



Dear Elders and Elders Workers,

**\*\*Re-Running Important Announcement: No Bidder Yet\*\***

It is with regret that I inform all of you that the host for next year's 29th Annual BC Elders Gathering is no longer in place, it was believed to have been the Nuu-chah-nulth Nation (Pt Alberni), but unfortunately they needed to withdraw. Please rest assured that this group is seriously looking into hosting all of you in **2006** as was there original intent when bidding in Kamloops.

I have received a great many calls from groups since the Gathering concerning some large confusions centered around the voting process for King and Queen/New Hosting Community. I feel that the only fair thing I can do at this point is to help find a new host by advertising this to **all** of the Elder's Groups I send to and open the bidding for the Gathering up again to everyone.

Anyone who would like to submit their group's bid is asked to do so no later than **4 pm November 22nd, 2004**. All bidders names will be put on a **mail-in ballot** which will then be included in the Nov. 1st issue. It will be of paramount importance that this winning bidder is able to get started right away with preparations for the Gathering as the winning group could not possibly be announced provincially till the January 1st issue of the Elder's Voice.

So, bids in now by Nov. 22nd, a **mail-in ballot** in the Dec. issue (if there is more than 1 bidder) and the winner in the January issue. Unfortunately, **I can not afford** for people to vote on my Elder's toll-free line as that could be hundreds or thousands of calls and the same goes for the fax machine, that many ballots faxed in here would probably finish off my little fax machine & the office really needs it to work.

The treasured King and Queen's Regalia, Totem Pole and donated funds (\$700), etc. have all been forwarded to me in Campbell River for safe keeping until another King and Queen is chosen, at which time I will forward it all to the New Host. Pass the word, a bidder is needed for this important event.

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## **Easy Bakers Corner – Vanilla Berry Muffins - Easy and Tasty**

In a large bowl, stir together 1 3/4 cups all-purpose flour, 1/3 cup of granulated sugar, 1 1/2 tsp. baking powder, 1/2 tsp. baking soda, 1/4 tsp. salt.

In another bowl, stir together 1/3 cup of melted butter or margarine, 3/4 cup (6 oz. container) vanilla flavoured yogurt and 1 egg.

Stir the liquid ingredients into the dry ingredients gently just until dry ingredients are moistened. Blend in 1 cup of fresh blueberries.

Spoon into 24 lightly buttered miniature muffin tins or 12 regular muffin tins. Sprinkle tops of muffins with sugar, if desired.

Bake at 400 °F for 10 to 12 min. for the mini muffins or about 15 min. for regular sized muffins. Serve hot.

**Handy Tips:** Too much Salt? If a stew is too salty, add raw cut potatoes. Then discard them after they have cooked and absorbed the salt. Or add a teaspoon of cider vinegar and a teaspoon of sugar. Or just add sugar.

To make rich, brown gravy, put some flour into an (oven proof) custard cup and place beside the meat in the oven. When the meat is done, the flour will be brown. Add cooking juices gradually, stirring constantly and bring to a boil.

**FRESH EGGS** - A fresh egg will sink in water, a stale one will float. If you shake an egg and you hear a rattle, it is most likely bad.

## **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. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content.

Donna Stirling

### **'PRESERVING THE PAST'**

**New Elder's Website: [www.bcelders.com](http://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](http://www.bcelders.com) as soon as they are made available from each new host community.

Issues of your Elder's 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:** Opinions contained in this publication are not those of Donna Stirling unless her name appears below the material. Elders are free to forward in whatever they feel they need to communicate to their peers without fear of censorships because this is the Elder's Voice. Also, the health articles are not meant to replace your doctor's advice, while they may help you have a list of questions at your disposal when you do see him or her, you should contact your family physician or health care worker for all health care matters.

## **NOTICE: TO ALL BRITISH COLUMBIA ABORIGINAL ELDERS**

### **You are invited to have your esteemed ELDER join the BC Elders Council**

The BC Elders Council is approaching every First Nation community in BC in these issue as they are looking to join Elders together into Regional Elders Advisory Boards that will be made-up of **existing** and **new** BC Elders Council Members. Their goal is to insure that each community feels that they are included and active in what is happening for the Elders in BC and the provincial Elders Council wishes to encourage an aboriginal elder from each local group to join the Council.

There will be 6 (perhaps 8) Regional Elders Advisory Boards and they will consist of BC Elders Council Members who represent their area's Band/Elder's Group/Society. There are currently 42 members on the BC Elders Council and they are hoping that groups will meet and then call into the Communications office (**toll-free 1-877-738-7288**) to see that the name of your chosen **ELDER** is entered on the BC Elders Council list .

The BC Elders Council travelled and met in Campbell River, May 28—31, these meetings were the first **full** meetings the Council has been able to have since formation in 2002. It has been difficult to meet because this **first ever** Aboriginal Elders Council had no financial help until quite recently and up until now Council communication had been through email, mail, fax, and phone calls. The minutes from this full weekend of meetings will be forwarded to each new member immediately to bring everyone up-to-date.

The BC Elders Council is extremely grateful to the Provincial Health Services Authority who made these meetings in May possible. The PHSA thankfully agreed that it was important to fund the BC Elders Council so that they could all meet to share and gathering information, particularly on the chronic disease **DIABETES** plaguing our communities and then take that information back home with them as they knew that the Elders are an important key to communicating back home.

During the course of the meeting, future provincial meetings were discussed and the difficulties faced in trying to find reliable funding quarterly, or even yearly to allow for large scale meetings (though funding for future provincial meetings will continue to be sought out), consequently the idea of having Regional Elders Advisory Boards made up of BC Elders Council Members was born.

These Regional Elders Advisory Boards could meet much more frequently and then send in their 'Regional Reports' on your discussions, progress, solutions, goals, stumbling blocks, questions, etc., to be printed in the monthly Elder's Voice newsletters so that you can all communicate on a provincial level with one another. (The Elder's Voice is mailed out to every community and posted on the Elder's Website [www.bcelders.com](http://www.bcelders.com) for people to access who have computers).

Your Regional Elders Advisory Boards will be in a position to discuss problems, solutions, financial issues, funding concerns for the Annual Gathering, and for your Elders in general, health concerns, language concerns, now and future homecare/housing needs, etc., with all of these issues being examined from your Elder's point of view.

These Boards promise to become the driving force for changes and improvements for our Aboriginal Elders in BC. Please call the above toll free number for further information on the BC Elders Council and the Regional Elders Advisory Boards.

Gala Kasla

## People Most “At Risk” of Food Poisoning What Foods to Avoid

### Who is Most “At Risk” of Food Poisoning?

Most people can eat the foods they buy in the store as long as it is properly prepared and not worry about food poisoning. However, some people have weakened immune systems. People with weakened immune systems have trouble fighting the germs that might be found in certain foods. As such, these people are at higher risk of getting food poisoning from eating certain foods – even when they are prepared in a safe manner. There are several different groups of people who can have weakened immune systems and are at higher risk of getting food poisoning. These include:

- elders;
- people with AIDS, cancer, diabetes, kidney disease, and other chronic diseases;
- people who are taking immune suppressing medicine (e.g. for people who have had organ transplants);
- people with alcohol or drug dependencies;
- newborn babies and young children (under 2 years old); and
- pregnant women and their unborn babies.

The government works closely with the food industry to reduce the risk of food poisoning. However, there are some foods that are just more “*risky*” than others – especially for people with weakened immune systems.

### What Foods to Avoid

Some foods are more risky than other foods, especially for people with weakened immune systems. Health agencies recommend that people who are at higher risk of food poisoning should avoid the following foods:

#### Shellfish

Dangerous germs can sometimes be found in the waters where shellfish are harvested – especially in the warm summer months. The germs build up in bivalve shellfish (like clams, oysters, and mussels) because of the way these animals feed. **People at higher risk of poisoning should not eat undercooked or raw bivalve shellfish.** Make sure any bivalve shellfish is properly cooked.

Another possible problem with shellfish is caused by *red tide* algae. *Red tide* algae makes a poison called paralytic shellfish poison or PSP. When the shellfish eat the algae, the PSP builds up in the shellfish. Because **cooking will not destroy the PSP**, anyone eating affected shellfish can get very sick. As such, it is very important to only harvest shellfish from areas that are open for harvesting.

#### Unpasteurized Fruit Juices and Ciders

Unpasteurized fruit juices/ciders have caused outbreaks of food poisoning in recent years. People at risk should not drink unpasteurized juice. If you do want to drink it, first bring it to a boil.

#### Traditional Native Foods

Because of the way they are sometimes prepared, some traditional native foods can cause food poisoning – especially for those people who are at high risk for food poisoning. Traditional native foods that have a higher chance of causing food poisoning include gink (fermented fish eggs or sometimes called *stink* eggs), fermented seal flipper, fermented beaver paws and tails, and cold smoked or fire smoked salmon. People at higher risk of food poisoning should avoid these foods.

## **Uncooked Sprouts**

Sprout seeds (bean sprouts, radish sprouts, alfalfa sprouts, and others) sometimes carry the germs that cause food poisoning. When the seeds are sprouting, these germs can grow to numbers where they can make people sick. Many recent outbreaks in Canada of food poisoning have happened from eating uncooked sprouts. However, if the sprouts are properly cooked, the germs will be killed and will no longer be able to make you sick.

## **Soft Cheeses**

Certain soft cheeses, such as Camembert, Brie, blue veined cheese and Mexican style cheeses (Queso blanco) have sometimes made people sick. Especially dangerous are soft cheeses that have been made with raw or unpasteurized milk. Hard cheeses, processed cheeses, cream cheese and cottage cheese are not dangerous.

## **Deli Meats (including uncooked hot dogs and bologna)**

Some deli meats and some brands of hot dogs and bologna are not cooked when they are prepared in the factory. As such, it is possible that germs which cause food poisoning might survive the preparation process. You can reduce the risk of deli meats, hot dogs, and bologna causing food poisoning by just not eating them or by cooking them well before you eat them. Liver pate has also been linked to several food poisoning outbreaks.

## **Are There Any Other Foods to be Careful About?**

You should always properly cook raw animal foods such beef, pork, poultry (chicken, turkey, etc.) and fish. Do not drink unpasteurized milk or eat eggs unless they have been cooked so the yolk is no longer runny.

People at higher risk of food poisoning should also cook fruits and vegetables that cannot be thoroughly scrubbed and washed – especially those which are grown in or on the ground. If they are to be eaten without cooking, peeled fruits and vegetables (like bananas and oranges) are less risky than fruits and vegetables that are not peeled before eating. Always wash fruits and vegetables before eating them. Take special care when washing fruits and vegetables such as parsley or lettuce that are harder to clean than fruits and vegetables with smooth skins.

Lynn Wilcott is a Food Safety Specialist with the BC Center for Disease Control.

## **Media Review Friday September 17, 2004 DIAND Public Affairs / Emerging Issues**

### Health Summit Winners and losers [Gloria Galloway, Globe and Mail, A5, September 17]

...While Mr. Martin abandoned ambitious plans for a home-care program, he corralled the provinces into some accountability with regard to outcomes. And while \$18-billion over six years is more than he initially offered to throw into the pot, his willingness to compromise allows him to wear the mantle of generosity on health care

....Phil Fontaine, leader of the Assembly of First Nations, gains an additional \$700-million over five years to improve health services for status Indian bands, Inuit and Metis in an agreement that bears much similarity to recent recommendations put forth by his organization.

It's a deal that aims to raise life expectancies and other measurable health goals of aboriginal people to the Canadian average. Mr. Fontaine was able to praise the initiative and make the point that aboriginals must not be "second-tier citizens."

For further comment, please contact the individuals listed within the press release.

Cowichan Tribes  
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Telephone: (250) 748-3196 Fax: (250) 748-1233  
NEWS RELEASE  
EMBARGOED UNTIL NOON, MON, OCT. 18TH  
18 October 2004

### Cowichan Tribes Appeals to United Nations for Review of Treaty

DUNCAN, BC – Chief Harvey Alphonse is meeting with United Nations (UN) officials on October 21st and 22nd to discuss the lack of progress in Treaty negotiations with the Canadian and BC Governments.

“We have been in this Treaty process for 11 years and we see little commitment on the part of the Canadian and BC Governments to negotiate a Treaty and address our unique circumstances,” said Chief Alphonse. “They have their foot in the door to keep it ajar, but refuse to come all the way in.”

“At the same time, they continue to alienate our territory by selling off what Crown land remains without our consent, denying our rights to fisheries, and not taking responsibility for the past actions which have threatened our people, our traditional beliefs, and our language,” continued Alphonse. “In our minds, this is paramount to ignoring our rights to access to our lands and resources, and to our Indigenous right to self-determination. Canada is a signatory to international covenants and agreements that protect these rights, and we believe they are in violation of these agreements.”

The situation on Vancouver Island is unique in that most of the land was given to the Dunsmuir as payment for building the E&N Railway – with no compensation whatsoever given to Cowichan Tribes and other First Nations. Eighty-five percent of Cowichan core territory was given to the Dunsmuirs, and the remainder has or is being systematically sold off and developed. In other parts of Canada, First Nations were compensated when land was taken for railway purposes.

“These land sales have left Cowichan Tribes in a precarious position,” said Alphonse. “We are very worried that there will be nothing left to put into a Treaty. How can we continue to negotiate in good faith when both levels of government have knowingly sold our lands and harvested our resources and yet refuse to discuss paying compensation? We have never given up our land title and rights, and it is more than frustrating to have to negotiate for something that is rightfully ours.”

Cowichan Tribes also continues to suffer from the legacy of the residential school system. “At this point we have poorer health, lower levels of education, lower income levels, higher unemployment, and a higher number of suicides than is the Canadian norm,” commented Alphonse. “These statistics are dismal, and are a direct result of the genocide-type tactics implemented by governments in the early part of the 20th century to resolve the ‘Indian problem’.”

“With the hard-earned crumbs that we have managed to negotiate so far, we have started to rebuild our community,” said Chief Alphonse. “We have been delegated responsibility for administering Housing, Children and Families, Health, Education, and Social Assistance, but we remain encumbered by the policies and procedures imposed by both levels of government. And we have created an economic development subsidiary to generate both jobs and revenue, but again, developing this company to its full potential is equally constrained by our current limitations.”

“Let me be clear: we are anxious to move ahead to resolution, and we are prepared to be reasonable” concluded Alphonse. “A modern treaty will provide us with the power and authority to restore full self-government. Such a treaty would also end the uncertainty for neighbouring governments, industry, business, landowners, and the taxpayers, not to mention stop the drain on resources for all parties.

“But we have reached a stalemate. The whole process needs to be looked at with fresh eyes and we would like the UN to be those eyes.”

In the meantime, Cowichan Tribes continues to press the government for a Treaty process that addresses their unique circumstances. Chief Alphonse is in Ottawa Monday, October 19th meeting with a number of senior officials to discuss issues of concern.

See attached backgrounder About Cowichan Tribes.

Contact: Mary Venneman, Communications Manager, Phone: 250-748-3196, Ext. 412, Cell: 250-709-5424 Email: [mary.venneman@cowichantribes.com](mailto:mary.venneman@cowichantribes.com)

Note: Chief Harvey Alphonse will be available for comment in Ottawa Mon evening, Oct 18 after 7 pm EST, or Tues afternoon, Oct 19th at 1 p.m. EST by phone.

## **Aboriginals half as likely as Caucasians to get kidney transplant: study Sep. 13, 2004**

**Provided by: Canadian Press Written by: SHERYL UBELACKER**

TORONTO (CP) - Aboriginals have double the risk of developing kidney failure but less than half the likelihood of receiving a kidney transplant compared with Caucasian Canadians, a study of dialysis patients in three western provinces suggests.

Dr. Marcello Tonelli, a kidney specialist at the University of Alberta and lead author of the study, said the life expectancy of patients on dialysis was found to be no different for aboriginals than for Caucasians after taking other health problems into consideration.

"But aboriginal people are less than half as likely to receive a kidney transplant compared with white people after they start dialysis," Tonelli said in an interview from Edmonton. "And the reason this is an issue, all things being equal, is that kidney transplantation is the preferred form of treatment for kidney failure."

That's not to say there is any anti-aboriginal bias at work, said Tonelli, whose study appears in Tuesday's issue of the Canadian Medical Association Journal (CMAJ).

In fact, a subsequent study of patients in northern Alberta found that the rates of physician referral for kidney transplants were equal for native and non-native Canadians, he said. "However, aboriginal people were less likely to be successfully placed on the (transplant) waiting list. So this suggests that there may be a barrier that occurs after the time of referral."

The researchers followed 4,333 adults in Alberta, Saskatchewan and Manitoba for 10 years after they first began dialysis, a procedure that takes over the kidneys' job of cleansing the blood when the organs fail.

About 16 per cent of those patients were aboriginal, while most of the others were Caucasian. Diabetes, the most common cause of kidney failure among all Canadians, is rampant among aboriginals and at least three times the national average. As a consequence, there has been a dramatic jump in the number of native Canadians needing dialysis.

While the 1990-2000 study didn't address reasons for the yawning gap between kidney transplants for native patients compared with non-native, Tonelli speculated a number of factors may be at play.

-Aboriginal people may have other serious health problems that develop after they start dialysis that make them unsuitable medical candidates for a kidney transplant.

-Geographical access: Many aboriginal Canadians live in rural areas far from major treatment centres, where numerous tests are performed before someone is put on the waiting list for a donor kidney. Difficulty in travelling to these centres may act as a barrier.

- Once on the transplant waiting list, the possibility of finding a suitable kidney from a deceased donor might be lower in some groups because of blood-group and tissue-type differences. There is a shortage of available organs for all blood and tissue matches.

There is also a shortfall among living donors - relatives and friends who might consider giving one of their kidneys - among all ethnic groups in Canada, said Tonelli. But the shortage may be exacerbated in aboriginal communities because of a higher risk of kidney-destroying diseases among potential donors.

-Cultural attitudes: Some aboriginal people may mistrust the notion of organ transplantation based on religious and/or cultural traditions.

Sociologist Jerry White, director of the University of Western Ontario's First Nations Cohesion Project, said for aboriginals living in remote areas, travelling for health services can be so disruptive that some end up moving from their community to be closer to medical centres.

"Often what we find is that many people forego the kind of treatments they need because they not only have to go through the difficulty of the treatment itself . . . they also have to go through all the travel and family arrangements and costs that aren't totally covered to move from these remote communities to where the facilities are."

"And then if you're waiting on a list, do you go back home? Do you wait and then give up and move back?" White said from London, Ont., noting that some people fall through the health-care cracks because they end up having no permanent residence and may not have registered their whereabouts.

"And this makes it difficult to make contact to inform them that their number has come up for (a transplant)," he said.

Yet, when aboriginal people do have kidney transplants, their health improvement and life expectancy is no different from Caucasians who get a new organ, said Tonelli, whose study's release coincides with the meeting between Ottawa and the provinces on sustaining medicare, which opened Monday with a federal promise of \$700 million to improve aboriginal health care.

"So, we really need to do more research to find out what the reason is for this difference and we need to do it in consultation with aboriginal people and aboriginal communities to determine what these potential barriers are and, if appropriate, how we could overcome them."

Allen Deleary, a spokesman for the First Nations Centre of the National Aboriginal Health Organization (CAHO), said a boost in federal funding may provide an opportunity to take a closer look at diabetes and associated kidney failure, as well as ways to improve aboriginal access to such procedures as transplantation.

"I would also say quite clearly that from a First Nations perspective (as part of CAHO) . . . we'd certainly want to be in the driver's seat in doing that research with our community . . . in partnership or collaboration with both the academic research community and the medical practitioners," Deleary said from Ottawa.

The study was conducted by researchers at the universities of Alberta, Calgary, Saskatchewan and Manitoba. From Medbroadcast.com

## **Media Review Friday September 17, 2004 DIAND Public Affairs / Emerging Issues**

Native band seeks court review of B.C. timber deal[Gordon Hamilton, Vancouver Sun, G5]

....The Huu-ay-aht First Nation near Bamfield filed a petition in B.C. Supreme Court on Thursday seeking a judicial review of the government's Forest and Range Agreement program -- the vehicle for redistributing timber taken from forest companies for redistribution to Native bands. Under the proposal, the government took back 20 per cent of the timber from forest licensees. Half that amount goes to its own timber sales program, 40 per cent to First Nations and 10 per cent to resource communities....Chief Robert Dennis said although Huu-ay-aht territory accounted for only 17 per cent of Weyerhaeuser's Tree Farm Licence 44, the forest company will be harvesting from 50 to 60 per cent of the TFL's annual harvest from that territory over the next three to five years. The Huu-ay-aht are seeking a negotiated solution to the question of timber rights in their territory as Dennis said they fear there will be little timber left at the current rate of harvesting. The Huu-ay-aht want the court case to result in the province developing a new strategy for dealing with First Nations.

## Global action needed to keep aging world healthy, says WHO spokeswoman Sep. 15, 2004

Provided by: Canadian Press Written by: ROSS MAROWITS

MONTREAL (CP) - Maintaining a healthy lifestyle will help deal with the impact of chronic diseases that will accompany a rapidly aging world population, a World Health Organization spokeswoman said Wednesday.

"The time to act is now before we are overwhelmed by the number of older people," Silvia Perel Levin of the WHO's Aging and Life Course Program told a national conference on aging.

More than one billion people will be more than 60 years old by 2025, says the WHO. There are now 600 million people of this age and that number is expected to reach 2 billion by 2050, the vast majority in developing countries, the organization estimates.

Sharp declines in birth rates have contributed to the increase in the proportion of older people.

Having healthy people is especially important in poorer countries where people will be forced to work longer to keep their economies growing, Levin said. That requires a change in attitude to support health promotion and illness prevention over costly acute care.

"Just to say that because you are older, it's a burden on the health care is wrong," she said.

"The question is you need to maintain the independence and the autonomy of healthy people in order to cost less."

By 2050, people over 60 are expected to account for 21 per cent of the 8.9 billion people in the world. They represented just 10 per cent in 2000. Indonesia, Colombia, Kenya and Thailand are expected to experience the sharpest increases.

Accompanying the surge will be a growth in non-communicable diseases such as cardiovascular diseases, diabetes, Alzheimer's disease and cancers, the United Nations agency says.

"The developed world became rich before it became old and the developing world is becoming old before it has the resources to face such an aging population," she told a three-day Geriatrics conference that began Wednesday.

However, efforts in the United States have reduced the rate of chronically disabled. "We don't believe that it is a question of a lot of money. It is a question of where you put the resources," Levin said in an interview.

That also means giving people more flexibility and support to keep on working longer, she said. Older women play a key role, especially in areas of the world such as Africa that face the ravages of AIDS. Grandmothers there are caring for their grandchildren.

While women around the world are living longer than before, they aren't necessarily healthier, says a WHO report.

Poverty and education are important factors. Older women are more likely to be poor than older men and to have lower levels of education and literacy, said the study.

From Medbroadcast.com

**PRESS RELEASE: FOR IMMEDIATE RELEASE**

October 7, 2004

**UBCIC Supports Ehattesaht's Right to Protect Their Territory**

(Coast Salish Territory/Vancouver, October 7, 2004) "The Union of BC Indian Chiefs strongly supports any First Nation's right to protect their Aboriginal Title and Rights to their territory. It is in this spirit that the UBCIC supports the Ehattesaht First Nation's decision to block access of Western Forest Products to their territory," said Chief Stewart Phillip, President of the Union of BC Indian Chiefs.

Western Forest Products is the successor company to Doman Industries, which went through bankruptcy restructuring this past July. A restructured Doman Industries emerged with its new name and new ownership, its existing bondholders and creditors.

Chief Phillip stated, "We urgently compel Western Forest Products to honour their commitment to the Ehattesaht First Nation."

**FOR MORE INFORMATION CONTACT:**

Chief Stewart Phillip Cell: (250) 490-5314  
President, Union of British Columbia Indian Chiefs

**PRESS RELEASE: FOR IMMEDIATE RELEASE**

October 8, 2004

Nuu-chah-nulth Tribal Council  
PO Box 1383, Port Alberni, BC, V9Y 7M2  
Telephone: (250) 724-5757 Fax: (250) 723-0463

**The Nuu-chah-nulth Tribal Council Supports Ehattesaht Right to Defend Territory**

The NTC Co-Chairs Archie Little, Shawn Atleo and David Dennis fully support the right of the Ehattesaht tribe to block commercial and industrial traffic that crosses through their territories (Ehattis IR #11).

At the September 29-October 1 NTC Annual General Meeting the Chiefs unanimously passed a resolution of support for the Ehattesaht Tribe. Again and again member nations offered to mobilize their people in order to offer physical and logistical support to Ehattesaht.

"This is another example of industry's flagrant disregard for our inherent rights and jurisdiction of our Chiefs. When governments and corporations continue to ignore us, conflict is inevitable" said Southern Region Co-Chair David Dennis.

The NTC supports Ehattesaht request to solve these matters amicably with the CEO of Western Forest Products.

**For More Information Contact:**

David Dennies 250-720-6977 (cellular)  
Archie Little 250-720-7955 (cellular)

Shawn Atleo 250-720-9003 (cellular)

Contact

Information: Denise Findlay, Tale'awtxw Aboriginal Capital Corporation  
Small Business Advisor  
508-100 Park Royal, West Vancouver, BC V7T 1A2

**October 19, 2004**

**For Immediate Release**

### **BUSINESS SERVICES FOR A NEW ERA OF ABORIGINAL ENTREPRENEURS**

West Vancouver, BC – Monday, October 19, 2004, Tale'awtxw Aboriginal Capital Corporation (T.A.C.C.) is introducing a new member to their professional team. Her name is Denise Findlay, and she has a wealth of knowledge and information on small business start up. Her new role at T.A.C.C. is to advise and support Aboriginal entrepreneurs. She is a member of the Squamish Nation and has a Business Management Diploma from Capilano College, also a Trainer Development Certificate from the Justice Institute and 14 years of work experience in various business industries. Ms. Findlay will be coordinating a series of business workshops for Aboriginal entrepreneurs. Some workshop topics include: Culture and Business, Marketing, Financial Management and Effective Communication and many more.

Denise Findlay, says, "T.A.C.C. is taking a new direction and we have many changes in the coming 6 months. Based on the changing needs of our clients we are developing new curriculum that will be delivered on a consistent basis."

- more -

### **BUSINESS SERVICES FOR A NEW ERA OF ABORIGINAL ENTREPRENEURS ADD 1 -**

"Our newly developed, user friendly website will feature online resources and various help tools that people can access with ease. We also realize there is a need to support and assist Aboriginal people with turning their small business ideas into reality."

T.A.C.C. is mandated by the 54 Coast Salish Nations to provide Small Business Financing and support services to Aboriginals (Status Indians, Métis and UNN members) in the traditional Coast Salish Nation Territories, as well as the Campbell River, Comox and Cape Mudge. T.A.C.C. has supported the success of over a thousand Aboriginals in business throughout the Coast Salish Nation territories since 1992

-30-

**For more information, please contact:**

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<http://www.tacc.ca>

## **Canadians have higher death risk than Americans after heart attack: study Sep. 20, 2004**

**Provided by: Canadian Press**

**Written by: SHERYL UBELACKER**

TORONTO (CP) - Canadians have a greater risk of dying within five years after a common type of heart attack than their American cousins, a study comparing treatments in the two countries suggests.

The research, to be published in an upcoming issue of *Circulation: Journal of the American Heart Association*, suggests that more conservative treatments in Canada may be behind the difference in survival rates, said Padma Kaul, an epidemiologist at the University of Alberta and lead investigator of the study.

Kaul found that within five years of initial treatment for a heart attack caused by a completely blocked coronary artery (about one-third of heart attacks are this type), the U.S. patients had a death rate of 19.6 per cent versus 21.4 per cent for the Canadians.

That roughly two per cent difference may seem small, but on a population basis, it could represent thousands of lost lives. "One possible explanation is the difference in the revascularization rates between the two countries, and those were significantly different," said Kaul, explaining that U.S. doctors perform about three times the number of angioplasties and coronary bypass surgeries done by Canadian physicians.

With angioplasty, a tiny balloon is threaded into a plaque-narrowed artery, then inflated to compress the obstruction and open up blood flow. Bypass surgery reroutes the blood through a blood vessel - often a vein taken from the leg - that's grafted to the coronary artery feeding the heart. Both procedures are known as revascularization.

Almost one-third of the U.S. patients had angioplasty after a heart attack, compared to 11.4 per cent in Canada. More than 13 per cent of those in the U.S. group had bypass, while just four per cent of Canadian patients were referred for the open-heart surgery.

"Traditionally, I think, the U.S. practises way more aggressively than Canadian practice in terms of using revascularization procedures, and that's been shown repeatedly," Kaul said from Edmonton, noting that Canadian physicians are more apt to treat heart attack patients with only clot-busting drugs like TPA and streptokinase.

Her study was an expansion on earlier research from 1990-1993 that examined heart function, quality of life and survival for Canadian and American patients after treatment for a heart attack. That study compared health outcomes after using different clot-busting drugs either alone or in combination. Doctors also ordered angioplasty or bypass at their discretion, she said.

After one year, the earlier study found that U.S. patients had better outcomes for heart function and quality of life, said Kaul. However, the difference in survival at one year was less than half of one per cent - not enough to suggest changes in practice, she said.

But in 2002, Kaul analysed records from 23,000 Americans and almost 2,900 Canadians in the original study to determine how many were still alive within five years of initial treatment.

Even though the Canadian patients had better health profiles overall - fewer had diabetes or high blood pressure, for instance - survival rates were higher for the U.S. patients.

"While the United States and Canada share a common border, these two countries differ substantially in how they organize, deliver and pay for health care," Kaul said.

"The Canadian system is very centralized and we have fewer centres that provide revascularization services. . . . We have a hub-and-spoke kind of design where we bring all the patients to central centres where the procedures are done, whereas the U.S. has much more dispersed facilities across the country."

As well, the study showed Canadian physicians were more likely to send heart attack patients home with a prescription for beta blockers to regulate their heart rate (62 per cent), compared with U.S. patients (53 per cent).

Toronto cardiologist Dr. Beth Abramson, a spokeswoman for the Heart and Stroke Foundation of Canada, said the two per cent differential in death rates "suggests that the traditionally conservative Canadian approach may not be the best to care for our cardiac patients."

"It's a small percentage, but very important when we look at the cause of death amongst Canadians," Abramson said Monday. "This can translate into thousands of lives."

While Canadian physicians are performing more angiograms (a diagnostic procedure to detect artery blockage), angioplasties and bypass operations than they were 10 years ago, access to operating rooms and labs to perform angiograms and angioplasties still lags behind demand - and falls far short of what's available in the United States, experts say.

"I would strongly suspect that the difference in practices seen between Canada and the U.S. in this paper are a reflection of a different health-care system and the funding for infrastructure and various procedures in the system," Abramson said.

Kaul said large population-based studies are needed to confirm the results of her study.

"The good news is that we are doing more (revascularizations), so clinical practice has changed since the early '90s," she said. "Whether we've addressed this gap is something that we are still going to keep working at."

Medbroadcast.com

# Media Review **Friday September 17, 2004** DIAND Public Affairs / Emerging Issues

Onus on Aboriginals to Improve Health Care [Doug Cuthand, Saskatoon StarPhoenix, A11, September 17]

To put aboriginal Canadians' health on par with the rest of the country will take more than just money. It will take education, lifestyle changes, improved living conditions and a serious reduction in substance abuse.

**....But housing and infrastructure problems remain a serious concern on many reserves. The No. 1 issue facing most band councils is to provide adequate housing for their people.**

**In a recent survey done by the National Aboriginal Health Organization (NAHO), roughly 32 per cent of rural aboriginal households indicated they don't have safe drinking water. But many of today's aboriginal health problems are preventable and the result of poor lifestyle choices.**

**For example, the NAHO report shows that smoking among First Nations people 20 or older is more than double the rate of other Canadians. This is reflected in our growing rates of lung cancer and smoking-related diseases.**

OCTOBER 22, 2004  
For Immediate Release

## **BC FIRST NATIONS SUPPORT TREATY 8 CHIEFS IN NORTHEAST BC**

(Fort St. John, BC) Treaty 8 First Nations released a three-point statement today resulting from a first ever conference on the impacts of oil and gas that included First Nations participants from across BC and Alberta. It reads:

- 1. We find that oil and gas development as currently practiced has an unacceptable adverse impact on wildlife, and on the exercise of traditional hunting and fishing rights through environmental degradation, as well as infringing on our basic human rights to clean air and clean water, and we are committed to rectifying this.*
- 2. We find that the failure of the government to require cumulative impact assessments in advance of oil and gas development infringes upon our Treaty and Aboriginal Rights, and we are committed to rectifying this.*
- 3. We intend to support renewable energy projects to ensure secure long term sustainability in our communities, and we invite government and industry to partner with us in good faith on making such projects a reality as soon as possible.*

“As oil and gas development expands in BC, we want to share our experience and offer our lessons to other First Nations that are just now being approached by government and industry,” said Chief Liz Logan, Chair of the Treaty 8 First Nations, who have been directly impacted by oil and gas development in BC for over 50 years. “We want this to be a wake-up call for other First Nations to make sure they don’t have the same problems we have.”

Participants were drawn from areas where oil and gas is already prevalent such as Alberta and BC’s Northeast, as well as areas where oil, gas and coal bed methane development are now being proposed.

“The impacts we saw here are a real eye-opener,” said Councillor Sally Havard, from the Iskut First Nations. “If our whole community knew what has happened to the fish and wildlife as a result of oil and gas development, we would stop Shell Canada from developing coal bed methane at the headwaters of the Stikine, Skeena and Nass Rivers.”

“We have now seen the effects of this runaway industry,” added Councillor Keith Matthew of the North Thompson Indian Band. “We need to support our northern neighbours in their efforts to preserve their history, language, and culture.”

Issues discussed at the conference included:

- The results of a study on the effects of hydrocarbon contamination on wildlife;
- The need for cumulative impact assessments of oil and gas development, and the specific impacts of coal bed methane development;
- Challenges of negotiating with government to allow oil and gas development on traditional territory; and
- Natural gas depletion and renewable energy as a means to plan for economic sustainability when the gas is gone.

“We need to rethink the current rate of oil and gas extraction,” said Ray Jones, Hereditary Chief of the Gitksan First Nation. “Now it is more important than ever that we leave a living environmental footprint behind so that our future generations can enjoy what nature has created.”

For more information contact: Chief Liz Logan, cell 250-233-3049

## ANNUAL BC ELDER'S RAFFLE – February 01, 2005 TO JUNE 30<sup>TH</sup> 2005

This Raffle will not only be advertised on the Elder's Website [www.bcelders.com](http://www.bcelders.com) but it will also be featured in the monthly issues of the Elder's Voice Newsletter, which is now reaching over 5000 Aboriginal Elders and their families in BC and the profits will be benefiting our Aboriginal Elders.

This Annual Raffle will run from February 2005 to the end of June 2005 and artists are asked to hopefully pledge a prize soon and then provide it by the middle of January to be photographed for the site. The photo of each of the donated items will be displayed on the website [www.bcelders.com](http://www.bcelders.com) alongside each Artist's contact information and short biography (where available). And, notification of the Elder's Website and BC Elder's Raffle will also go out to as many galleries, museums, and Corporate Sponsors as possible each year.

First Nation's Artist support a great many fundraising efforts and the Internet and the Elder's Voice will be an effective way for us to acknowledge each Artist's contribution to the Elders and will hopefully garner even more recognition for the artworks that they have to offer.

The Annual Aboriginal Elder's Gathering get nothing in the way of reliable financial support from anyone each year, and with the Elder's growing population and rising costs, it is proving to be a greater struggle for the Elders just to fundraise to *attend* their most important cultural event, let alone to be the new group that has the honour of *hosting* the Gathering for the coming year. Each new group has an incredibly large task set before them, and with the government yet to arrange anything concrete to assist with the necessary fundraising needed to meet the needs of thousands of Elders - during this 3 day event - the planning for the Gathering and the ability to provide for the Elders has sometimes been put in jeopardy.

### **Profits from this Annual Provincial Elder's Art Raffle will be divided equally 3-ways:**

1. To provide a donation to each new Host community to assist with the food costs associated with hosting between 3000-7000 Aboriginal Elders and their Support People.
2. An '**Elder's Group Draw**' - with one winning group sharing a 1/4 of the raffle profits to help send their group to the Gathering.
3. One share will be used for office expenses for this communication center operating for the Elders in this province.

If you can help out then I know that we could accomplish great things, there is no reason why funds for the elders can't be raised with just a little bit of help from everybody who is an elders or hopes to be one.

Sincerely,

Donna Stirling, Coordinator

BC Elders Communication Center Society

1420 C 16th Avenue, Campbell River, BC V9W 2E3

Toll Free: 1-877-738-7288

Phone: 250-286-9977

Fax: 250-286-4809

Email: [bcelderscommcenter@telus.net](mailto:bcelderscommcenter@telus.net)

Website: [www.bcelders.com](http://www.bcelders.com)

**B.C. ELDER'S  
COMMUNICATION  
CENTER SOCIETY**

**1420 C 16th Avenue  
Campbell River, B.C. V9W 2E3**

**Toll-Free: 1-877-738-7288  
Phone: 1-250-286-9977  
Fax: 1-250-286-4809  
Coordinator: Donna Stirling  
Website: [www.bcelders.com](http://www.bcelders.com)  
Email:  
[bcelderscommcenter@telus.net](mailto:bcelderscommcenter@telus.net)**

**'ELDER'S VOICE' ISSUES  
ARE SENT OUT TO  
COMMUNITIES BY THE  
1st OF EACH MONTH, IF  
YOUR COPY IS NOT  
RECEIVED IN A TIMELY  
FASHION PLEASE  
CALL IN.**

**TRADITIONAL HEALING CORNER**

First Nations communities have much to offer in the way of traditional healing. If you can provide information of who and what is available in your area, please call in to the office on the toll free line to talk.

**LOGO—Our thanks and appreciation go out to Shuswap First Nation's Artist Ivan Christopher for donating our Center's Logo.**

***PROVERBS:***

Ask about your neighbours, then buy the house.	Jewish
The enemy of my enemy is my friend.	Arab
Let him make use of instinct who cannot make use of reason.	English
Love tells us many things that are not so.	Ukrainian
Never draw your dirk when a blow will do.	Scottish
One drink is just right; two is too many; three are too few.	Spanish

***BIBLE QUOTES***

"For all have sinned and fall short of the glory of God."	Romans 3:23
"As it is written, "There is none righteous, not even one."	Romans 3:10
"Behold, I stand at the door and knock; if anyone hears My voice and opens the door, I will come in to him, and will dine with him, and he with Me."	Revelation 3:20

***Don't forget to mail, fax, or call in your Special Wishes!!***

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

**COMMUNITY EVENTS**

**Dear Elders and Elders Contact People:**

**You will find information on the Annual Elders Gathering in this spot each month as soon as the new info is available. As well, the Registration forms, etc. will also be available on the elders website [www.bcelders.com](http://www.bcelders.com) when they are distributed by the host.**

**Thank you, Donna Stirling**

**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**

**Re: Christmas Dinner / Presents Donations Needed**

UNN Local 510 is looking for donations for their Annual Christmas Dinner  
Donations can be dropped off at 156 Victoria Road, Nanaimo, B.C., V9R 4P5 (Attention: Bill Williams) or people can email [streetlifeministry@hotmail.com](mailto:streetlifeministry@hotmail.com) about possibly donating.

**Christmas Dinner will be held December 25, 2004 from 3:00 to 9:00 pm**

Donations of at least 12 turkeys needed for 450 - 500 people, plus potatoes, vegetables, and desserts. Also, we are asking for donations of gloves, scarves, winter hats, and toys for kids to be Christmas presents given out at our Christmas Dinner. (During our Thanksgiving Dinner we served 320 dinners to the homeless).