

A BIG HUGE CONGRATULATIONS AGAIN TO THE HOSTS OF THE 30TH ANNUAL BC ELDERS GATHERING!!!

Elders please take note of the Host's Gratitude List on pages 4 and 5 of this issue.

Gilakasla, D. Stirling, BCECCS Coordinator

p.s.

If everyone could please be patient for news on next year's Gathering that would be appreciated. It typically takes new Hosts a few months to have information compiled to hand out provincially. For now please know that it is being hosted by the Squamish Nation and that information will appear on the front page of the Elders Voice as soon as it is available for everyone.



Happy Belated Birthday to Adeline Peters!, on August 17th
Love you, Velma, Sophie, Rita, and Alice, in Xaxli'p

YEARLY INVOICES IN SUPPORT OF THIS ELDERS OFFICE

Please take note that the yearly invoices due Dec. 01 will be coming out soon so that offices have adequate time to process the request for support. If all groups can look seriously into whether they can contribute this year that would be gratefully appreciated.

Fundraising Suggestion:

Since the Elder's Gathering is extremely costly to travel to each year, I recommend that groups begin their fundraising efforts immediately after the Gathering for next year's event.

When groups wait till January, etc. it places too much burden on the Elders not to mention whoever is helping them with the fundraising.

So ideally it is best to distribute your efforts over 12 months so that it isn't as stressful as it sometimes ends up.

Sincerely, Donna Stirling

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Easy Bakers Corner – Best Ever Carrot Cake—serves 8–10

Beat together 1 1/2 cups of corn oil, 1 3/4 cups of granulated sugar, and 3 eggs until well combined. In a bowl, sift together 2 cups of all-purpose flour, 2 tsp. of baking soda, 1/2 tsp. of salt, 3 tsp. of cinnamon, and 1 tsp. of ground cloves. Add to egg-sugar mixture and mix well. Drain 1 can (8 oz.) of crushed pineapple well and add to mixture along with 2 cups of peeled grated carrots, and 1 cup of walnuts and blend all well. Pour batter into a greased and floured 9-or-10 inch cake pan.

Bake at 350°F for about 1 hour or until a pick inserted in center comes out clean. Let cool on rack. Prepare frosting. Split cake into 2 layers. Assemble. Cover with the frosting. Sprinkle with coconuts.

Cream Cheese Frosting: Cream together 2 packages (8 oz. each) of cream cheese, 1 cup of powdered sugar and 1 tsp. of vanilla extract, blending well.

Handy Tips:

1. Quaker Oats for fast pain relief...It's not just for breakfast anymore! Mix 2 cups of Quaker Oats and 1 cup of water in a bowl and warm in the microwave for 1 minute, cool slightly, and apply the mixture to your hands for soothing relief from arthritis pain.
2. Rainy day cure for dog odor, wipe your wet dog down with a dryer sheet, he will smell springtime fresh.

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.

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

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

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

- | | |
|--------------------------------------|--|
| 1. Mamalilikulla-Qwe'Qwa'Sot'Em Band | 21. Lower Kootenay Band |
| 2. West Moberly First Nations | 22. Chawathil First Nation |
| 3. Ktunaxa Nation Council | 23. Adams Lake Indian Band |
| 4. Simpcw First Nation (\$100) | 24. Coldwater Indian Band (\$187.50) |
| 5. Uchucklesaht Tribe | 25. Doig River First Nation |
| 6. Bridge River First Nation | 26. Saulteau First Nation |
| 7. T'it'q'et Elders Council | 27. N'Quat'Qua Band (\$150) |
| 8. Carnegie Community Centre | 28. Gitanyow Health Centre |
| 9. Osoyoos First Nation | 29. Westbank Klux-Klux-Hu-Up Cultural Society |
| 10. Qualicum First Nation | 30. First Nations Summit dba FN Chiefs' Health Committee |
| 11. Wet'suwet'en First Nation | 31. Sechelt Indian Band |
| 12. Comox First Nation | 32. Kamloops Indian Band |
| 13. Cook's Ferry Indian Band | 33. Port Alberni Friendship Center |
| 14. BC Assembly of First Nation | 34. Ulkatcho Indian Band |
| 15. Tobacco Plains Indian Band | 35. McLeod Lake Tse'khene Elders |
| 16. Pacheedaht First Nation (\$125) | 36. Mount Currie Band Council |
| 17. Akisqnuq First Nation | 37. Klahoose First Nation |
| 18. We Wai Kum First Nation | 38. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation |
| 19. We Wai Kai First Nation | 39. Shxw'ow'hamel First Nation |
| 20. Xaxli'p Band | 40. Union of British Columbia Indian Chiefs |
| | 41. Tsewultun Health Centre |
| | 42. Saik'uz First Nation |
| | 43. BC Transportation Commission |

Dear Elders Contact Person,

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

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

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

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

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

Thank you for your continued support, Donna Stirling, Coordinator

The Nuu-chah-nulth Tribal Council would like to thank the following sponsors for contributing to the success of the 30th Annual BC Elders Gathering in Port Alberni, July 18, 19, 20, 2006:

Longhouse Sponsorship (\$40,000+):

- Tseshaht First Nation

Canoe Sponsorship (\$10,000 - \$39,999):

- Grand & Toy
- Ha-shilth-sa Newspaper
- Huu-ay-aht First Nation
- Indian and Northern Affairs Canada, BC Region
- Provincial Health Services Authority
- Tla-o-qui-aht First Nation

Paddle Sponsorship (\$5,000 - \$9,999):

- Alberni-Clayoquot Regional District
- BC Hydro
- Catalyst Paper, Port Alberni Division
- First Nations Summit
- Hupacasath First Nation
- MacDermott's Insurance Agency Ltd.
- Polaris Minerals Corporation
- Terasen Gas

Cedar Sponsorship (\$2,500 - \$4,999):

- BC Nurses Union
- Carrier Sekani Tribal Council
- City of Port Alberni
- Enbridge Gateway Pipeline Limited
- Ratcliff & Company Lawyers
- Ucluelet First Nation

Print Sponsorship (\$0 – \$2,499):

- Accent Inns – Victoria
- Alberni Custom Autobody
- Badovinac, Scofield & Mosley Lawyers
- Carmanah Pacific Plumbing
- CBC Radio Canada
- Central Region Chiefs Administration
- Clayoquot Biosphere Trust
- Coast Forest Management Ltd.
- Coulson Forest Products Ltd.
- Dennis Jonsson Motor Products Ltd.

- Dolan's Concrete Ltd.
- Doublestar Resources
- Dumas Freight Co.
- Du Quah Gallery
- Fantastic Events and Party Rentals
- Fraternal Order of Eagles, Ladies Auxiliary #2096
- House of Himwitsa Gallery
- Ka:'yu:'k't'h'/Ck'tles7et'h'
- Kamma & Blake Industries Ltd.
- Kinette Club of Port Alberni
- Ktunaxa Nation Council
- Lucky Printers & Stationers Ltd.
- Marceau Evans Johnson Architects
- Mike's Computer Shop
- Native Courtworker & Counselling Association of BC
- Port Alberni Friendship Centre
- RBC Royal Bank
- Red Fish Blue Fish Consulting
- Sea Shanty Restaurant
- Shuswap Nation Tribal Council
- Somass Drug Store
- Somass Motel & RV
- Squamish Nation
- Tsawaayuus Rainbow Gardens
- Uu-a-thluk Council of Ha'wiih
- Western Forest Products
- Weyerhaeuser Company Limited
- Woodward and Company

And numerous other businesses and organizations for their in-kind contributions to fundraising events and the Gathering.

Thank you to the 30th Annual BC Elders Gathering Staff and Committee members:

Vina Robinson, Clorissa Croteau, John Gomez, Irene Robinson, Anna Masso, Ben & Grace David, Bunt Cranmer, Doug Wilson, Eileen Haggard, Elizabeth Bill, Elizabeth Tan, Gail Gus, Gail Pederson-Gus, George Clutesi, Geraldine Tom, Gina Pearson, Helen Dick, Joan Dick, J'net August, Katherine Robinson, Laverne Cook, Margaret Robinson, Marlene Dick, Matilda Watts, Maureen Touchie, Melissa Gus, Michael McCarthy, Millie Watts, Nene VanVolsen, Pam Moussa, Ray Seitcher Sr., Ron Dick, Sharean VanVolsen, Ted Haggard, Tim George, Vi Wishart.

Thanks to all workshop presenters, we had great feedback on all workshops provided.

Thanks to all the Self-Care Service providers – who performed 1248 sessions in total!

Thank you also to the hundreds of volunteers that kept our elders entertained, fed, comfortable, and safe.

Best wishes to next year's host – Squamish Nation.

Monday, August 21, 2006

Hello to all the beautiful elders out there somewhere in our great land.

Did you all enjoy yourselves at the Port Alberni Elders Gathering? We surely did enjoy everything there was to offer in their great territory, the food and services along with the warm friendly people made everything so wonderful for the elders. The workshops and community activities were well organized and informative, and the booths with their designers of clothing and the jewelry and more were hard to resist as evident by the amount of clothing and silver pieces that came home with me. Well done! To the Nuu-Chah-Nulth people, thank you very much for all you did for all of us who very fortunate enough to have travelled to your beautiful area.

The BC Elders Council's yearly meeting that took place during the Gathering was fascinating indeed, there were many topics brought forward during the meeting including urban elders low-income housing, health care, and the elders Bill C-31 grandchildren and their futures.

I am one of many that are greatly concerned for our urban elders, as there is no housing provided for them, at least not in my town (Merritt, BC) where the housing market is booming, which trickles down to mean higher rents for everyone who isn't fortunate enough to own the roof over their heads. And, not only are the rental units expensive, there is a home for seniors here which should be great, that charges over \$2000 a month and not too many native elders can afford to live in such a building as this.

Another grave concern I have in particular is health care, as here in Merritt we have one drug and alcohol counsellor, who serves not only the whole community of Merritt, but the surrounding five local bands as well. I strongly believe that we need to provide a place for people who need immediate help (a pre-detox-type centre), where clients can go and be ready for treatment at a facility like Roundlake. The hospital, which is now called the health center, does not have adequate beds or staff to accommodate the people who need help right away. Many times the people who are desperate for help have to be turned away and this is incredibly sad when they are often our people and we are failing them.

I personally urge the government to provide a proper facility for the people who need help, such as the drug and alcohol addicts, and to start building the facilities to help them now because the need is great. These people are human beings, they are someone's son, daughter, or even aunt or uncle, or parents and they have a disease that they are trying to beat and these people should be one of our primary concern.

Furthermore, as for these health analyst that are being sent out to communities to estimate how well your community is doing, who have the power to recommend that programs be removed if they think they are not needed. I say, how can an analyst know what a community needs, unless they are living in the community? So people please be aware that these evaluations are being done and put your two-cents in if you have the opportunity so your community doesn't potentially lose a program that you value.

These are my thoughts on the issues of our own people throughout British Columbia.

In friendship,

Jeanette McMaster,
BC Elders Council

Provided by: Canadian Press From WomensHealth@Medbroadcast.com

Written by: CARLYE MALCHUK

TORONTO (CP) - A new vaccine to help in the fight against cervical cancer is now available in Canada - and cancer survivor Brigitte Leclerc says she made sure her two daughters were first in line.

Earlier this year, Leclerc, 40, was diagnosed with an advanced form of cervical cancer and underwent major surgery in June to fight the disease.

On Monday, Leclerc sat in while her daughters Cindy, 16, and Nadia, 22, received their first dose of the new vaccine in Montreal.

She said afterwards that she was so happy she felt like crying.

"(Now) I know that they won't have this cancer and won't die (from it)," she said from Montreal.

The vaccine, called Gardasil, was approved by Health Canada in July and is now being made available to physicians and pharmacists across the country, said its manufacturer Merck Frosst Canada Ltd.

Sheila Murphy, public affairs manager for Merck Frosst, said she heard about Leclerc and her desire to speak up about her cancer through Leclerc's physician.

Murphy said Merck Frosst paid for Leclerc's daughters to be vaccinated as a "charitable contribution," since Leclerc had been off work for two months recovering from her operation and only went back to work Monday.

Gardasil works by protecting against infection from four strains of human papilloma virus (HPV), which are known to cause about 70 per cent of cases of cervical cancer as well as cancer of the vulva, vagina and genital warts.

Paul Lapierre, director of public affairs and cancer control for the Canadian Cancer Society, said having the vaccine is wonderful - but it should not be viewed as the magic solution to cervical cancer.

About 30 per cent of cervical cancers will not be prevented by the vaccine, he said.

"We need to look at the vaccine as a complement to and not a replacement for cervical cancer screening."

Currently, screening for cervical cancer involves a Pap test, which can detect abnormal cells that may become cancerous.

The Canadian Cancer Society recommends that women who are sexually active have a Pap test every one to three years, depending on provincial guidelines.

Gardasil costs about \$135 per dose and was approved for girls and women between the ages of nine and 26.

It takes three doses over a six-month period to become fully vaccinated against the four strains of HPV.

In July, the Public Health Agency of Canada's National Advisory Committee on Immunization (NACI) said it was reviewing scientific data and expected to make recommendations by the end of this year on whether provinces and territories should fund mass immunization programs.

Lapierre said "the federal government should show some leadership by making the vaccine available free of charge."

The most common side effects of Gardasil are injection-site pain, swelling and redness, itching and fever.

According to the Canadian Cancer Society, an estimated 1,350 women will be diagnosed with cervical cancer in 2006, and 390 will die from the disease in Canada.

Leclerc said she will continue to try to raise awareness about the dangers of cervical cancer because "a lot of people don't even know that you can die (from it)."

The Mayo Clinic's Top 10 Healthy Foods List

Aug. 02, 2006

Provided by: Canadian Press

(CP) - The famed Mayo Clinic has released its top 10 list of healthy foods.

Here, in alphabetical order, are the Mayo's picks, drawn up at the home office in Rochester, Minn.

Apples: Apples are a good source of pectin, a fibre that lowers cholesterol and glucose levels. Apples are also a good source of vitamin C, an important antioxidant that helps the body absorb iron and folate.

Almonds: Full of fibre, riboflavin, magnesium, iron, calcium and vitamin E, these nuts are good for the heart. And most of the fat in almonds is monounsaturated, which can help lower bad cholesterol levels when substituted for other fats.

Broccoli: While not appreciated by the first President Bush, this vegetable contains calcium, potassium, folate, fibre and phytonutrients - compounds that may help prevent diabetes, heart disease and some cancers. It also contains the antioxidant beta-carotene and is an excellent source of vitamin C.

Blueberries: These berries are a low-calorie source of fibre, antioxidants and phytonutrients; they may improve short-term memory and reduce cell damage linked to aging.

Red beans: Small red, pinto and kidney - red beans are an excellent low-fat source of antioxidants, protein, dietary fibre, copper, iron, magnesium, phosphorus, potassium and thiamine.

Salmon: This popular fish is a terrific source of omega-3 fatty acids, which are believed to provide heart benefits. It's low in saturated fat and cholesterol and is a good source of protein. The Mayo suggests choosing wild salmon, if possible, as it is less likely to contain unwanted chemicals such as mercury.

Spinach: Popeye's favourite is high in vitamin A, and is a solid source of calcium, folate, iron, magnesium, riboflavin and vitamins B-6 and C. The plant compounds spinach contains may boost the immune system and help prevent certain types of cancer.

Sweet potatoes: High in beta-carotene and vitamin C, sweet potatoes are also a good source of fibre, vitamin B-6 and potassium and are fat-free and relatively low in calories.

Vegetable juice: An easy way to inject vegetables into a diet, vegetable juices contain most of the same vitamins, minerals and other nutrients the source vegetables do. Tomato juice, and vegetable juices which include tomatoes, are good sources of lycopene - an antioxidant that may lower the risk of heart attack and certain cancers. Low-sodium varieties are best.

Wheat germ: A concentrated source of nutrients, two tablespoons provide thiamine, folate, magnesium, phosphorus, iron and zinc. Can be worked into a diet as a topping for cereals, yogurt and salads, or an ingredient baked into muffins, cookies and pancakes.

From SeniorsHealth@Medbroadcast.com

IGOV 381 INDIGENOUS LEADERSHIP & GOVERNANCE

Indigenous people are all moving forward in defining the terms and policies that govern their lives and the lives of those in their communities. The Indigenous Governance Program gives students a strong foundation in the leadership, governance and administration issues that they face on a daily basis.

Who should attend?



Anyone interested in Aboriginal leadership or policy-making roles, careers in health, justice, social work, law or economic development.

What will the program do for me?



The program will give you a grounded body of knowledge that respects both western and Indigenous traditions. It is an interdisciplinary program that provides students with a strong foundation of basic and applied skills and a path to understanding government and politics amongst Indigenous peoples.

What will the program do for my organization?



The program will empower you in your leadership and policy making skills, thereby improving your organization's success through efficiency and productivity. An in depth education in Aboriginal politics and philosophy will give you, and your organization, broader insight into contemporary aboriginal politics and business.

“Indigenous Leadership and Governance”

This course will explore the political, social and intellectual dynamics of leadership in contemporary indigenous communities. The political and social realities facing contemporary indigenous leaders are constantly shifting, and have demanded an increasingly sophisticated response. This session will concentrate on evaluating the present social and political environment, and consider the ways indigenous peoples have proposed to transcend the colonial framework and move towards reclaiming control of their own communities.

Highlights:

- The challenges of Aboriginal leadership
- Developing Strategies for change
- Traditional and contemporary leadership styles
- Self Determination
- Personal Leadership Styles

For more information please visit our website at: www.uvic.ca/igov



First Nations Leadership Council Information Bulletin

tions Leadership Council Information Bulletin

VOLUME 1, ISSUE 7

AUGUST 2006

(Original has logos for the BC Assembly of Nations, FN Summit, UBCIC in this space)

Feedback and inquiries on these monthly bulletins are welcome; contact information is provided in the column to the left.

Fisheries

In a July 7 letter to the *Calgary Herald*, Prime Minister Stephen Harper wrote, “Let me be clear – in the coming months, we will strike a judicial inquiry into the collapse of the Fraser River salmon fishery and oppose racially divided fisheries programs.”

There are no “race-based” fisheries – there are, however, rights-based fisheries. First Nations economic fisheries arise from their Aboriginal rights and historic relationship to the fisheries resources, as recognized in a unanimous decision of the BC Court of Appeal. The government has stated that it will support and honour court decisions, and the FNLC strongly urges the federal government to honour the rulings in *Kapp*, *Sparrow*, *Gladstone*, *Delgamuukw*, and *Marshall*.

Further, the First Nations Leadership Council (FNLC) questions the need for a judicial inquiry; a number of judicial inquiries have already been completed, which the government is choosing to ignore. In addition, DFO consulted industry, sports, and environmental groups and learned that there is little support for a judicial inquiry. Most said that the \$20 million set aside for a judicial inquiry should be used instead for fisheries management, scientific research, and recovery of endangered species. The FNLC believes that the \$20 million should be devoted an independent study by scientists and First Nations Traditional Ecological Knowledge experts to ensure sustainability of the resource.

The FNLC will be holding a Fisheries Forum on October 4-6 2006 (Squamish Nation Recreation Centre), and hope that government

and others will join us in finding solutions to ensure the sustainability of the BC fishery and to work toward improved relationships.

The first day of this Forum will be joint with governments, and will focus on the political context, including agreements such as the New Relationship and Transformative Change Accord, and the visions of governments and First Nations as it relates to the pacific fishery. The last two days will be internal to First Nations, and will be used to foster unity amongst themselves and develop a common vision for the fishery.

Energy

The FNLC is planning a 4-day Energy Summit tentatively scheduled for October 22-25 at the Prince George Civic Centre.

The first two days of the Forum, joint with governments, will focus on information-sharing and discussion on various energy sectors, opportunities, and challenges. The final two days of the Forum will be for First Nations to develop an approach to energy issues in BC.

New Relationship

The FNLC and the provincial government have been engaged in a series of meetings to achieve progress under the New Relationship. Agenda items through the fall include: approaches to consultation and accommodation; revenue-sharing models; denial/recognition strategy; land use planning; culture and heritage sites; communications; and others.

Softwood Lumber

The FNLC has prepared a position paper on softwood lumber that raises concerns with the current Canada-United States softwood lumber agreement-in-principle (SLA) and proposes solutions to ensure that First Nations forestry operations are not marginalized.

The critical issues and needs for BC First Nations as it relates to softwood lumber are:

- As forest products developments are key to economic development for most BC First Nations, unrestricted access to US market is essential;
- A lack of action by governments to address the quota problem faced by many First Nations will compromise the fair and timely settlement of the land question and efforts for forest-based economic development;
- The Government of Canada could resolve the First Nations' problems with the new SLA by pursuing an exemption for First Nations;
- In June 2000, the First Nations Summit Chiefs in Assembly passed a resolution by consensus that, because of the difficulties experienced by developing First Nations forest products manufacturers, they are opposed to any new SLA which is based on quota.
- The position paper makes the following recommendations to address the needs of BC First Nations:
 - Ensure BC First Nations forest sector operations are exempted from the new SLA.
 - Or, provide preferential marketing rights to First Nations loggers and provide First Nations sawmills and remanufacturers with sufficient quota for current operations and expansions.
 - Include unrestricted log exports with both of the above.

The position paper can be found on the First Nations Mountain Pine Beetle Working Group website at www.fnmpb.ca or contact one of the FNLC member organizations for a copy.

Transformative Change Accord

The *Transformative Change Accord* requires the parties to develop an implementation strategy – focused on the areas of relationships, education, housing and infrastructure, health, and economic opportunities – by December 2006. The FNLC has been working with the provincial government and First Nations organizations to develop a framework for this plan, and identify preliminary action areas and activities for the next 1-2 years. This framework will also provide a foundation for further discussions with First Nations, resulting eventually in a comprehensive 10-year implementation strategy.

Health

British Columbia will be hosting a national Aboriginal health summit this fall. The FNLC is working with the provincial government on the planning and preparation for this event. This summit fulfills commitments to the Aboriginal health blueprint made at the First Ministers Meeting in November 2005.

Post-Secondary Education

The provincial government has announced a review of the post-secondary system – “Campus 2020: Thinking Ahead”, designed to build on the strengths of BC’s post secondary education system while discovering new approaches to expand the network of learning opportunities across the province.

The FNLC will meet with Geoff Plant, (special advisor to the leadership team of Campus 2020) to ensure that First Nations are included in the initiative and that their suggestions and concerns are addressed.

New Relationship Trust

The New Relationship Trust has scheduled regional consultation sessions to assist in developing the Trust strategic plan (all sessions run from 9am-3pm):

- **Masset:** August 21 (Old Massett Community Hall)
- **Terrace:** August 24 (Muks-kum-ol Housing Society)
- **Port Hardy:** August 29 (Kwakiutl Community Hall)
- **Fort St. John:** September 11 (Treaty 8 Association Boardroom)
- **Port Alberni:** September 12 (Maht Mahs Gym)
- **Prince George:** September 13 (Native Friendship Centre)
- **Vancouver:** September 14 (Vancouver Aboriginal Friendship Centre)
- **Kamloops:** September 19 (Sk’elep School of Excellence)
- **Cranbrook:** September 22 (St. Eugene Mission Resort)
- **Atlin:** September 26 (Atlin Inn)

For further information, please visit www.newrelationshiptrust.ca , or telephone 1-877-922-3338.

Elders Gathering

The 30th Annual BC Elders Gathering was held on July 18-20, hosted in Port Alberni by Nuu-chah-nulth Tribal Council and Tseshaht First Nation. More than 3,000 Elders attended the event, as did members of the FNLC and Premier Gordon Campbell.

Other Notes

- Michael de Jong has been named the Minister of Aboriginal Relations and Reconciliation; Tom Christensen is now the Minister of Children and Family Development
- The FNLC-Province of BC New Relationship Progress Report will be issued this month
- The new Forest & Range Opportunities (FRO) framework was provided to BC First Nations in June. Please contact us if your First Nation did not receive a copy.

Calendar of Events

- **September 20-22:** UBCIC AGA (Vancouver)
- **September 27-29:** FNS Meeting (Kamloops)
- **October 4-6:** First Nations Fisheries Forum (Vancouver)
- **October 22-25 (tentative):** First Nations Energy Summit (Prince George)
- **November 27-28:** BCAFN Meeting (location TBD)

Quotes

“You can’t allow the accolades to define you, then the criticisms won’t discourage you.”

“The march of a great army is not as strong as an idea whose time has come.”

“We are supposed to be the change we want to see in the world.” Ghandi

Time to put power to prevent AIDS transmission in the hands of women, Gates says August 13, 2006

Provided by: Canadian Press Written by: SHERYL UBELACKER From www.medbroadcast.com

TORONTO (CP) - All the money in the world will not be able to defeat HIV/AIDS unless great strides are made in preventing new infections - and that can only be achieved by giving women and other high-risk groups the ability to protect themselves, Bill and Melinda Gates told the opening of the International AIDS Conference on Sunday.

Bill Gates said that despite growing access to antiretroviral drugs in countries hard-hit by HIV/AIDS, between four and five million people worldwide will become infected in the next year.

"We have to do a much better job of prevention," said Gates, whose foundation just donated \$500 million US to the Global Fund to Fight AIDS, Tuberculosis and Malaria. "We'll never be able to deal with the numbers of people that would have to go on treatment if we don't make a dramatic breakthrough in prevention."

"We need to put the power to prevent HIV in the hands of women."

International AIDS conferences are renown for mixing science and politics and Toronto's opening ceremonies were no exception. Conference co-chair Dr. Mark Wainberg drew sustained cheers when he slammed Prime Minister Stephen Harper for slighting the conference, which has drawn 24,000 delegates from around the globe.

"Mr. Harper, you have made a mistake that puts you on the wrong side of history," said Wainberg, director of McGill University's AIDS Centre. "The role of the prime minister includes the responsibility to show leadership on the world stage. Your absence sends a message that you do not regard HIV/AIDS as a critical priority. "Clearly, all of us here tonight disagree with you."

In Harper's stead, Health Minister Tony Clement told the huge crowd at the Rogers Centre that HIV/AIDS requires "all of us to respond in an unprecedented and historic way."

"That is why we are here this week," Clement said to catcalls of "Where's Stephen Harper?" and protesters holding up signs. One read: "Sleep in, Steve? AIDS never sleeps."

The Microsoft founder said he will call on the world to accelerate research into microbicides - drugs that can block the virus from entering and infecting a person - and oral drugs that would prevent acquisition of HIV. "We hope and expect that this could be the next breakthrough."

Such measures are particularly important because they would benefit women who now have to rely on men to agree to abstinence or condom use "And that simply isn't getting the job done. A woman should never need her partner's permission to save her own life," Gates said. "So there's progress on these but the pace has been too slow."

His wife, Melinda, stressed the need to use and make more widely available the tools known to stop the spread of the virus.

In a clear swipe at governments - including her own - that preach abstinence over condom use, she said: "If you oppose the distribution of condoms, something is more important to you than saving lives."

She said some people believe condoms promote sexual activity. "But withholding condoms does not mean fewer people have sex; it means fewer people have safe sex - and more people die," the philanthropist said to loud applause.

Gov. Gen. Michaele Jean - a native of Haiti - recalled the stigma around HIV/AIDS to which people of her homeland were subjected, saying it is time to change attitudes about the disease in all corners of the world.

"AIDS knows no boundaries, nor has it any regard for our prejudices or the ways in which we ostracize and abandon one another," Jean said. "Is that not reason enough to put those prejudices to rest and come together to fight this universal threat?"

"We must be relentless in our fight against discrimination, which breeds fear and ignorance. We must ensure that people living with this disease are not treated like pariahs."

Frika Chia Iskandar, an HIV-positive woman from Jakarta, said "stigma and discrimination are still happening, noting that a dentist refused to treat her last year. "It's still there. Nothing much has changed."

The conference has brought an estimated 24,000 delegates and 3,000 journalists from around the world to Toronto for the biggest gathering in the now-biennial meeting's 21-year history.

Former U.S. president Bill Clinton, the crown prince and princess of Norway, UN AIDS for Africa envoy Stephen Lewis, and actors Richard Gere, Sandra Oh and Olympia Dukakis are scheduled to attend.

The two-hour opening was to be followed by a concert featuring Alicia Keys, Barenaked Ladies, the Blue Man Group, Our Lady Peace, Amanda Marshall and Chantal Kreviazuk.

Conference workshops and plenary sessions officially begin Monday, and will deal with a wide range of issues - from scientific research to caring for those with HIV/AIDS to preventing the spread of the virus, which has killed 25 million people in the last 25 years and infected about 40 million worldwide.

Stress - Helping your body beat stress (Article from Healthnewsletter@Medbroadcast.com)

Your body is naturally equipped to deal with a certain amount of stress. But if stress increases and your reserves are low, stress can have a bigger impact. Building up your defenses is a "long-term" plan for reducing stress. It will also improve your overall health and give you more energy. To help prepare your body to deal with stress:

- Make sure you are getting enough sleep. Most people need 7-8 hours per night. If possible, get extra sleep before and during periods of increased stress.
- Eat a balanced, nutritious diet. Good nutrition can improve your ability to handle stress by keeping your immune system strong.
- Avoid using caffeine, cigarettes, or alcohol as a way of dealing with stress.

It's easy to relax when you're not feeling stressed. It takes a special effort to learn how to relax in a stressful situation. There is no "right way" to relax that works for everyone. Most people use a combination of methods, and find that different situations call for different ways of relaxing. You may need to try several techniques before finding the one that works best for you. Here are a few things that can help reduce stress:

- yoga
- tai chi
- regular physical activity: try to exercise for at least 30 minutes most days of the week
- meditation and deep breathing exercises
- taking part in a favourite hobby, such as gardening, dancing, reading, or listening to music

New Magazine Aims at Improving Health & Wellness within North America's Native Communities

Denver, Colorado, U.S.A, June 28, 2006...For the first time ever, a new magazine, *Medicine Bundle*, will be launched during the opening ceremonies of the North American Indigenous Games (NAIG) in Denver, Colorado at Invesco Field.

The magazine is intended to encourage healthier lifestyles among the Native North American population.

“For years our community (Native North Americans) has been told by outsiders how to live and how to be healthy. The Medicine Bundle is a major step towards rediscovery of our health, directed by our own people, through our own voices,” says Leslie Lounsbury, Publisher of Medicine Bundle.

For centuries Native people of North America lived in harmony with nature and enjoyed the balance of life. Since time immemorial, elders of various tribes shared their knowledge of traditional medicines and healing practices. Through *Medicine Bundle*, these practices will be shared and revived within our great nation.

“Let's face it—health in the Native North American community needs to be addressed in a positive sense. We need to share our successes, create new ideas, and promote healthy living and practices. The Medicine Bundle is a voice for change. We will showcase Native talent, health providers, and community members. We will share experiences that make a difference, that create ripples of good will,” stated Editor-in-Chief, Dr. Gilles Pinette.

The North American Indigenous Games are a celebration of sport and culture for Indigenous peoples of North America. Approximately 7,500 Indigenous athletes representing 31 Delegations from across the U.S. and Canada are expected to participate during the seven day event. An additional 30,000 supporters and spectators will also attend.

“What better place to introduce Medicine Bundle than here at NAIG where thousands of Native people gather to celebrate sports and culture - key components of healthier lifestyles,” concluded Leslie Lounsbury.

A press conference will take place on Sunday, July 2, 2006 (4PM) at Invesco Field (Gateway Plaza on the west side) in Denver, CO. Special guests will be in attendance.

-30-

For more information, please contact:

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Sugary drinks are piling on pounds, new report says Aug. 09, 2006

Provided by: Canadian Press Written by: MARILYNN MARCHIONE

(AP) - Americans have sipped and slurped their way to fatness by drinking far more soda and other sugary drinks over the last four decades, a new scientific review concludes.

An extra can of soda a day can pile on 15 pounds in a single year, and the "weight of evidence" strongly suggests that this sort of increased consumption is a key reason that more people have gained weight, the researchers say.

"We tried to look at the big picture rather than individual studies," and it clearly justifies public health efforts to limit sugar-sweetened beverages, said Dr. Frank Hu, who led the report published Tuesday in the American Journal of Clinical Nutrition.

He and others at the Harvard School of Public Health reviewed 40 years of nutrition studies that met strict standards for relevance and scientific muster. The work was funded by ongoing grants to his lab from the federal government and the American Heart Association.

Soft drink trends have marched lock-step with the growing obesity epidemic, but industry groups have long fought efforts to say one directly caused the other. Not all studies conclude that beverages are at fault, and the new analysis ignored some that would have discounted such a link, the American Beverage Association said in a statement issued in response to the study.

"Blaming one specific product or ingredient as the root cause of obesity defies common sense. Instead, there are many contributing factors, including regular physical activity," says a statement from the group's senior science consultant, Richard Adamson.

However, Dr. David Ludwig, director of the obesity program at Children's Hospital in Boston and a longtime advocate of curbs on soda, said blaming other factors misses the point.

"Could you imagine somebody saying we should ignore the contribution of hypertension to heart attack because there are many causes? It's ludicrous. Yet this argument resurfaces with regard to obesity," Ludwig said.

When it comes to beverage trends and obesity, "it's like documenting the force of gravity," he said. "There's an overwhelmingly strong case to be made for a causal relationship."

About one-third of all carbohydrate calories in the American diet come from added sweeteners, and beverages account for about half of this amount, the new report says.

The main sweetener in beverages - high-fructose corn syrup - contains slightly more fructose than ordinary table sugar. Some studies suggest that pure fructose fails to spur production of insulin, which is needed to "process" calories, or leptin, a substance that helps regulate appetite.

Industry scientists say this small difference in fructose content does not justify some nutrition experts' arguments that sweetened beverages are less satisfying.

Regardless of this debate, a single 354-ml can of soda provides the equivalent of 10 teaspoons of table sugar, the Harvard review says.

The 30 studies included in the new review are of different types - experiments where beverages were curtailed or modified, studies of cross-sections of the population. While all do not show harm, they collectively suggest that soda and sugary drinks "should be discouraged," the authors write.

Federal dietary guidelines recommend beverages without added sugars, and the World Health Organization advises that added sugars should provide no more than 10 per cent of total calories.

Increasingly, sugary drinks are being restricted in schools. In May, top beverage distributors agreed to stop selling non-diet sodas in certain schools and restricted sales in certain settings where young children buy them.

Article from FamilyandChildrensHealth@Medbroadcast.com

More kids, adults too fat, says StatsCan, raising chronic disease concerns

Provided by: Canadian Press Written by: STEPHEN THORNE

OTTAWA (CP) - Too many Canadian kids are too fat, and if they and their parents don't do something about it, they face a future of diabetes, osteoarthritis and heart disease, health officials warned Wednesday.

The concerns followed release of a Statistics Canada study indicating some obesity rates in the country have more than doubled. The rising number of obese and overweight children is "particularly disconcerting because obese and overweight children tend to be obese and overweight adults," said Dr. Gregory Taylor.

"This is going to influence and cause a lot of increases in chronic disease," added Taylor, head of Chronic Disease Prevention and Control at the Public Health Agency of Canada. Obese and overweight children "will be experiencing the risks of that for their entire lifetimes. It's very alarming."

The StatsCan study, the first comprehensive nutrition survey in more than 30 years, says that three per cent of children ages 12 to 17 were obese in 1978-79. That figure had risen to eight per cent, or 500,000 fat kids, by 2004.

For the first time, the study actually measured height and weight rather than relying on the word of respondents. It suggests 26 per cent of children between 12 and 17 are either obese or overweight.

Meanwhile, adult obesity rates rose to 23 per cent from 14 per cent over the same period. "Are we concerned that the trends will continue? Absolutely concerned," Taylor said.

Even so, Canada's adult obesity rate was significantly lower than that in the United States, where 30 per cent of adults were obese in 2004.

The statistics shouldn't be any surprise to health professionals, who are seeing more cases of chronic disease than ever.

As expected, obesity was related to diet and exercise - what Diane Finegood of the Canadian Institutes for Health Research called "a small imbalance of energy in and energy out compounded, like a mortgage, on a daily basis."

Solving the problem will require a multi-faceted approach, officials said.

"Our environment has changed fundamentally," said Mary Bush, head of nutrition, policy and promotion at Health Canada.

"Food is very available. Portion sizes are very large. The energy density, or the calorie level, of the foods that are readily available are very significant."

And society as a whole is more sedentary.

"Watching television, playing video games and using the computer are common pastimes for many Canadian children," says the study.

More than a third of children between six and 11 years old logged more than two hours of so-called "screen time" each day. They were twice as likely to be obese or overweight as children logging an hour or less.

The relatively recent introduction and proliferation of video games and home computers hampers efforts to track screen time over long periods.

A 1988 survey put weekly TV viewing among 12-to-17-year-olds at nine hours. That figure now stands at about 10 hours. But add computer and video games, and screen time among adolescents averages 20 hours a week.

Government can do its part with awareness and public information programs but it's not enough, officials said. "This isn't only the health sector, this is all sectors that need to respond," Bush said.

Among children, at least, parental control is "absolutely critical," she said. "But we also have to recognize that families themselves have changed."

The number of single-parent and double-income households have increased. "Latch-key" children are far more common than they used to be.

"Even parents are challenged," said Bush. "They may have the best will in the world, but they get there late and they need to address an issue of feeding their family and getting up the next day.

"It's a challenge that we all have to rise to."

The study found that while rates of overweight and obesity among youths varied across Canada, the highest rates were in the Atlantic provinces.

It says adults who ate fruit and vegetables less than three times a day were more likely to be obese than were those who consumed such foods five or more times a day.

Marital status, education and income also influenced obesity.

"Men living in higher income households tended to have higher chances of being obese," the agency said.

"Women coming from middle-income households had higher levels of obesity."

MensHealth@Medbroadcast.com

Living with Psoriasis - Seniors and psoriasis - From SeniorsHealth@Medbroadcast.com

Living with psoriasis as a senior presents its own set of challenges. You may find it difficult to get to your doctor's office or clinic, especially during the winter months with snow and ice on the ground. Ask a family member, friend, or caregiver to help coordinate such things as planning for the visit to your doctor and your transportation there. If you have trouble remembering your appointments, ask your doctor's secretary to send you a reminder card.

Another challenge that many seniors face is managing their own medications for various medical conditions in addition to psoriasis. If you have trouble keeping track of your medications, let your doctor and pharmacist know. Work with your doctor and pharmacist to find a treatment plan that meets your needs and suits your lifestyle. Ask them if you have any questions about your medications or are having trouble with such things as side effects or forgetting when to take them.

In order for your health-care professionals to provide you with the best possible care, they will need to know your medical history and any medications that you're taking. So be sure to inform your doctor and pharmacist of any changes to your medical condition(s) and medication profile. Also, keep them updated on a regular basis if there are any issues in your personal life that may affect your psoriasis in a negative way.

Patients not getting therapy with antidepressants, study says Aug. 9, 2006

Provided by: Canadian Press

Written by: LINDA A. JOHNSON

TRENTON, N.J. (AP) - A huge study found that patients on antidepressants rarely get the psychiatric therapy needed right after they start the drugs, a time when risk of suicidal behaviour can rise temporarily.

Two-thirds of children and even more adults did not see a doctor or therapist for mental health care once within a month of beginning drug treatment, according to the study by Medco Health Solutions Inc., which manages prescription benefits for health plans.

Experts suggest the cost of therapy, a lack of follow-up by busy family doctors, and a shortage of psychiatrists in some parts of the country might help explain the problem.

Medco's study of 79,488 adults and 5,026 youngsters reviewed prescription and doctor visit records from July 2001 through September 2003. That was before the U.S. government urged drug makers to put warnings on their products calling for close monitoring of suicidal thoughts or violent behaviour in the early weeks after starting the drugs.

"Many of these people probably should have had more follow-up than they did, regardless of the FDA guidelines," said Dr. Glen Stettin of Franklin Lakes-based Medco, which paid for the study.

In early 2004, the Food and Drug Administration recommended that new antidepressant users see a doctor once a week for the first month and three more times in the following two months.

That advice is the agency's "best estimate" of what's reasonable, said Dr. Thomas Laughren, director of the Division of Psychiatry Products at the FDA. Laughren said he is concerned that so few people in the study failed to get therapy, but said the sicker patients probably got more help.

The Medco study also looked at treatment through the first three months and found that more than half the children and three-quarters of adults still had not had a mental health visit. Fewer than 15 per cent of patients got all the treatment the FDA recommends in the first month, according to the study, which was published in this month's American Journal of Managed Care.

More than half of antidepressant prescriptions are written by family doctors, and there are only about 40,000 psychiatrists in the United States. That's one reason some experts believe there is little follow-up care. In addition, Dr. Darrel Regier, the American Psychiatric Association's director of research, said that carrying out the FDA treatment recommendations would push costs up more than 50 per cent.

Stettin and other doctors said follow-up therapy has probably improved a bit since Medco's study was done because of heavy press attention, particularly about antidepressants and suicide concerns with teenagers. Medco plans an update to see if that's so.

Meanwhile, the number of children taking antidepressants dropped 18 per cent in the first three months of 2004, an earlier study by Medco found. "That's something a lot of people are concerned about," Laughren said.

That's because for many patients, not treating depression is more dangerous than the slight increased risk of suicidal behaviour at the onset of treatment - from two per cent to four per cent, according to 24 studies in children reviewed by the FDA.

"Ten per cent of patients with severe depression will kill themselves" without treatment, said Dr. Richard A. Friedman, director of the psychopharmacology clinic at Cornell University's medical school.

Overall antidepressant use, which rose about 10 per cent a year early in the decade, rose by less than two per cent last year before picking up slightly this year, according to health information company IMS Health. U.S. sales exceeded \$12.5 billion US last year.

Besides major depression, drugs such as Prozac, Zoloft, Paxil, Lexapro, Effexor, Celexa and Wellbutrin are prescribed for patients with anxiety and panic disorders, premenstrual syndrome and social phobias.

FamilyandChildHealth@Medbroadcast.com

Cutting Your Cancer Risk - Take control of your cancer risk

(from HealthNewsletter@Medbroadcast.com)

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

You can start by looking at the list of modifiable risk factors and asking yourself how you measure up.

Remember, these are risk factors you control. While you should feel good about the positive lifestyle decisions you've made, you also know when you are doing something that isn't good for your health. It's important to be honest with yourself.

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

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

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

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

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

Cancer Facts - Get the facts about Cancer:

- Cancer is a disease that starts in our cells. Our bodies are made up of millions of cells, grouped together to form tissues or organs such as muscles and bones, the lungs, or the liver. Genes inside each cell order it to grow, work, reproduce and die.
- Normally, our cells obey these orders and we remain healthy. Sometimes a cell's instructions get mixed up and it behaves abnormally. After a while, groups of abnormal cells can circulate in the blood or immune system, or they can form lumps or tumours.
- Tumours can be either benign (non-cancerous) or malignant (cancerous). Benign tumour cells stay in one place in the body and are not usually life-threatening.
- Malignant tumour cells are able to invade the tissues around them and spread to other parts of the body. Cancerous cells that spread to other parts of the body are called metastases. The first sign that a malignant tumour has spread is often swelling of nearby lymph nodes, but cancer can metastasize to almost any part of the body. It is important to find malignant tumours early and treat them.
- Cancers are named after the part of the body where they start. For example, cancer that starts in the colon but spreads to the liver is called colon cancer with liver metastases.

For more information, please visit the Canadian Cancer Society online at www.cancer.ca or call the Greater Vancouver office at 1-888-229-8288.

Provided by the Vancouver Coastal Health Authority, www.vch.ca

Vancouver Area Asthma Clinics Teach Self-Management

A joyful greeting from a dog triggered a reaction that led to an asthma attack resulting in a two-day hospital stay. Stirring up the dust during a routine spring-cleaning sent another asthma sufferer to hospital. Knowledge about the disease and what triggers an attack helps those living with asthma avoid attacks.

“An asthma attack feels like an elephant is sitting on your chest and you can't breathe,” says Barbara Moore, Community Liaison Respiratory Therapist/Respiratory Disease Educator. “When patients understand the disease, its triggers and their medication, they can reduce asthma attacks, which means they will lead healthier, more productive lives.”

It is estimated 71,000 people living in the area served by the Vancouver Coastal Health Authority live with asthma, a chronic inflammatory disease impacting the airways. The Lions Gate Hospital Adult Asthma Care Centre, along with similar clinics at Richmond Hospital and at Vancouver General Hospital, works with clients to help them understand and take responsibility for their asthma.

The initial assessment at the clinic examines the triggers that lead to attacks and how medication is used to manage the condition. Although each asthma case is unique, allergies to pets, dust mites or even airborne pollutants commonly lead to asthma attacks. Additionally, unintentional medication misuse is common as clients frequently treat their symptoms and not the underlying inflammation of the airways.

Clients are taught to monitor their condition using symptoms or a peak flow meter, a device that measures expired airflow, for a month. Based on this data along with findings from the initial assessment, the clinician and the client work together to develop an action plan that addresses environmental causes for attacks and

ensures appropriate medication is used when necessary. The clinician calls the client six months later to evaluate the individual asthma action plan and fine-tune if necessary.

“Just like diabetes, you have to stay on top of asthma. It can’t be ignored as a severe attack can lead to death,” says Moore. “And staying on top of asthma means clients can exercise, enjoy a better night’s sleep, be more productive in their lives and avoid hospital stays.”

For more information, please call Barbara Moore, Community Liaison Respiratory Therapist/Respiratory Disease Educator, 604-988-3131 ext. 4954.

Provided by the Vancouver Coastal Health Authority, www.vch.ca

Does domestic violence touch you? By Dr. Paul Martiquet, Medical Health Officer

So many people ‘know’ that there is domestic violence in our communities. “Not to anyone I know!” is a common refrain. While we could attribute that thought to wilful blindness, it is more likely due to a disbelief that anyone close to you could possibly be inflicting, or receiving such awful treatment.

The definition of domestic violence commonly used is: “the experience or threat of physical or sexual violence or financial or psychological/emotional abuse by a current or ex-partner.” Over the past several years, the incidence of domestic violence in Canada has remained fairly constant at about 7% to 8%. Despite the evidence, so many of us keep thinking that “it cannot be happening to someone I know.”

Domestic violence follows a vicious cycle that often explodes into physical violence or other form of abuse. After the incident, the abuser is full of sadness and often promises that “it will never happen again”. But it does. And again. And again. And again. This is called the cycle of violence, and it is pretty much constantly present in domestic violence situations. The cycle will not be broken without help.

The cycle of violence contains three main phases. First there will be tension building, continuing until there is an explosion. Afterwards, the honeymoon phase will begin again, cycling eventually back to tension.

There is no typical victim or abuser in these situations. The victim may be a woman or a man, may be in a traditional heterosexual marriage or in a same-sex partnership. Domestic abuse is not particular to any socioeconomic class — both rich and poor find themselves in the same situations. The abuse can occur during a relationship, while the couple is breaking up, or even after the relationship has ended.

Knowing what signs to look for makes it easier to identify potential cases of domestic abuse. Some of the signs include belittling or ridiculing hopes, plans and ambitions; control over whom you can visit or associate with; destruction or vandalism of your possessions; controls all the money in the relationship, including what it is spent on; jealousy of your friends or family and putting them down; hitting, slapping, punching, kicking or biting — ever. A good and simple test is: do you like yourself less after being with this person?

Look for the signs not only in your own relationship, but also in those of the people around you. You might be (unpleasantly) surprised at what you see.

What can we do? The first and most important step is to realize that domestic abuse exists, and avoid blaming the victim. Speak out when you observe abuse, and name it when you see it. Do not try to rescue the woman. You can’t do it! Instead, offer support for her decisions about her life. Refuse to put up with belittling or demeaning comments or jokes about domestic violence.

Domestic abuse and violence are not acceptable. They are a scourge upon our families and community and anything we can do to reduce it benefits all of us, not just the victim. Don't laugh at that joke. Don't accept a friend being belittled in public. Name the abuse when you see it.

For more information online, please visit www.vch.ca/programs/domestic_violence.htm
Provided by the Vancouver Coastal Health Authority, www.vch.ca

About VCH:

The Vancouver Coastal Health Authority (VCH) delivers health services to over one million people in communities from Richmond through Vancouver, the North Shore, Sunshine Coast, Sea to Sky area, Powell River, Bella Bella and Bella Coola. VCH manages a full range of health services and programs, from acute care hospitals to community-based residential, home health, mental health and public health services.

Proper brushing techniques - from Medbroadcast.com

Why brush?

Proper brushing in combination with flossing will help to keep teeth and gums healthy and prevent common dental problems such as gum disease. Brushing regularly is an important factor in maintaining oral health.

What tools do I need for proper tooth and gum brushing?

- **Use a high quality, soft, angled bristle toothbrush or an electric toothbrush:** Soft, flexible bristles are more gentle on the gums. An angled toothbrush makes it much easier to remove plaque below the gum line, helping to prevent periodontal disease.
- **Use toothpaste with fluoride:** Fluoride hardens the outer enamel layer of the teeth, increasing their resistance to cavities.

What is the proper way to brush my teeth?

1. **Use a pattern when you brush:** To avoid missing teeth, it is helpful to start with the areas that are easily forgotten like the insides of the teeth and back chewing areas.
2. **Carefully brush all tooth surfaces:** Move the brush over the surface of 2 to 3 teeth at a time using short, circular motions and applying firm but gentle pressure so that the bristles slide under the gum line. Do not use a back and forth motion on teeth as this causes damage to the gums. Allow some overlap as you move to the next set of teeth to make sure that the brush makes contact with each tooth on all sides and surfaces.
3. **Brush for at least 3 to 4 minutes:** Dentists recommend brushing for at least the entire length of a song. To ensure you are brushing for the recommended period of time try listening to the radio or watching TV while you brush. You can also use an egg timer to track your time.

Brushing Tips

Brush your tongue: This removes germs and bacteria and help to keep your breath fresh.

Rinse with water after brushing: This will discard any debris left after brushing and keep your mouth moist, preventing dry mouth.

Change your toothbrush every 3 to 4 months: Not only are old toothbrushes ineffective, they can also harbour harmful bacteria that can cause infection. You should also change your toothbrush after any illness.

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PROVERBS:

Where there is a sea there are pirates. Greek
When eating bamboo sprouts, remember the man who planted them. Chinese
No need to teach an eagle to fly. Greek
Never rely on the glory of the morning or the smiles of your mother-in-law. Japanese

BIBLE QUOTES:

"Take heed that ye do not give alms before men, to be seen of them. Do not sound a trumpet before you. But when you give, let not your left hand know what your right hand does, that your gift may be in secret, and your Father who sees in secret shall reward thee openly." Matthew 6:1-4
"A man that bears false witness against his neighbor is as harmful as a maul, a sword, and a sharp arrow." Proverbs 25:18
"I saw the dead, great and small, standing before God; and the books were opened. Another book was opened, which is the book of life. The dead were judged out of those things recorded in the books." Revelations 20:12

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

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

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

Quotations:

"Work is not always required...there is such a thing as sacred idleness, the cultivation of which is now fearfully neglected." George MacDonald
"To believe your own thought, to believe that what is true for you in your private heart is true for all men - that is genius." Ralph Waldo Emerson
"Poetry affords us a respite in which we may gather renewed strength for the old struggle to adapt ourselves to reality." Robert Haven Schauffler

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

HEARTFELT THANKS TO THE NUU-CHAH-NULTH TRIBAL COUNCIL, TSESHAHT FIRST NATION, VINA ROBINSON AND ALL OF THE NUU-CHAH-NULTH PEOPLE FOR HOSTING THE 30th ANNUAL BC ELDER'S GATHERING THIS PAST JULY 18, 19, 20, 2006

FUTURE UPDATES CAN BE FOUND HERE AS SOON AS THEY BECOME AVAILABLE FROM SQUAMISH, THE HOST FOR THE 31ST ANNUAL ELDERS GATHERING IN 2007

PLEASE WATCH YOUR ISSUES OF THE E.V. FOR UPCOMING NEWS.