

Written by: ALYSSA SCHWARTZ

TORONTO (MRI) - Not ready to quit smoking cold turkey? A new study shows that just cutting down on the number of cigarettes you smoke can reduce your risk of lung cancer.

Noting that "many smokers are unable or unwilling to completely quit smoking," a team of researchers from Denmark set out to determine the impact reducing the amount people smoke could have on their lung health. Their findings appear in the *Journal of the American Medical Association*.

The researchers looked at data from nearly 20,000 men and women who had undergone two physical examinations with five to 10 years between checkups as part of a larger study. At both exams, participants filled out questionnaires on their lifestyle habits, including questions about how much and how often they smoked. Former smokers were asked about past habits and the amount of time since they had quit.

At the first checkup, participants were categorized as heavy smokers (15 or more cigarettes per day), light smokers (one to 14 cigarettes per day), ex-smokers and never smokers. At the second visit, the researchers divided the participants into further categories: continued heavy smokers, reducers (reduced smoking from 15 or more cigarettes per day by a minimum of 50% without quitting), continued light smokers, quitters (quit since the first examination), continued ex-smokers and never smokers.

Between exams, 832 people reduced their smoking by at least 50%, with the average reducer going from 22.2 cigarettes per day to 8.5 cigarettes per day. More than 7,300 participants remained categorized as heavy smokers, smoking an average of 20 cigarettes per day at both exams. Compared to those who continued to smoke heavily, reducers were older, more likely to be male and had smoked slightly more and for a longer period.

Participants were followed from their second examination for an average of 18 years, during which time 864 people developed lung cancer.

After analyzing the data, the researchers found that while consistent light smoking or quitting smoking after being a light smoker carried a bigger reduction in lung cancer risk, heavy smokers who managed to reduce their daily number of cigarettes from about 20 to fewer than 10 cut their risk by 27%.

But this finding doesn't mean that if you are a smoker your goal shouldn't still be to butt out altogether. The researchers note that other studies haven't found that reducing the number of cigarettes smoked per day cuts the risk of heart attack or chronic obstructive pulmonary disease (COPD), and they conclude that the focus should be on quitting, not cutting down.

"More data from long-term studies of smoking reduction are warranted, but for the present, smoking cessation and not smoking reduction should still be advocated as the ultimate method of reducing harm from smoking," they write.

From hearthealth@medbroadcast.com

Incidence of sight-stealing macular degeneration set to explode as population ages: doctors

Provided by: Canadian Press

Written by: SHERYL UBELACKER

Oct. 02, 2005

TORONTO (CP) - Patricia Gill woke up one morning seven years ago, opened her eyes and realized something was very wrong.

"I had a black cloud over my left eye," said Gill, a former real estate agent and interior designer who took up landscape painting after retiring. "I could see through it, but it was like a black cloud there."

It took awhile for doctors to determine the cause, but when she heard the diagnosis, Gill couldn't believe her ears: age-related macular degeneration, or AMD.

"And I thought, 'Holy God, I'm not old.' I was shocked." She was 58.

The prospect of losing her vision and her independence left the Burlington, Ont., woman reeling and depressed, a common reaction among those diagnosed with AMD.

"I stopped painting and I started renting those tapes where they tell stories, talking books. And half of them you can't hear and I thought I was going deaf, too.

"I'm lying in bed crying, saying, 'Oh my God, why is this happening to me?' "

About one-third of Canadians aged 55 to 74 and 40 per cent of those 75 and older have some form of AMD. But its slow, painless progression means many don't realize they have the disease until it's detected during an eye exam or the condition reaches an advanced stage.

Those with a family history of AMD, a fair complexion and light-coloured eyes are most prone to the condition. But tobacco use is also a major culprit, multiplying a person's risk of developing AMD by up to six times that of non-smokers, studies show.

Experts say the incidence of macular degeneration - which affects more than two million Canadians and is the country's leading cause of vision loss - is set to explode as the population ages.

Yet only one-quarter of Canadians have even heard of macular degeneration, suggests a recent survey by the AMD Alliance, a non-profit international organization dedicated to raising awareness of the disease and promoting research and new treatments.

"We think that's a real problem," said AMD Alliance president Wanda Hamilton. "Because of the correlation between aging and vision loss, it's absolutely inevitable that the incidence of macular degeneration is going to blossom, just bust."

The disease affects the macula, an area at the centre of the retina in the back of the eye that's responsible for fine-focused visual tasks such as reading, driving, telling time and recognizing faces.

Most people - 85 to 90 per cent - develop the dry form of macular degeneration, which starts with a failure of the deepest layer of pigmented cells in the retina to clean up byproducts produced by nearby cell layers.

"And so we see little yellow deposits (called drusen), which is the garbage that's been left and not cleaned up," said Dr. Pat Harvey, an ophthalmologist at Toronto Western Hospital. "That's the very beginning of the dry form.

"Patients complain about not being able to see fine things as well," she said. "They need more light to read and they can't see small print as well."

Symptoms may also include an inability to differentiate between navy blue and black, as the disease progresses and the cells in the macula begin to lose their pigment.

With the most serious and aggressive form of macular degeneration - called wet - the cell layer "gets so sick that it actually cracks and blood vessels underneath grow up through" the cell layer," said Harvey.

"I tell patients it's just like weeds growing up through the cracks in the patio," she said, explaining that these blood vessels, which are leaky by nature, begin to ooze fluid.

"Instead of having a tight layer of cells that's holding all the fluid back, you now have a puddle form and that lifts the other . . . layers like a blister right in the very centre.

"The patients then get a dark spot in the centre with distortion of the vision," she said, noting that patients complain of straight lines turned wavy and a washing out of colour.

"And that spot gets bigger and bigger as the puddle gets bigger and as the blood vessel grows."

What results is a blackened-or greyed-out hole in the straight-ahead line of sight, surrounded by clear images around the periphery, sort of like a visual doughnut.

While there is no treatment for dry macular degeneration, a diet rich in leafy green and yellow-orange vegetables and fruits, as well as supplements containing antioxidants like lutein and zeaxanthin, have been shown to slow the progression of the disease.

These micronutrients protect retinal cells and blood vessel membranes from oxidative damage, said Dr. Joanna Seddon, director of the epidemiology unit at the Massachusetts Eye and Ear Infirmary, part of Harvard's school of medicine.

"I think prevention is really very important," Seddon said from Boston. "That way we would have less of a burden of the advanced form of the disease . . . preventing it from beginning and preventing it from moving to the more damaging stages."

That's because in some cases, dry AMD can spontaneously develop into wet AMD, which accounts for 10 to 15 per cent of all cases and 90 per cent of severe vision loss associated with the disease.

For those with wet AMD, there is some light at the end of the tunnel, however.

A treatment called Visudyne, approved for use in 2000, has been found to arrest the disease for many patients and in some cases has even slightly improved their vision.

Visudyne is a light-sensitive drug injected into the bloodstream that travels to the abnormal blood vessels in the eye. A cool laser shone into the eye activates the drug, sealing up the leaky vessels.

Gill, who has wet macular degeneration in her left eye, had three treatments in 2001 before her AMD stabilized. She recently had another and it's likely she will continue to need more as time goes on.

But the therapy isn't cheap - about \$2,500 a shot - and not all provincial health insurance plans cover the cost.

Other drugs are being developed: one called Lucentis is still being tested, but preliminary results suggest the drug may be an added weapon in doctors' arsenals against the disease. Avastin, a drug for colorectal cancer that's being used experimentally for wet AMD, also shows promise.

Gill, now 67, considers herself lucky that Visudyne came along when it did.

Her sight is far from perfect in her left eye - and she has the beginnings of dry AMD in her right - but her vision loss seems to have stabilized. She is painting again, although her once highly detailed canvases have given way to softer, less intricate scenes.

"I just hope I can continue the way I am without it getting any worse," she mused. "And I really hope my good eye will be spared."
From Senior's Health at medbroadcast.com

Colorectal cancer more prevalent in diabetic men from men'shealth@medbroadcast.com

Provided by: MediResource

Written by: ADAM MICHAEL SEGAL

TORONTO (MRI) - Men with diabetes may want to be more vigilant about screening for cancer, following a new study that reports an elevated risk of colorectal cancer amongst this group.

The findings, published in the journal *Diabetes Care*, indicated that diabetic men had a 49% greater likelihood of developing colon and rectal cancer.

Colorectal cancer affects the colon and rectum. It usually develops from polyps (tissue growth) that form in the lining of the colon or rectum.

Study researchers surmise that the results show a relationship between insulin resistance (the inability of the body to use insulin properly) and colorectal cancer.

"These observations support the hypothesis that hyperinsulinemia or factors associated with insulin resistance...may play a role in colorectal carcinogenesis," wrote the investigators.

The researchers, led by Susanna Larsson of the Karolinska Institute in Stockholm, Sweden, noted that although previous epidemiological studies drew a link between colorectal cancer and diabetes, not all of these studies came to the same conclusion.

Beginning in 1997, they tracked more than 45,000 Swedish men between the ages of 45 and 79. They found 411 cases of colorectal cancer developed among the group over an average six-year period.

After factoring in a number of variables, the researchers discovered that having diabetes was associated with nearly a 50% increased risk of developing colon and rectal cancer.

The study authors noted additional insulin-connected factors that are closely related to an increased risk for colorectal cancer.

"Dietary and lifestyle factors related to insulin resistance and hyperinsulinemia, including a westernized diet, physical inactivity and obesity, have been linked to (an) increased colorectal cancer risk. Also, a recent study reported that chronic insulin therapy was related to a significant increased risk of colorectal cancer among patients with type 2 diabetes," the researchers wrote.



Information Notice

***THE POINT OF NO RETURN:
ABORIGINAL OFFENDERS' JOURNEY
TOWARD A CRIME FREE LIFESTYLE***

**Department of Educational and Counselling
Psychology, and Special Education**
The University of British Columbia
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2125 Main Mall
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Investigators: Dr. Rod McCormick, PhD & Teresa M. Howell, MA, University of British Columbia.

PROJECT: Hello. My name is Teresa and I am a graduate student in Counselling Psychology. This research is being conducted as one of my requirements for a doctoral degree. I am requesting your voluntary participation in a research project concerning reintegration into the community after living in prison. We are requesting Aboriginal men (who have been incarcerated in the past) to fill out some forms and participate in an interview about their transition from living inside the prison to living in the community.

Specifically, we are interested in hearing about what you believe has helped you maintain a crime free lifestyle. We believe that the information that you provide to us will help us better understand reintegration strategies for Aboriginal men. Too often, Aboriginal voices go unheard. This is a chance for Aboriginal men to talk about their experiences.

TIME COMMITMENT: Approximately 1-2 hours

HONORARIUM: \$30

WHAT YOU ARE REQUIRED TO DO: Fill out some forms and participate in an interview regarding your experiences with maintaining a crime free lifestyle.

CRITERIA: 1. Have been incarcerated for more than 2 years (Federal Sentence).
2. Have been OUT of prison for at least 2 years.

**All information you provide will remain strictly confidential
and will only be used for the purposes of this study.**

**If you are interested please contact Teresa at 604-785-4534 and she will get back to you
as soon as possible.**

THANK YOU



Menopause symptoms may be longer lasting, study suggests

Provided by: MediResource

Written by: ADAM MICHAEL SEGAL

TORONTO (MRI) - Women experience menopause-related symptoms longer than previously thought, even after taking hormone replacement therapy (HRT), new research reveals.

The study, published in the *Journal of the American Medical Association*, found that 55% of women who treated menopausal symptoms with hormone replacement therapy had them return after stopping the therapy. They reported the reappearance of a variety of symptoms, including tiredness, difficulty sleeping, joint stiffness, and hot flashes.

Researchers also asked the women if they tried any strategies to manage the symptoms. About 80% of the participants were able to find some relief by lifestyle changes, such as increased fluid intake, starting or increasing exercise, and lowering their alcohol intake.

"These findings should be considered when advising women to treat menopausal symptoms for as short (a) duration as possible," wrote the authors, in line with current recommendations by doctors.

The study's genesis dates back to 2002, when researchers working on the Women's Health Initiative (WHI) trial discovered an association between HRT and an increased risk for heart disease, stroke, and breast cancer.

These risks led to the trial being stopped. Subsequently, researchers decided to investigate what happened to these women after they stopped taking estrogen and progestin pills.

Based on these findings, the researchers suggest that women must now consider using therapeutic approaches for a longer period of time to manage the persistence of symptoms.

The investigators stressed there has not been enough research to determine the optimal treatment length. "Investigation of alternative strategies to manage menopausal symptoms is (therefore) warranted," the study states.

The good news was that some relief of symptoms occurred when lifestyle changes were put into place.

"Most commonly recommended medical and self-help strategies for controlling menopausal symptoms were viewed as helpful in both treatment groups," the authors wrote.

Despite growing use of alternative and complementary therapies, the participants did not cite certain alternative strategies as being beneficial and suggested more research on them is required.

"The use of herbal or natural hormones by respondents in the current study was reported as one of the least effective strategies," the study states.

"Scientific data about the efficacy of many of these kinds of treatments are limited and women often receive information about alternative strategies from lay sources... Further studies on alternative therapies are warranted."

Heart disease in Canada to skyrocket, experts warn

Sep. 23, 2005

Provided by: MediResource

Written by: ALYSSA SCHWARTZ

TORONTO (MRI) - Spurred by rising obesity rates and aging baby boomers, the number of deaths from heart disease in Canada is set to dramatically outpace the rate of population growth, a noted demographer is warning.

In a report released by Becel in support of World Heart Day, David Foot, an author and professor of economics at the University of Toronto, cautions that the number of heart disease deaths will grow seven times as fast as Canada's population by the year 2031, while hospitalizations for heart disease will grow three times as fast as the population by 2051.

"This type of CVD (cardiovascular disease) mortality and hospitalization growth above population growth has three important levels of implications," says Foot in a news release. "For governments, it signals future fiscal challenges in terms of meeting the increased demand for services; at the health professional level, it indicates a significant shortfall in the number of workers available to treat the disease population; and for individuals, it sends an important message about the importance of reducing CVD risk in order to maintain a good quality of life."

The report, entitled *The Shape of Things to Come: A National Report on Heart Disease and the Challenges Ahead*, emphasizes a preventative strategy that targets risk factors such as obesity and saturated fats in the diet.

"One of the biggest misconceptions about heart disease is that we can't control it," says Dr. Greg Curnew, a cardiologist at McMaster University and report co-author. "Nothing could be further from the truth."

According to Foot's projections, by 2051, more than half of Canada's population will be over the age of 45, while more than 20% will be obese. Because age and obesity are two significant risk factors for heart disease, these two shifts will likely have a major impact on the rate of heart disease in the country.

"Now is the time to develop strategies that not only cope with the increased CVD needs of an aging population, but also attempt to decrease the probability of the disease occurring at all," says the report.

To that effect, the report gives numerous strategies for cutting the risk of heart disease among the general population. These include eating a heart-healthy diet, consisting of fruits, vegetables, whole grains, lean proteins and unsaturated fats; quitting smoking; keeping blood pressure and cholesterol levels in check; and making exercise a regular part of your life.

The report also calls on the government to step up preventative initiatives, including a greater emphasis on public education, improving food labels, and reducing the price of produce and other healthy foods.

The report is available at www.becel.ca/shapeofthings.

New SIDS policy by U.S. pediatrics academy recommends pacifiers Oct. 12, 2005

Provided by: Canadian Press Written by: LINDSEY TANNER

CHICAGO (AP) - Babies should be offered pacifiers at bedtime, and they should sleep in their parents' room - but not in their beds - in order to lessen the risk of sudden infant death syndrome, says the largest group of pediatricians in the United States.

Both measures may help keep babies from slumbering too deeply - a problem for infants prone to SIDS, said Dr. Rachel Moon, who helped draft the new recommendations on SIDS prevention. They were prepared for release Monday at the annual meeting of the American Academy of Pediatrics.

The death rate from SIDS has fallen sharply in recent years, now that parents are warned not to let their babies sleep on their stomachs or amid fluffy bedding or stuffed toys. But it remains the leading cause of death in U.S. infants between ages one month and one year, killing more than 2,000 U.S. babies each year, and new tactics are needed to fight it, the academy said.

SIDS is defined as a sudden death of an infant, often while sleeping, that remains unexplained even after an autopsy and death scene examination.

Some breastfeeding proponents have advocated letting infants share their parents' bed to facilitate nighttime nursing and have opposed pacifier use because of concern that the devices might interfere with nursing.

But the academy is a longtime supporter of breastfeeding, and the new policy was crafted with that in mind. It recommends delaying pacifier use for breastfed infants during the first month of life - when SIDS risks are low - "to ensure that breastfeeding is firmly established." And it says placing cribs near the parents' bed makes breastfeeding more convenient. Infants may be brought into the bed to nurse, but should be returned to their cribs afterward, the policy says.

Pacifiers offered at bedtime should not be reinserted if they fall out during sleep, should not be coated in sweet substances, and should not be forced upon infants who refuse them, the policy says.

The new policy, which updates the academy's 2000 SIDS guidelines, also says that the only recommended sleep position for infants is on their backs. Letting babies sleep on their sides, considered a less favourable option in the old policy, is now considered too risky to even be considered an option, because infants could roll over to their stomachs.

In 1992, 4,660 U.S. infant deaths were attributed to SIDS. That annual number fell to about 2,800 in 1998, thanks at least partly to the government-sponsored "Back to Sleep" campaign launched nationwide in 1994. By 2002, the reported number had dropped to 2,295.

"Over 2,000 babies a year are still dying. We should be able to do something about that," said Dr. John Kattwinkel of the University of Virginia, chairman of the academy's SIDS task force.

Doctors think actual numbers are higher because some true SIDS deaths are being blamed on other causes, said Moon, a SIDS researcher at Children's National Medical Center in Washington, D.C. Data suggest, for example, that accidental suffocation, which is hard to distinguish from SIDS, has increased in recent years, Moon said.

Doctors aren't sure about SIDS causes but a prevailing theory suggests that brain stem abnormalities affecting arousal reflexes leave some babies vulnerable when faced with challenges during deep sleep, including overheating and breathing hampered by pillows, stuffed animals or other soft objects. Babies sleeping on their stomachs are at risk because they sleep more deeply and their airway risks being partly obstructed.

Laura Reno, spokeswoman for First Candle/SIDS Alliance, a national advocacy group, said her organization strongly supports the new recommendations.

"We just want to reduce as much risk as possible," said Reno, who lost a baby son to SIDS 21 years ago, long before stomach-sleeping and soft bedding were known risk factors.

"He was sleeping on his tummy on top of a sheepskin. If I had just known then what we know now," she said. "It's a devastating thing for parents and guilt is strongly associated with these deaths."

The academy's new recommendations are based on new research, including studies that have suggested that sucking pacifiers might help keep vulnerable infants from slumbering too deeply to rouse themselves.

Dr. Stephen Sheldon, director of the sleep medicine center at Chicago's Children's Memorial Hospital, said pacifiers also enhance babies' swallowing and are an age-appropriate habit.

While pacifier use can increase the risk of ear infections, these infections are less common during the first year of life - when the SIDS risk is highest - than later on, the academy said.

The policy recommends pacifier use throughout the first year but not beyond.

Pacifier use in older children may increase risks for teeth misalignment, but using them in infancy is not a problem, said Dr. Paul Reggiardo, a Huntington Beach, Calif., dentist and past president of the American Academy of Pediatric Dentistry.

"These are from our point of view appropriate recommendations," Reggiardo said.

Daily glass of orange juice may help prevent arthritis, study finds

Provided by: MediResource and Written by: ADAM MICHAEL SEGAL (August 18, 2005)

TORONTO (MRI) - Tasty forms of nourishment such as corn or a glass of orange juice may reduce your risk of arthritis, according to a new study.

Researchers in the United Kingdom studying the dietary habits of more than 25,000 people drew a link between the occurrences of arthritis and the amount of carotenoid-containing fruits and vegetables that people consumed. Carotenoids are a natural pigment (giving fruits and vegetables their orange and yellow colour) that also have antioxidant properties.

"We investigated the hypothesis that some dietary carotenoids are associated with a reduced risk of developing inflammatory polyarthritis," wrote Dr. Alan Silman and colleagues in the *American Journal of Clinical Nutrition*.

"(Our) data are consistent with previous evidence showing a modest increase in beta-cryptoxanthin intake, equivalent to one glass of freshly squeezed orange juice per day, is associated with a reduced risk of developing inflammatory disorders, such as rheumatoid arthritis." Beta-cryptoxanthin is a type of carotenoid.

Study participants kept a diet diary and were tracked between 1993 and 2001 by researchers who also monitored new cases of arthritis. The findings showed that people with arthritis consumed 40% less beta-cryptoxanthin and 20% less zeaxanthin (another carotenoid) than participants in the control group.

In addition, subjects with the highest intakes of beta-cryptoxanthin and zeaxanthin were nearly half as likely to develop inflammatory polyarthritis, as compared to participants with the lowest intake.

However, no significant protective potential against arthritis was found for intakes of either lutein or lycopene, two other forms of carotenoids.

Beta-cryptoxanthin can be found in such foods as oranges, corn, red bell peppers, papaya, and watermelon.

Similarly, zeaxanthin can be found in corn and oranges, but also spinach, collards, tangerines, peas, lettuce, beans, broccoli, and celery.

Antioxidants are known to help protect cells, and the researchers in this study note that "epidemiological studies suggest that the antioxidant potential of dietary carotenoids may protect against the oxidative damage that can result in inflammation." From seniorshealth@medbroadcast.com

Combination of diabetes, depression increases death risk

Jul. 05, 2005

Provided by: MediResource

Written by: ALYSSA SCHWARTZ

TORONTO (MRI) - Diabetes and depression amount to a deadly combination, increasing sufferers' risk of death far beyond the risk associated with either condition on its own, a new study shows.

While both conditions have long been known to increase the risk of dying early, until now, no studies have examined whether diabetes and depression in combination can increase the risk even further.

For 8 years, researchers at the Medical University of South Carolina in Charleston followed more than 10,000 subjects who had diabetes, depression, neither condition, or both in order to see which group had the highest mortality rate. Subjects were participants in the National Health and Nutrition Examination Survey I Epidemiologic Follow-up Study, and all completed a standardized depression scale at the start.

Over the 8 years, 1,925 participants died, including 522 who died from heart disease. Compared to participants who had neither diabetes nor depression, those subjects with depression alone were 20% more likely to die of any cause, while those who had diabetes alone were 88% more likely to die of any cause. But the two conditions together were a double whammy, with members of that group 150% more likely to die from any cause.

Participants with both diabetes and depression were also 143% more likely to die of heart disease than people with neither condition. Those with depression alone were 29% more likely to die of heart disease, while those with diabetes faced a 126% greater chance of dying of heart disease.

While the reason for this increased risk isn't clear, the researchers speculate that people who have diabetes and are depressed may have a harder time doing the work required to control their blood sugar - from eating a healthy diet and exercising to regularly monitoring blood sugar levels - than their non-depressed counterparts. This in turn could lead to more complications from diabetes.

Lead researcher Dr. Leonard E. Egede said the finding underscores the importance of regular depression screening for people who have diabetes, since people with diabetes have a higher-than-average rate of depression.

The study was published in the June issue of the journal *Diabetes Care*.

New obesity risk factor: Being chained to your desk

Provided by: MediResource

Written by: ALYSSA SCHWARTZ

TORONTO (MRI) - Could your job be fattening more than just your wallet? Researchers in Australia say if your work involves sitting at a desk all day, the answer could be yes.

Now that email and instant messaging are standards for office communication, many workers are more tightly chained to their desks than ever before. And while it may not be a news flash that the more time you spend sitting at your desk, the greater your chances of being obese, a study in the August issue of the *American Journal of Preventive Medicine* shows as little as 20 minutes of desk time a day can make a big difference in weight.

In the study, researchers compared data on more than 1,500 Australian men and women, looking at such factors as age, gender, occupation, physical activity level, amount of time spent sitting at work, and body mass index (BMI). Of those who participated in the study, 60% of men and 45% of women were classified as either overweight (BMI of 25 to 29.9) or obese (BMI of 30 or higher).

While the average amount of time spent sitting at desks all day topped three hours for both men and women, the researchers found that men spent 20 minutes more per day sitting than women did - 209 minutes per day compared to 189 minutes.

Men under the age of 30 spent less time at their desks than older men, while male professionals spent more time sitting than those who held white- or blue-collar jobs.

Even after the researchers adjusted for age, occupation, and physical activity outside of the office, the extra time men spend at their desks was significantly associated with an increased likelihood of being overweight or obese. The same link was not found among women.

One quarter of those who participated in the study reported spending more than six hours a day at their desks. Men who punched in that many hours had nearly double the risk of having a BMI of 25 or greater compared with men who spent less than 45 minutes a day sitting.

"These results suggest that the workplace may play an important role in the growing problem of overweight and obesity," write the researchers.

And while your boss may not take kindly to the idea of shortening the workday to reduce your risk for obesity, there are things you can do to reduce the amount of time you spend sitting. For example, instead of picking up the phone or firing off an email when you have a question for a coworker, walk over to their desk and ask them. And consider squeezing in a walk at lunch or on your break. That way, plumping up your pocketbook doesn't have to be an all-encompassing proposition.

Women's Health@medbroadcast.com

Quotations:

"Until you make peace with who you are, you'll never be content with what you have." D. Mortman
"When a man says no it is the end of the conversation – When a woman says no it is the beginning of negotiations."

Active Living - Don't let arthritis keep you down

If the condition is chronic, living with arthritis means learning how to manage the pain and maximize mobility.

First, see your doctor if you haven't already. Pain medications can make it easier for you to move around, and can relieve the stiffness in the joints. It's important not to get discouraged if the medications don't seem to be working right away. What helps one person may not help another; you may need to try different drugs at various dosages before you find adequate relief. Certain medications may take a few weeks to reach their full effect.

It's understandable to feel frustrated or down when you can't do things you once could - whether it's taking long hikes in the woods or doing fine needlework. But to stay healthy in body, mind and spirit, you may have to make some adjustments. If you loved to walk long distances, continue to take walks, but go on shorter ones around your neighbourhood or take part in a "mall walk" that local shopping centres often sponsor. If it's getting too difficult to do your favourite hobby, maybe you can learn a similar one that's less stressful on your joints, or use adaptive aids to help you continue doing the one you love. Occupational therapists are a great resource for handy devices that might make it easier for you to still enjoy your activities.

Exercise! Exercise helps arthritis by improving joint movement and strengthening the muscles that surround the joints. Although you should avoid forms of exercise that increase joint pain, other forms of exercise such as swimming and walking are recommended. Swimming is particularly good for people with arthritis. The water helps support the weight of your body, taking the strain off of the joints. Call your local community centre to see what special exercise activities they have to offer.

If you start swimming regularly or take advantage of exercise programs, it'll get you out of the house and you'll be socializing. Staying active, physically and mentally, is important for keeping healthy. Ask your doctor or physiotherapist for ideas.

Wintertime Health and Safety - Rough sledding? Every year, emergency departments treat children injured in sliding accidents. When minor bruises and bumps give way to broken bones and serious injuries of the head and spinal cord, it's a sign that parents and children should be reminded of safety while playing outside.

There are several precautions you can take that can help protect your child against injuries. The safest tobogganing hills have no trees, fences, rocks, wires, or other objects that may pose a risk of injury. A young child should always be under the watchful eye of a parent or adult. A Canadian Standards Association (CSA)-approved hockey helmet, with a warm hat under it, is recommended for children under 12 years of age. It is dangerous to wear long scarves while sliding, as they can increase the risk of choking. Always make sure that your child's toboggan or sled is in good condition. Remember, certain positions on a sled are better than others at minimizing the risk of injury:

- Kneeling provides the most protection.
- Lying on the stomach increases the risk of head injury.
- Lying flat on the back increases the risk for spine injury.

Teach your child: to be aware of his or her surroundings, to watch out for other sliders, to avoid sliding down the hill in the direction of a road, parking lot, river, or pond, to walk to the side and away from the sliding path when walking up the hill, and to go indoors when their clothing is wet and they feel cold to avoid hypothermia and frostbite.

Knowing how to help prevent injuries can make for a fun and enjoyable winter for your child.
From medbroadcast.com

Antibiotics: Friend or Foe?

Dear DR. PAUL:

My 4-year-old son has been on and off antibiotics for almost all his life for recurrent ear infections. I'm worried about antibiotic use. Will this destroy his antibodies? Will this ruin his teeth? Help!

PEDIATRICIAN DR. PAUL Answers:

These are very common concerns shared by many parents. To answer your questions specifically, antibiotics do not affect antibodies and do not usually affect or ruin teeth. Now let's discuss antibiotics, which treat bacteria and not viruses. Before antibiotics became available, people, especially children and the elderly, were dying from bacterial infections that today we can usually treat.

Antibiotics, like penicillin, work by killing or preventing bacteria from growing and spreading. Usually our body can fight off infection, but sometimes the infection is so powerful that we need antibiotics to help kill or stop the bacteria so that our immune (or protection) system clears up the rest.

It is clear that antibiotics are vital in today's medical practice, even though, as with all medications, there may be some side effects which overall are out-weighed by the benefits. Under certain conditions antibiotics may even be prescribed over a long period of time in order to protect from certain infections; for example, in children with kidney abnormalities or weakened immune or respiratory systems.

On the down side, we now understand that overuse or misuse of antibiotics can result in bacteria developing ways of resisting the effect of the antibiotics. This is referred to as antibiotic resistance. The so-called "superbugs" are becoming increasingly resistant to more than one antibiotic. Experts fear that we will eventually not be able to treat them with any of the antibiotics available today. An example of such a bug is streptococcus pneumoniae, the major cause of ear infections in children, which because of resistance is becoming quite difficult to treat.

So today, it is important to have a rational approach to antibiotic use. What I tell parents who look at me with a question mark on their face when I say their child doesn't need antibiotics, is that most infections that we see in children, including the common cold, diarrhea and vomiting, are caused by viruses and do not need antibiotics. Here are some guidelines that can help prevent the development of antibiotic resistance:

- Viral infections should not be treated with antibiotics.
- If your child is prescribed antibiotics, he or she should take the whole course that is prescribed even if feeling better. Not completing the entire prescribed dose may also promote resistance.
- Antibiotics should only be taken when prescribed by your doctor.
- You should never use antibiotics given to you by someone else or prescribed for a previous infection. To avoid this temptation, throw away any extra antibiotics left over from a previous infection.

In conclusion, antibiotics are one of mankind's best friends and should not be seen as an enemy or something that will destroy our system. On the contrary, they can protect and help us when necessary. However, a sensible approach to their use is best.

Red meat raises cancer risk, fruit-'n-veg don't protect against breast cancer

Provided by: Canadian Press

Written by: HELEN BRANSWELL

TORONTO (CP) - The impact of diet on one's risk of developing cancer may have come into slightly sharper focus Tuesday with the publication of two large new studies.

The first adds more weight to arguments that long-term red meat and processed meat consumption increases the risk of some forms of colorectal cancer. The second poured more cold water over the idea that women can lower their risk of breast cancer by eating lots of vegetables and fruit.

The Canadian Cancer Society praised both studies, saying they were large and well-designed pieces of research that will help to answer the questions about the interaction between diet and cancer.

But despite the negative finding on the fruit and vegetable study, a spokeswoman said the organization remains committed to promoting a diet high in these important foods.

"We know that eating fruits and vegetables, a healthy diet with high fibre and those types of things will reduce your risk of not only certain types of cancer but also will reduce your risk of other chronic diseases," said Heather Logan, director of cancer control policy. "Our messaging is not changing."

The studies, published in the Journal of the American Medical Association, were unusually large - nearly 150,000 adults in the meat study and over 285,000 in the fruit and vegetable study.

Large studies make it easier to ensure that results are statistically significant and are not the product of confounding due to other exposures.

Both analyzed the food consumption of participants over a number of years - more than 22 years in the meat study and an average of 5.4 years in the fruit and vegetable one.

But because cancers take a long time to develop, even those periods might not have been long enough to capture effects of exposure to the foods.

"Although it's well designed and it's a credible organization, it really has only followed women for an average of just over five years," Logan said of the fruits and vegetables study.

"And we know that it takes longer than five years to really see a profound impact at the population level. So they may not have followed women long enough yet to have seen a protective effect."

The authors acknowledged the possibility.

"We cannot exclude that associations will be found after more years of follow-up," they said of their work, called the European Prospective Investigation into Cancer and Nutrition. The study was led by Dr. Petra Peeters of the University Medical Center of Utrecht, in the Netherlands.

Those authors also suggested it was plausible that high fruit and vegetable consumption might actually be protective for certain sub-groups of women - women with a family history of breast cancer, for instance.

And they noted certain specific vegetables or fruits - or nutrients within them - might still turn out to be beneficial in this regard.

The meat study, led by researchers from the American Cancer Society, found that people who consumed large amounts of red and processed meats had a 30 to 40 per cent higher likelihood of developing certain types of colorectal cancers. High consumption of poultry and fish appeared to be protective against those cancers.

An editorial in the journal by a Harvard University nutritional expert said that while the findings were "strongly suggestive" they could not be considered proof positive.

Still, Dr. Walter Willett, author of *Eat, Drink, and Be Healthy: The Harvard Medical School Guide to Healthy Eating*, said people should keep the findings in mind when structuring their diets.

"The relation between red meat consumption and colorectal cancer may not be conclusive, but prudence would suggest that red meat and processed meats in particular, should be eaten sparingly to minimize risk.

"Replacing red meat with a combination of fish, nuts, poultry and legumes will also reduce risk of coronary heart disease," Willett wrote.

Logan said an expert panel report due out next year should help bring interpret the amassed evidence about links between cancer and diet.

The report, by the American Institute for Cancer Research and the World Cancer Research Foundation, is a follow to the 1997 report that analysed more than 4,500 studies on the subject.

The 1997 report concluded there was convincing evidence that a diet high in fruits and vegetables was protective against certain cancers.

Logan said the cancer society is keen to see what the pending report makes of all the evidence, including these new studies. "This is one more piece of the puzzle, but the puzzle's not finished." From medbroadcast.com

Sleep: Getting a Good Night's Worth - Are you getting enough sleep?

How much sleep do you really need? In general, most adults need 7-8 hours of sleep per night. Children and adolescents need even more - around 9-10 hours per night. However, the amount of sleep that people need varies widely, ranging from 5 to 10 hours per night. The important thing is to find out how much sleep *you* need to stay healthy and alert, and then try to get this amount of sleep each night.

The right amount of sleep is the amount that lets you wake up feeling refreshed and well. You may be able to function on the amount of sleep you are getting now, but it still may not be enough for you to reach your full potential.

Here's how to tell if you're not getting enough sleep:

You need an alarm clock to wake up; You sleep longer and better on weekends; You have trouble getting out of bed in the morning; You feel tired during the day; You have bags or dark circles under your eyes; You doze off while sitting in a public place, such as a movie theatre or meeting; You doze off while driving; You have trouble concentrating; or do You have early morning headaches

If you notice any of these signs, you may not be getting enough sleep. Try to gradually increase the amount of sleep that you get each night until you find the right amount - you'll know that you've got it when these signs start to go away. If you haven't been getting enough sleep for a long time, it may take a while to recover.

From medbroadcast.com

Loading up on fruits and veggies may prevent cataracts

Jul. 06, 2005

Provided by: MediResource

Written by: ALYSSA SCHWARTZ

TORONTO (MRI) - Eating carrots to see better at night may sound like the kind of old wives' tale your mother told you to get you to eat your veggies as a kid, but new research shows that loading up on fruits and vegetables may actually help you see better later in life.

Researchers at Harvard Medical School and Brigham and Women's Hospital in Boston probed the link between fruit and vegetable intake and the likelihood of developing cataracts in a study of nearly 36,000 women that lasted about a decade.

Cataracts are a clouding of the lens of the eye, which can lead to blurring and eventual vision loss. The clouding of the lens is a normal part of aging, although why these changes occur is currently unknown. Age, family history, lifestyle factors such as smoking and wine consumption, certain medical conditions and medications and other factors are believed to play a role in cataract development.

At the start of the study, none of the women involved had been diagnosed with cataracts. All of the subjects completed questionnaires on their diets over the previous year, and then were followed up over a 10-year period. During that time, 2,067 women developed cataracts.

After accounting for other risk factors, the researchers found the women who ate the most fruit and vegetables had a 10% to 15% lower chance of developing cataracts. "These prospective data suggest that high intake of fruit and vegetables may have a modest protective effect," the researchers concluded.

While the study doesn't explain the reason for this apparent effect, the researchers speculate it could be due to antioxidants in fruit and vegetables. But they also note that their results were limited by self reporting, as well as the fact that the questionnaires only focused on the food the women ate over the course of one year, and not in the long term. Furthermore, they add that it's possible that women who were more likely to have diets rich in fruit and vegetables could be more likely to practice other healthy habits, such as exercising.

But even if the link isn't entirely clear, the researchers say it's still worth loading up on produce.

"The possible beneficial effects of fruit and vegetables on the risk of many chronic disease, including cataract, have a strong biological basis and warrant the continued recommendation to increase total intakes of fruits and vegetables," they write.

Canada's Food Guide recommends 5 to 10 servings of fruits and vegetables per day and suggests picking dark green and orange vegetables and orange fruit more often. A medium-sized piece of fruit, a cup of raw, leafy vegetables or half a cup of juice or canned fruits or veggies are each considered one serving.

The study appeared in the June issue of *The American Journal of Clinical Nutrition*. From Senior's Health@medbroadcast.com

Quotations:

"Consistent but Spontaneous; Firm but Gentle; Structured but Flexible; Compassionate but Determined; Realistic but Optimistic, Decisive but Non-Judgmental."

"Loyalty above all else - Except Honor."

"Know thyself."

"Happiness is the art of being satisfied."

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PROVERBS:

Bad is never good until worse happens.
He that goes barefoot must not plant thorns.
He who is well prepared has half won the battle.
What blossoms beautifully, withers fast.
Better a sick body than an ignorant mind.
A book gives knowledge, but it is life that gives understanding.
A load of books does not equal one good teacher.

BIBLE QUOTES:

"He helps us every time we have trouble. Then we are able to be strong and help other people every time they have trouble. We can do this with the same comfort that God gives us. We have plenty of the same troubles that Christ had. But we also have plenty of comfort and help from him."
2 Corinthians 1:3-4
"God shall wipe away all tears from their eyes; and there shall be no more death; neither sorrow, nor crying, neither shall there be any more pain, for the former things are passed away."
Revelations 21:4
"Turn all your troubles over to Him, because He cares for you and is watching over you."
1 Peter 5:7

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

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

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

Quotations:

"Nothing is the world can take the place of Persistence. Talent will not; nothing is more commonplace than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Educations alone will not; the world is full of educated derelicts. Persistence and Determination alone are omnipotent."
Calvin Coolidge
"To accomplish great things we must not only act, but also dream, not only plan, but also believe. A. France
"Ask yourself if you are happy and you cease to be so."
J.S. Mill

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

Please looked to this corner for info each month with regards to the Elders Gathering. As soon as anything is available from the new host it will be run in the newsletter and posted on our website www.bcelders.com. It usually takes the host a couple of months until they know the place and dates for the event, so please be patient and watch for info right here. Any space each new host community needs in each issue of this newsletter has always been made available (free of charge) and this will continue to be the practice, as this is the best means for keeping the elders and support people informed about the event.