



ELDERS VOICE

YEARLY INVOICES IN SUPPORT OF THIS ELDERS OFFICE

Please take note that the yearly invoices due Dec. 01 will be coming out later this month so that offices have adequate time to process the request for help. If all groups can look seriously into whether they can contribute this year that would be gratefully appreciated as the hope for this **7th year** of the Provincial Elders Office/Elders Voice is that everyone work together to make the 'Paid Fees List' reach where it needs to be so that this work for the elders need not struggle along anymore.

D. Stirling, BCECCS, Coordinator

Hello,

I was recently in Zeballos and went to the band office to see how things are and what they are doing. They said that they are working on a youth centre that needs help getting finished. If you can help with this project, it would be helpful to them. Thanks very much!

- Tape and mudding—drywall is already up (they have the tape and mud, as well as youth that will help with the project); Painting after the drywall is finished; Plugs and switches need to be installed; Lights need to be put in upstairs; downstairs and in the stairwell; The floor upstairs and downstairs need to be finished; The stairwell needs to be finished; Some door knobs need to be installed as well as outside lights; And, the outside of the building needs to be finished.

Contact: Billy George Williams (Norman George's brother in Gold River)
 Phone: 1 - 888 - 283 - 9122 Email: administration@unitednativenation510.com or streetlifeministry@hotmail.com

Many thanks to Wally and Donna Samuel, and Jack and Rosie Little for opening the doors of their home for our Elders from Gitanyow when we traveled to the Elder's Gathering in Port Alberni this past July. We really appreciated what you did for all of us, and we really enjoyed the conference too! Many thanks again for the place to stay. Love You Guys.

Inside this issue

| | |
|---|-----|
| Easy Bakers Corner/Handy Tips/Website Information | 2 |
| Groups Who Have Paid | 3 |
| Experts Warn of Global Obesity Pandemic | 4 |
| Cutting Your Cancer Risk | 5 |
| Famous Churches and Good Advice | 6 |
| Area Code Phone Scams | 7 |
| Where Americans Live and Their Life Span | 8-9 |

Pgs. 10-11: First Nations Leadership Council's Information Bulletin Sept. 2006

Pgs. 12-13: Aborigines Win Australian Land Claim & First Talk with Tamara Bell

Pgs. 14-16: Are You Ready For An Emergency: Poisoning, Choking, and CPR

Pgs. 17-18: Some Older Drivers With Dementia

Pgs. 19-20: BC Health Coalition Home Support Campaign

Pg. 21-22: Combining Certain Foods and Cholesterol

Pg. 23: Email: Growing Old

Back Pg:

Proverbs/Bible Quotes/Quotes

Annual BC Elders Gathering Info Corner and BCECCS Contact Information

Easy Bakers Corner – Black Devils - Makes 16 Cupcakes

In a bowl, combine 1 1/2 cups of all-purpose flour, 1/2 tsp. of baking powder, 1/2 tsp. of baking soda, 1/4 cup of unsweetened cocoa powder, 1 cup of granulated sugar and a 1/2 tsp. of salt.

In another bowl, combine 1 cup of water, 1 tsp. of vanilla extract and 6 Tbsp. of oil. Pour liquid ingredients into dry ingredients, stir well. Line muffin pans with cupcake liners. Spoon 2 Tbsp. Batter into each cup.

Filling

Combine 4 oz. cream cheese softened, 2 Tbsp. of beaten egg, 6 Tbsp. of sugar and 1/2 cup of semi-sweet chocolate chips. Spoon 1 tablespoon of batter in the center of each cup.

Bake at 350°F for 20 minutes until toothpick comes out clean from the batter portion of cake. Remove cupcakes from pan. Cool on rack immediately.

Handy Tips: Easy Devilled Eggs

Put cooked egg yolks in a zip lock bag. Seal, mash till they are all broken up. Add remainder of ingredients, reseal, keep mashing it up mixing thoroughly, cut the tip of the baggy, squeeze mixture into egg. Just throw bag away when done easy clean up.

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). Registration forms, booth forms, maps of the host territory, accommodation information, etc. concerning the Annual Elders Gatherings are available each year on the BC Elders Communication Center Society's web site www.bcelders.com as soon as they are made available from each new host community.

Issues of your Elders Voice Newsletter are also 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 | 23. Adams Lake Indian Band |
| 2. West Moberly First Nations | 24. Coldwater Indian Band (\$187.50) |
| 3. Ktunaxa Nation Council | 25. Doig River First Nation |
| 4. Simpcw First Nation (\$100) | 26. Saulteau First Nation |
| 5. Uchucklesaht Tribe | 27. N'Quat'Qua Band (\$150) |
| 6. Bridge River First Nation | 28. Gitanyow Health Centre |
| 7. T'it'q'et Elders Council | 29. Westbank Klux-Klux-Hu-Up Cultural Society |
| 8. Carnegie Community Centre | 30. First Nations Summit dba FN Chiefs' Health Committee |
| 9. Osoyoos First Nation | 31. Sechelt Indian Band |
| 10. Qualicum First Nation | 32. Kamloops Indian Band |
| 11. Wet'suwet'en First Nation | 33. Port Alberni Friendship Center |
| 12. Comox First Nation | 34. Ulkatcho Indian Band |
| 13. Cook's Ferry Indian Band | 35. McLeod Lake Tse'khene Elders |
| 14. BC Assembly of First Nation | 36. Mount Currie Band Council |
| 15. Tobacco Plains Indian Band | 37. Klahoose First Nation |
| 16. Pacheedaht First Nation (\$125) | 38. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation |
| 17. Akisqnuq First Nation | 39. Shxw'ow'hamel First Nation |
| 18. We Wai Kum First Nation | 40. Union of British Columbia Indian Chiefs |
| 19. We Wai Kai First Nation | 41. Tsewultun Health Centre |
| 20. Xaxli'p Band | 42. Saik'uz First Nation |
| 21. Lower Kootenay Band | 43. BC Transportation Commission |
| 22. Chawathil First Nation | 44. Quatsino First Nation |

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

Experts at international conference warn of global obesity pandemic Sept. 3rd 2006

Provided by: Canadian Press

Written by: ROHAN SULLIVAN

SYDNEY, Australia (AP) - An obesity pandemic threatens to overwhelm health systems around the globe with illnesses such as diabetes and heart disease, experts at an international conference warned Sunday.

"This insidious, creeping pandemic of obesity is now engulfing the entire world," Paul Zimmet, chairman of the meeting of more than 2,500 experts and health officials, said in a speech opening the weeklong International Congress on Obesity.

"It's as big a threat as global warming and bird flu," he said.

The World Health Organization says more than one billion adults are overweight and 300 million of them are obese, putting them at much higher risk of diabetes, heart problems, high blood pressure, stroke and some forms of cancer.

Zimmet, a diabetes expert at Australia's Monash University, said there are now more overweight people in the world than the undernourished, who number about 600 million.

People in wealthy countries lead in overeating and not doing enough physical activity, but those in the poorer countries of Asia, Africa and Latin America are quickly learning bad habits, the experts said.

Thailand's Public Health Ministry, for instance, announced Sunday that nearly one in three Thais over age 35 is at risk of obesity-related diseases.

"We are not dealing with a scientific or medical problem," said Dr. Philip James, the British chairman of the International Obesity Task Force.

"We're dealing with an enormous economic problem that . . . is going to overwhelm every medical system in the world."

The task force is a section of the International Association for the Study of Obesity, a professional organization of scientists and health workers in some 50 countries that deal with the issue.

James said the cost of treating obesity-related health problems cannot be measured on a global scale, but the group estimated it at billions of dollars a year in countries such as Australia, Britain and the United States.

Among the most worrying problems are skyrocketing rates of obesity among children, which make them much more prone to chronic diseases as they grow older and could shave years off their lives, experts said.

The children in this generation may be the first in history to die before their parents because of health problems related to weight, Kate Steinbeck, an expert in children's health at Sydney's Royal Prince Alfred Hospital, said in a statement.

Experts at the conference said governments should impose bans on junk food advertising aimed directly at children, although they acknowledged such restrictions were unlikely to come about soon because the food industry would lobby hard against them.

"There is going to be a political bun fight over this for some time, but of course we shouldn't advertise junk food to children that makes them fat," said Dr. Boyd Swinburn, a member of the International Obesity Task Force.

Dr. Claude Bouchard, president of the International Association for the Study of Obesity, an umbrella group for medical organizations dealing with weight-related and children's health issues, said the group supported advertising bans as official policy.

But the policy position is unlikely to have any immediate effect on influencing governments to introduce such bans, said Bouchard, head of the Pennington Research Center at Louisiana State University at Baton Rouge.

From Hearthealth@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.

Email: Famous Churches

An American decided to write a book about famous churches around the world. So he bought a plane ticket and took a trip to Orlando, thinking that he would start by working his way across the USA from South to North. On his first day he was inside a church taking photographs when he noticed a golden telephone mounted on the wall with a sign that read "\$10,000 per call". The American, being intrigued, asked a priest who was strolling by what the telephone was used for.

The priest replied that it was a direct line to heaven and that for \$10,000 you could talk to God. The American thanked the priest and went along his way.

Next stop was in Atlanta. There, at a very large cathedral, he saw the same golden telephone with the same sign under it. He wondered if this was the same kind of telephone he saw in Orlando and he asked a nearby nun what its purpose was. She told him that it was a direct line to heaven and that for \$10,000 he could talk to God. "O.K., thank you," said the American.

He then traveled to Indianapolis, Washington DC, Philadelphia, Boston and New York. In every church he saw the same golden telephone with the same "\$10,000 per call" sign under it. The American, upon leaving Vermont decided to travel to up to Canada to see if Canadians had the same phone.

He arrived in Canada, and again, in the first church he entered, there was the same golden telephone, but this time the sign under it read "40 cents per call." The American was surprised so he asked the priest about the sign. "Father, I've traveled all over America and I've seen this same golden telephone in many churches. I'm told that it is a direct line to Heaven, but in the US the price was \$10,000 per call. Why is it so cheap here?"

The priest smiled and answered, "You're in Canada now, son - it's a local call".

Good Advice (author unknown)

1. Give people more than they expect and do it cheerfully.
2. Marry a person you love to talk to. As you get older, their conversation skills will be as important as any other.
3. Don't believe all you hear, spend all you have, or sleep all you want.
4. When you say, "I love you," mean it.
5. When you say, "I'm sorry," look the person in the eye.
6. Be engaged at least six months before you get married.
7. Believe in love at first sight.
8. Never laugh at anyone's dream. People who don't have dreams don't have much.
9. Love deeply and passionately. You might get hurt but it's the only way to live life completely.
10. In disagreements, fight fairly. No name-calling.
11. Don't judge people by their relatives.
12. Talk slowly, but think quickly.
13. When someone asks you a question you don't want to answer, smile and ask, "Why do you want to know?"
14. Remember that great love and great achievements involve great risk.
15. Say "bless you" when you hear someone sneeze.
16. When you lose, don't lose the lesson.
17. Remember the three R's: Respect for self; Respect for others; and responsibility for all your actions.
18. Don't let a little dispute injure a great friendship.
19. When you realize you've made a mistake, take immediate steps to correct it.
20. Smile when picking up the phone. The caller will hear it in your voice.
21. Spend some time alone.

Dear Elders,

Even though the following email deals with an American phone scam, we are never far behind them on these things, the area codes might be different, so just be aware, D. Stirling

IMPORTANT INFO ABOUT AREA CODE

We actually received a call last week from the 809 area code. The woman said "Hey, this is Karen. Sorry I missed you--get back to us quickly. I have something important to tell you." Then she repeated a phone number beginning with 809. "We didn't respond".

Then this week, we received the following e-mail:

Subject: DON'T EVER DIAL AREA CODE 809, 284 AND 876

THIS IS VERY IMPORTANT INFORMATION PROVIDED TO US BY AT&T. DON'T EVER DIAL AREA CODE 809

This one is being distributed all over the US. This is pretty scary, especially given the way they try to get you to call.

They get you to call by telling you that it is information about a family member who has been ill or to tell you someone has-been arrested, died, or to let you know you have won a wonderful prize, etc.

In each case, you are told to call the 809 number right away. Since there are so many new area codes these days, people unknowingly return these calls.

If you call from the US, you will apparently be charged \$2425 per-minute.

Or, you'll get a long recorded message. The point is, they will try to keep you on the phone as long as possible to increase the charges.

Unfortunately, when you get your phone bill, you'll often be charged more than \$24,100.00.

WHY IT WORKS:

The 809 area code is located in the British Virgin Islands (The Bahamas).

The charges afterwards can become a real nightmare. That's because you did actually make the call. If you complain, both your local phone company and your long distance carrier will not want to get involved and will most likely tell you that they are simply providing the billing for the foreign company. You'll end up dealing with a foreign company that argues they have done nothing wrong.

Please forward this entire message to your friends, family and colleagues to help them become aware of this scam

Sandi Van Handel
AT&T Field Service Manager (920) 687-904

Laurie Freeman
Records & Technology Division 775-684-6239

Where Americans live can affect how long they live: longevity study Sept. 12, 2006

Provided by: Canadian Press

Written by: LAURAN NEERGAARD

WASHINGTON (AP) - Asian-American women living in Bergen County, N.J., lead the United States in longevity, typically reaching their 91st birthdays. Worst off are American aboriginal men in swaths of South Dakota, who die around age 58 - three decades sooner.

Where you live, combined with race and income, plays a huge role in health disparities, differences so stark that a report issued Monday contends it's as if there are eight separate Americas instead of one.

Millions of the worst-off Americans have life expectancies typical of developing countries, concluded Dr. Christopher Murray of the Harvard School of Public Health.

Asian-American women can expect to live 13 years longer than low-income black women in the rural South, for example. That's like comparing women in wealthy Japan to those in poverty-ridden Nicaragua.

Compare those longest-living women to inner-city black men, and the life-expectancy gap is 21 years. That's similar to the life-expectancy gap between Iceland and Uzbekistan.

Health disparities are widely considered an issue of minorities and the poor being unable to find or afford good medical care. Murray's county-by-county comparison of life expectancy shows the problem is far more complex, and that geography plays a crucial role.

"Although we share in the U.S. a reasonably common culture ... there's still a lot of variation in how people live their lives," explained Murray, who reported initial results of his government-funded study in the online science journal PLoS Medicine.

Consider: The longest-living whites weren't the relatively wealthy, which Murray calls "Middle America." They're edged out by low-income residents of the rural Northern Plains states, where the men tend to reach age 76 and the women 82.

Yet low-income whites in Appalachia and the Mississippi Valley die four years sooner than their Northern neighbours.

He cites American natives as another example. Those who don't live on or near reservations in the West have life expectancies similar to whites'.

"If it's your family involved, these are not small differences in lifespan," Murray said. "Yet that sense of alarm isn't there in the public."

"If I were living in parts of the country with those sorts of life expectancies, I would want ... to be asking my local officials or state officials or my congressman, 'Why is this?'"

This more precise measure of health disparities will allow federal officials to better target efforts to battle inequalities, said Dr. Wayne Giles of the Centers for Disease Control and Prevention, which helped fund Murray's work.

The CDC has some county-targeted programs - like one that has cut in half diabetes-caused amputations among black men in Charleston, S.C., since 1999, largely by encouraging physical activity - and the new study argues for more, he said.

"It's not just telling people to be active or not to smoke," Giles said. "We need to create the environment which assists people in achieving a healthy lifestyle."

The study also highlights that the complicated tapestry of local and cultural customs may be more important than income in driving health disparities, said Richard Suzman of the National Institute on Aging, which co-funded the research.

"It's not just low income," Suzman said. "It's what people eat, it's how they behave, or simply what's available in supermarkets."

Murray analyzed mortality data between 1982 and 2001 by county, race, gender and income. He found some distinct groupings that he named the "eight Americas:"

-Asian-Americans, average per capita income of US\$21,566, have a life expectancy of 84.9 years.

-Northland low-income rural whites, US\$17,758, 79 years.

-Middle America (mostly white), US\$24,640, 77.9 years.

-Low income whites in Appalachia, Mississippi Valley, US\$16,390, 75 years.

-Western American Indians, \$10,029, 72.7 years.

-Black Middle America, US\$15,412, 72.9 years.

-Southern low-income rural blacks, US\$10,463, 71.2 years.

-High-risk urban blacks, US\$14,800, 71.1 years.

Longevity disparities were most pronounced in young and middle-aged adults. A 15-year-old urban black man was 3.8 times as likely to die before the age of 60 as an Asian-American, for example.

That's key, Murray said, because this age group is left out of many government health programs that focus largely on children and the elderly.

Moreover, the longevity gaps have stayed about the same for 20 years despite increasing national efforts to eliminate obvious racial and ethnic health disparities, he found.

Murray was surprised to find that lack of health insurance explained only a small portion of those gaps. Instead, differences in alcohol and tobacco use, blood pressure, cholesterol and obesity seemed to drive death rates.

Most important, he said, will be pinpointing geographically defined factors - such as shared ancestry, dietary customs, local industry, what regions are more or less prone to physical activity - that in turn influence those health risks.

For example, scientists have long thought that the Asian longevity advantage would disappear once immigrant families adopted higher-fat Western diets. Murray's study is the first to closely examine second-generation Asian-Americans, and found their advantage persists.



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First Nations Leadership Council

INFORMATION BULLETIN

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

Fisheries

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

The Forum will focus on developing unity amongst First Nations on fisheries issues, and developing a common vision for the fishery. The outcome will be a First Nations strategy for the fishery.

An agenda for the Fisheries Forum will be distributed to all First Nations this week.

Energy

The Energy Summit (originally scheduled for October 22-25) has been postponed. We will work to reschedule the Energy Summit for early April 2007 in Prince George.

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.

First Nations Forestry Council

The FNLC is in the process of creating a province-wide First Nations Forestry Council (FNFC) that will assist First Nations on forestry-related issues at the local, regional, provincial, national and international level. Some examples of their role include: to ensure that First Nations in BC are included in the FNLC position paper on the Canada-US softwood lumber agreement; to perform an analysis of the Forest and Range Opportunities agreements; and to institute community access to federal and provincial mountain pine beetle emergency relief funds.

This fall there will be regional meetings by the interim FNFC Board to receive input from First Nations their vision for the FNFC.

Thereafter, an elected board will be put in place and staff will be hired. Higgins International, a First Nations owned and operated job recruitment company, has been hired to seek a chief executive officer/executive director and a finance director. Note: the Mountain Pine Beetle Working Group will be an active committee under the FNFC.

Mountain Pine Beetle Working Group

Funding update: Earlier this month, the Mountain Pine Beetle Working Group made progress on acquiring funds, signing a transfer agreement for \$8.4 million. The majority of these funds will be made available to First Nations that are impacted by the MPB epidemic. Program development is currently underway with plans to make funds available sometime this fall.

New federal MPB funds: On May 2, 2006 the federal government announced an additional \$200 million in emergency MPB funding for BC. It is hoped that MPB-impacted First

Nations in BC will have access to a substantial portion of these funds. Federal Cabinet and Treasury Board are expected to review the MPB program priorities this fall with the hope of new funds flowing in the New Year.

Children and Families

Hon. Tom Christensen, former Minister of Aboriginal Relations and Reconciliation, has been appointed the new Minister of Children and Family Development. The new Minister will be working closely with recently appointed Deputy Minister Lesley du Toit and Assistant Deputy Minister Debra Foxcroft on transformation of the Ministry and improving services to, and relationships with, First Nations.

In February 2006, the development of enabling legislation for Aboriginal Authorities was paused to allow for further discussion on: jurisdiction; links to the New Relationship and Transformative Change Accord; and models for the composition of Authorities and regionalization, among others. This in-depth discussion, consultation, and the development of new models is ongoing.

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 on November 28, 2006. 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.

Technology

The Knowledge Network documentary "From Cedar to Silicon" is being released later this month. The documentary describes how several BC First Nations are using technology as a tool to improve life in their communities. A copy will be sent to each community sometime in October and we encourage communities to organize gatherings to view the documentary. In addition to the one hour production, four 15 minute specialized vignettes will be included. Be sure to pay special attention to the Planning for Technology vignette which gives lots of advice and tips on how to develop your Community Technology Plan. Check out the First Nations Technology Council (FNTC) website http://fntc.info/tools_and_resources for a template and guide to complete your Technology Plan, or contact the FNTC at 1-866-990-9939 if you're interested in working on your Plan.

Industry certified training for A+/Network+ community technical support technicians will begin October 9. For the initial three weeks of the program, students will be in residence at the Namgis Nation. FNTC is expecting 15 students to take this program, which is being delivered in a "blended/distributed model" – after the first three weeks, students will study over the internet, attending regularly scheduled classes where they will interact with their instructor and with each other.

New Relationship Trust

The New Relationship Trust has been holding a series of regional

consultation sessions to assist in developing the Trust strategic plan. Most of these sessions were held in August and early September; the following will take place in the coming weeks (all sessions run from 9am-3pm):

- **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.

National Women's Month

October is National Women's Month, with Aboriginal women as this year's focus. The FNLC and BC are planning a ceremony (to be held in mid-October) to honour exceptional achievements of Aboriginal women in the categories of: Language, Culture and the Arts; Family and Community; Education; Health, Sports and Science; Public Service, Business and Entrepreneurship. Call letters have been sent to all BC First Nations requesting nominations. Please contact us if you did not receive this call letter.

Other Notes

- The FNLC-Province of BC New Relationship Progress Report will be mailed to all First Nations 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)
- **November 23-24:** UBCIC Chiefs' Council Meeting (Vancouver)
- **November 27-28:** BCAFN Meeting (Vancouver)
- **November 29-30, December 1:** FNS Meeting (Vancouver)

Aborigines win Australian land claim Sept. 21, 2006

The Associated Press-Oregonlive.com

CANBERRA, Australia (AP) — A federal court judge has given a tribe of Aborigines a limited land title claim over the major Australian city of Perth.

It was the first such ruling that Aborigines, the indigenous people who lived in Australia before white settlers arrived, were the traditional owners of an urban area. The potentially precedent-setting decision could apply to other large cities.

The ruling determined that the Noongar people were the traditional owners of a 2,300-square-mile area of Western Australia state that includes the state capital of Perth, a city of 1.7 million people.

But Tuesday's ruling by Judge Murray Wilcox only grants Aborigines limited rights to the land, and indigenous people say the issue is about recognition of their rights, not moving homeowners out.

The ruling means the Noongar people can now exercise rights such as hunting and fishing on land where their native title — a claim on land Aborigines held before settlers arrived — has not been usurped by freehold titles, those where the government has passed all interest in the land to the owner, or leasehold titles, where a person leases property from the owner.

Wilcox said the outcome was "neither the pot of gold for the indigenous claimants nor the disaster for the remainder of the community that is sometimes painted."

Homeowners and businesses, for instance, normally hold freehold titles and will therefore not be affected by the ruling, officials said. But unallocated land, such as national parks and reserves, may be.

The decision came as shock to most observers since previous such claims over metropolitan areas have failed because under Australian law a freehold title overrides a native title. In part to win their case, the Noongar people had to prove they had maintained their culture and customs since European settlement in 1829.

The Western Australia state government said it would appeal the ruling to a higher court — a move welcomed by Prime Minister John Howard's government. Howard said Wednesday the ruling was "of some considerable concern." "Many people will regard it as somewhat incongruous (that) there could still be some residual native title claim in a major settled metropolitan area," he said.

Western Australia State Deputy Premier Eric Ripper disputed the ruling, saying there had been too much disruption to Noongar society for it to have survived in any meaningful way, and therefore their native title claim was not valid. "The evidence clearly supported this argument," said Ripper, whose government has three weeks to appeal.

Glen Kelly, chief executive of the South West Aboriginal Land and Sea Council, which represented the Noongar people in the three-year court battle, described the ruling as a long overdue recognition of the traditional owners' identity.

Aboriginal leader Noel Pearson said the decision was "absolutely extraordinary" because it demonstrated that native title was not confined to the unpopulated areas, where most previous successful claims have occurred.

Indigenous leaders appealed for calm and said they were "not after people's backyards or their farms." "We're after recognition and if we get any type of benefit, it's to run businesses and train our people," Ted Hart, also of the South West Aboriginal Land and Sea Council, told The Australian newspaper.

But Australia's Attorney General Philip Ruddock warned that open spaces in major cities could be up for grabs and white people could be shut out.

"In a major capital city where you do have very extensive areas of parkland, water foreshores, beaches ... you could well find that if a native claim were found to be a bona fide claim and lawful, ... native title owners would be able to exclude other people from access to those areas," he told Australian Broadcasting Corp. radio on Thursday.

Federal opposition leader Kim Beazley, a Perth resident, supported a state government appeal because the ruling seemed inconsistent with other court decisions that have been delivered since Native Title Act was passed in 1993.

Beazley did, however, underscore that Perth residents should not be overly concerned about the ruling. "People ought to understand completely there is no threat entailed in any of this for anybody's property rights," he said.

First Talk with Tamara Bell, posted on 2006-08-14 16:43:52.

First Talk is a national show that will air on APTN. This is the first daytime Aboriginal talk show in history. We're looking for compelling guests to discuss relevant issues in the native community.

We're looking for:

- A therapist – A Dr. Phil to offer assistance to guests
- A spiritual healer to speak about holistic healing
- A medical doctor to help guests deal with health issues
- An elder to help with guests deal with social issues
- A make-up artist and fashion consultant

We're also looking for guests:

- Have you had an addiction or dealt with addiction?
- Are you an expert on spirituality and want to share?
- Do you know of a special woman who does exceptional things in the community?
- Do you date in or out of the native community exclusively?
- Do you know anyone who had dealt with suicide or has tried to commit suicide?
- Do you want to reconcile with family members from your past?
- Do you know anyone who needs a makeover or would like a makeover?
- Have you been cheated on and wonder why he cheats?
- Are you depressed and want to get help?
- Have you wondered how to deal with the breakdown of your family?
- Have you suffered from low self-esteem?
- Do you have tips to help single teen mothers make it?
- Do you know of a youth who has achieved great things?
- Do you have a question for our therapist?
- Are you a talented artist, musician or comedian that would like to be on our show?

If you want to talk, we want to talk. Give us a call at (604) 862-6656, send by fax (604) 986-9711 or send us an email at: firsttalkshow@yahoo.ca

"Change does not change tradition. It strengthens it. Change is a challenge and an opportunity; not a threat."
Prince Phillip of England

Are You Ready for an Emergency?

Poisoning

You're babysitting a 4-year-old when you discover he's swallowed more than half a bottle of his parents' pills. What should you do?

If the child is unconscious, or has stopped breathing, call 9-1-1 and start CPR if you are trained to do so. For more information, see "CPR." CPR techniques are similar for adults and children over 1 year of age, except that children may need smaller rescue breaths. Give breaths that are just large enough to make the chest rise.

You should also call 9-1-1 if the child is:

- having trouble breathing
- having seizures (convulsions)
- having trouble swallowing

Otherwise, call your local poison information centre. These professionals will give you instructions on what to do next. Be prepared to provide:

- the child's age and approximate weight
- a description of what the child swallowed (for example, what's on the label of the pill bottle or what the pills look like)
- how the child is feeling and whether you've noticed any physical changes

Follow these steps to prevent child poisonings:

- Don't count on child-resistant containers to keep children safe. They are designed to make containers harder, but not impossible, for a child to open. Children are often able to open them.
- Never put household cleaners or other poisonous substances in cups, glasses, drinking bottles, or anything else that a child may pick up and drink. Keep them in their original containers.
- Store all household cleaners and medications in a locked cabinet. Don't rely on keeping them on a high shelf "out of reach." Many children are able to climb up to reach even the highest shelves.
- Children learn by watching adults. Don't take medication in front of children or call it "candy."

Are You Ready for an Emergency?

Helping Someone Who Is Choking

How can you help someone who's choking? **First, determine whether they're really choking.** Signs of choking include:

- being unable to breathe, cough, or talk
- clutching the throat
- collapsing
- skin turning blue
- suddenly getting up unexpectedly and leaving the table without saying anything

Ask the person if they are choking. A person may not need help if they can still cough, breathe, or talk. In this case, they can try to cough up the object themselves. Otherwise, call 9-1-1 and perform the Heimlich manoeuvre if you are trained to do so.

The Heimlich manoeuvre

If someone is choking, this simple procedure can save their life. It's described below, but the best way to learn is by taking an accredited first aid course. Please note that this technique is not recommended for infants under the age of 1 year.

If the person is standing up:

1. Explain what you're going to do so the person doesn't panic.
2. Approach the person from behind and put your arms around their waist.
3. Make a fist with one hand with the thumb pointing in. Place this hand along the middle of their abdomen between their belly button and their breastbone.
4. Put your other hand on top of your fist.
5. Firmly thrust your hands inwards and upwards.
6. Repeat until the person coughs up the object they're choking on.

If the person is lying down:

1. Open the airway by tilting their head up and back (See "Before help arrives - what you can do" for more information).
2. Remove any objects from the mouth.
3. Pinch their nose, seal your mouth over theirs, and give two rescue breaths (see "CPR" for more information).
4. After giving the first two breaths, check to see if the chest moves up and down. If not, kneel over the person and place the heel of one hand along the middle of their abdomen midway between the belly button and the breastbone. Place your other hand on top of your first hand.
5. Firmly thrust your hands inward and upward up to 5 times.
6. Try two rescue breaths again. If the chest does not rise, repeat the thrusts and try again. Repeat until the airway clears.

If the person becomes unconscious, start CPR (see "CPR").

After the person recovers, recommend that they see a doctor to make sure they have not been injured by the Heimlich manoeuvre.

Safety note:

You may be at risk of contracting diseases such as HIV, hepatitis B, or hepatitis C if you come in contact with the choking person's blood (for example, if there are sores, blood, or broken skin in either person's mouth). You may wish to use a CPR mask to protect yourself. You may want to purchase a mask and keep it in your bag or in the car so you'll be prepared wherever you go.

Are You Ready for an Emergency?

CPR

If someone's breathing and heartbeat have stopped, cardiopulmonary resuscitation (CPR) can save their life. But you must act quickly - a person can die or suffer irreversible brain damage after only 4 minutes without breathing.

CPR is described below, but the best way to learn is by taking an accredited CPR course.

First, make sure the person really needs CPR. Ask, "Are you OK?" If they don't respond, look, listen, and feel to see if they are breathing (see "Before help arrives - what you can do").

If there is no breathing, call 9-1-1 and check to see if there's an automated external defibrillator (AED - a computerized device that can restart the heart beating) nearby. If so, get it, or ask someone to bring it to you.

Start CPR:

1. Place the person on their back on a firm surface.
2. Open the person's airway by tilting the head back with one hand on the forehead and the other under the chin. Sometimes this is enough to fix the problem. Look, listen, and feel for breathing.
3. If the person is still not breathing, seal your mouth over their mouth, pinch their nose (so air doesn't escape), and give them two rescue breaths. Each rescue breath should last about 1 second. Don't take a deep breath before starting a rescue breath, just breathe in normally. Give one breath every 5 seconds. Watch the chest to make sure it rises and falls during the rescue breaths.
4. Next, give chest compressions: Place the heel of your hand on the lower half of the breastbone between the nipples. Place the other hand on top and push down hard and fast (30 compressions should take you about 20 seconds) on the chest. Allow the chest to come back up again between compressions. Give 30 chest compressions followed by two rescue breaths.
5. Repeat the cycle of 30 compressions followed by 2 breaths until the AED is available.
6. When the AED is available, use it by following the instructions on the package. The AED will tell you whether the person is shockable (i.e., whether giving a shock with the AED could help restart their heart). If so, give one shock, then start CPR again for 5 cycles (one cycle is 30 chest compressions and 2 breaths). If the person is not shockable, start CPR again and recheck them every 5 cycles to see if they have become shockable.
7. Repeat until the person starts to move, or until medical help arrives.

Note:

CPR techniques are similar for adults and children over 1 year of age, except that children may need smaller rescue breaths. Give breaths that are just large enough to make the chest rise. For information about CPR on children under 1 year of age or any other questions, talk to your doctor or contact your local St. John's Ambulance or Red Cross to enrol in a first aid course.

Safety note:

You may be at risk of contracting diseases such as HIV, hepatitis B, or hepatitis C if you come in contact with the affected person's blood (for example, if there are sores, blood, or broken skin in either person's mouth). You may wish to use a CPR mask to protect yourself. You may want to purchase a mask and keep it in your bag or in the car so you'll be prepared wherever you go.

*** Please note that this health feature is intended to provide a general overview of CPR. It is not intended as a substitute for proper training through a certified first aid course. If you are interested in providing first aid, please contact your local St. John's Ambulance or Red Cross to enrol in a first aid course.**

Emergency Articles are from HealthNewsletter@Medbroadcast.com

Some older drivers with dementia reluctant to park vehicle for good: study Sept. 11, 2006

Provided by: Canadian Press

Written by: SHERYL UBELACKER

TORONTO (CP) - A significant percentage of older drivers with mild to moderate dementia continue to get behind the wheel, researchers have found, and they're calling on provincial governments to give doctors the tools they need to help persuade such patients to give up their car keys for good.

The number of potentially dangerous older drivers on Canada's highways and byways is set to accelerate exponentially as the population ages: by 2021, an estimated 500,000 Canadians will have Alzheimer's disease or some other form of dementia; a decade later the number is expected to rise to 750,000, say researchers who investigated which factors cause older drivers to hang up their keys.

At the beginning of a three-year study that followed almost 900 Canadians with mild to moderate dementia, the investigators found that 203 were still operating motor vehicles despite their diagnosis. The average age of the subjects was 77 and most of those driving were men.

"After two years, 50 per cent were still driving, and in fact after three years, there was still about 25 per cent still driving," said principal researcher Dr. Nathan Herrmann, a geriatric psychiatrist at Sunnybrook Health Sciences Centre in Toronto.

Whether these patients are capable of safely navigating roadways with their individual levels of impairment is not always easy for physicians to determine, said Herrmann. "This is a big question. The answer is we don't know."

Family doctors can only assess older patients with dementia in their offices, testing them for cognition, memory, concentration, visual ability and behaviour, he said. "We can't actually go with them and assess their driving ability."

While the study did not look specifically at accident statistics among this group of older Canadians, other research has shown that automobile collisions increase significantly among drivers after age 75, primarily because of medical conditions that affect driving ability.

Herrmann said dementia can affect critical judgment, colour recognition (whether a traffic light is red or green, for instance) and reaction time.

Dementia, even in mild to moderate forms, can also cause hallucinations. In fact, up to 20 per cent of people with Alzheimer's experience visual or auditory hallucinations, often "seeing" people or animals that they believe are real.

"Patients with dementia are all elderly and they have multiple medical co-morbidities, many chronic illnesses of late life, including things such as arthritis and cardiac disease," he said. "And these things in and of themselves may interfere with driving ability."

But wouldn't any driving difficulties be caught when patients reach age 80 and must undergo testing in order to keep their licence?

"No they are not," emphasized Herrmann. "This is the big fallacy that exists. . . . At 80, they're given a written test and their eyes are checked. They're not given on-road tests, which are the only truly valid measure of assessment in driving ability."

"I've had patients with very significant cognitive impairment pass their written tests. I have no clue how they've done it. I've had families tell me stories of examiners helping them."

The researchers, whose study is published in Tuesday's issue of the Canadian Medical Association Journal, say provinces and territories need to provide on-road testing that could be ordered at the behest of doctors.

"For example, just like a physician now can order a chest X-ray or a CT scan, it should be available to physicians to order an on-road driving test that provincial governments pay for, and then we'll be better able to assess whether patients with mild dementia can truly drive safely or not," said Herrmann.

Dr. David Butcher, a family practitioner in Prince George, B.C., said physicians face an ethical dilemma when considering whether a patient's medical condition could affect driving and therefore should be reported to a licensing body - as required by most jurisdictions.

"The report will help ensure that neither the patient nor others on the road are endangered, but may damage the patient-physician relationship," Butcher writes in an analysis accompanying the study.

"Driving restrictions may be perceived by the patient as unnecessary, even punitive." (The study shows that among subjects who finally ceased driving, only 12 to 19 per cent did so because their licences were revoked.)

For the aging patient, the notion of parking their vehicle for good can ignite feelings of diminished self-confidence and lack of independence, doctors say.

"I think driving is something that gives you empowerment, it gives you control and freedom," psychologist Dolly Dastoor, manager of the Program on Dementia and Psychiatric Co-Morbidity at the Douglas Hospital, said from Montreal. "And they suddenly see all this taken away from them."

Calling the study "an important piece of work," Dastoor noted that giving up the car may affect not only the patient.

"The other thing we see is the spouse, who has not driven, has never had a licence, and she's totally dependent on her husband who has cognitive deficits to get her around for her shopping," she said.

"So the spouse says, 'No, no, Doctor, don't worry. I'm always there. He never goes alone. I'm always on the lookout for what he does.'

"The mechanical part of driving the man can do, but she is the navigator. She tells him when to stop, when to turn, when the light is turning red," said Dastoor, adding that the notion is somewhat "scary."

Still, Herrmann conceded that persuading a patient with dementia to give up their wheels is particularly tough in a country as far-flung as Canada, especially when public transportation is poor to non-existent outside cities and generally less than senior-friendly where it does exist.

"That's another message to government," he said. "It's good and well enough to take away our patients' driving licences, but we have to be able to provide them with alternatives for transportation that is safe and effective to meet their particular medical needs."



Home Support: *How to get the help you need*

Why is home support so important?

Home Support services enable seniors, the chronically ill, and people with disabilities to live with dignity and independence in their own homes. Most people can't afford to pay for these services themselves. The goal of home support is to increase or maintain independence, and promote recovery.

Home support is often confused with home care. Home support provides assistance with the tasks of daily living like dressing, and mobility. Home care includes the services provided by registered nurses, physiotherapists, and occupational therapists.

Home support can reduce pressure on families and on acute and long term care - it is cost effective. It works!

Health Authority Contact Numbers:

Northern Health Authority

Phone: (250) 565-2649

Interior Health Authority

Phone: (250) 862-4200

Fraser Health Authority

Phone: (604) 587-4600

Vancouver Coastal Health Authority

Phone: Toll Free 1-866-884-0888

Vancouver Island Health Authority

Phone: (250) 370-8699

Home Support Includes:

- Getting up
- Getting dressed
- Bathing
- Using the toilet
- Getting ready for and going to bed
- Assistance with medications
- Therapeutic exercises
- Family care-giver relief
- Emotional and psychological support
- Health status monitoring

How to get home support:

- 1) You, a relative, friend, doctor or other health care professional can call the health authority and they in turn will call a long term care assessor.
- 2) If you are leaving the hospital speak to the hospital liaison or discharge planner.
- 3) Veterans can request service through Veterans Affairs who have their own assessors and will pay all, part or split a certain amount with long term care.
- 4) People on disability benefits should talk directly to their case worker.
- 5) You may call a health services agency yourself.

Note: User fees apply to home support services. They are based on an income test.

Also keep in mind:

- Assessors consider your health care need, the support you are receiving from family and friends and determine your eligibility for service.
- All health authorities have an appeal process so ask about this if you are denied home support.



Home Alone with No Support

RISKY LIVING

BC HEALTH COALITION HOME SUPPORT CAMPAIGN

Join the BC Health Coalition Home Support Campaign and stand with us to ensure that all British Columbians have the right to live healthy, safe and independent lives in their own home.

Please complete this form and return it:

- by fax at 604-681-7947
- by e-mail to info@bchealthcoalition.ca
- by mail to 411 Dunsmuir St., Vancouver, BC V6B 1X4

Join the Campaign

- We want to join in with the BCHC Home Support Campaign and participate in the activities, and we understand that our name will appear on a list of Coalition members on the website and information kits.
- We want to join in with the BCHC Home Support Campaign and participate in the activities, but we wish not to be named in any of the materials. We do wish to continue to receive information about this issue.

Organization's Name: _____

Contact: _____

Address: _____

Telephone: _____ E-mail: _____

Website: _____ Health Authority: _____



Combining certain foods can lower cholesterol for some as well as drug: study

Mar. 08, 2006

Provided by: Canadian Press

Written by: SHERYL UBELACKER

TORONTO (CP) - Some foods like oat bran are known to lower bad cholesterol on their own - but eating a diet that combines several such edibles can magnify the effect dramatically, a Canadian study suggests.

In fact, for some people with elevated blood fats who are at risk of heart attack and stroke, the combination diet can reduce levels of the bad cholesterol LDL as effectively as a commonly prescribed medication, the study concluded.

Researchers found that almost one-third of participants who ate a specific combination of food in their diet cut LDL by more than 20 per cent - a result comparable to that achieved by a group in an earlier study taking the early-generation statin drug, Lovastatin.

Their diet included almonds, soy protein, a margarine high in plant sterols and "sticky" soluble fibre found in oat bran, barley, okra and eggplant, said lead author Dr. David Jenkins, a professor of nutrition at the University of Toronto.

"What we're saying is that even if you have a food which by itself, like soy, . . . has only a small effect on cholesterol, if you stack them up one on top of the other . . . you're soon up to 20 per cent," Jenkins, who holds the Canada Research Chair in Nutrition and Metabolism, said Tuesday.

"That we see is the real value of having a dietary approach because the diet is a combination of many things."

That's not to say that some people should not be taking statin drugs, which can reduce the risk of cardiovascular disease by 25 to 50 per cent, said Jenkins.

But some people would prefer not to take a drug if it can be avoided, he said, while a small proportion of patients can't take statins because they suffer serious side-effects, notably severe muscle pain and elevated liver and muscle enzymes.

"By combining good foods that are useful, you can really maximize the effects of diet," he said. "And I think it provides an alternative to people who are at relatively low risk for (needing) medication.

"And it can hold off the time for those who may later need medication - because medications are obviously for life. So the longer you can manage to keep your cholesterol levels under control before you go onto medication, the better."

But Dr. George Honos, a spokesman for the Heart and Stroke Foundation of Canada, was unimpressed by the results, saying only one in three participants in the study was able to lower their cholesterol, and then only by 20 per cent.

"What has not been previously shown is that diet alone is effective in lowering LDL cholesterol sufficiently and over sufficient length of time to actually make a difference in terms of lowering heart attack and stroke," Honos, a cardiologist at the Jewish General Hospital, said from Montreal.

"And this study does not show that, either. What this study shows is actually the difficulty in lowering LDL cholesterol through dietary means."

Honos said newer generations of statin drugs have been shown to lower the risk for heart attack and stroke significantly more than earlier statins - and the medications' cholesterol-slashing effects aren't the only reason why: doctors believe statins may also affect the overall health of blood vessels.

"So diet alone - even if strict and even if effective in an individual by 20 per cent - will not be sufficient in and of itself to protect that patient against future events," Honos said. "And that's if a patient is capable of following it over two to five years or longer, which is the length of time it takes to see the benefit."

The study involved 55 men and women with a mean age of about 60 who consented to stay on the diet for a year. Participants kept week-long journals of their diet compliance at set intervals during the year and also had regular blood tests to determine cholesterol levels.

Co-author Dorothea Faulkner, a University of Toronto dietitian, said participants were asked to consume certain daily quantities of soy protein, a brand of margarine rich in plant sterols, viscous soluble fibre like oat bran, and almonds. (A plant sterol is a compound that competes with dietary cholesterol to be absorbed by the intestines, leading to lower blood cholesterol.)

Ideally, the vegan diet was to include no meat, poultry or fish, but some participants did occasionally eat chicken and fish, she said.

Jenkins said eating LDL-busting foods in combination may be a better option than popping a pill for people with an intermediate or low risk of heart attack and stroke, but whose cholesterol has crept above acceptable levels.

"I think with a sensible diet and lifestyle change, they would be able to not only get their lipid level down, but they would be able to help themselves in other ways," he said, referring to exercise and weight loss.

"Just taking a pill might not reinforce that. It's really an attitude among our population that we can sit on the couch with the six-pack and watch other people exercise as long as we take some pills."

The study is published Wednesday in the American Journal of Clinical Nutrition.

Participants in the study included the following in their 2,000-calorie a day diet:

-42 grams of almonds, about 36 in total.

-42 grams of soy protein from beverages, tofu and soy "meat" products like burgers and hotdogs. One glass of soy milk contains six to nine grams of soy protein, for example.

-15 to 20 grams of viscous, or sticky, soluble fibre, found in oat bran cereal, barley, okra, eggplant and psyllium.

-Plant sterol, a compound found in seeds, nuts and some vegetable oils, particularly canola.

Researchers used a type of margarine enriched with plant sterols during the study, but the product is no longer available in Canada.

Info from MensHealth@Medbroadcast.com

Growing Old!!!! (author unknown)

--- I feel like my body has gotten totally out of shape, so I got my doctor's permission to join a fitness club and start exercising. I decided to take an aerobics class for seniors. I bent, twisted, gyrated, jumped up and down, and perspired for an hour. But, by the time I got my leotards on, the class was over.

--- Reporters interviewing a 104-year-old woman: "And what do you think is the best thing about being 104?" the reporter asked. She simply replied, "No peer pressure."

--- The nice thing about being senile is you can hide your own Easter eggs.

---Just before the funeral services, the undertaker came up to the very elderly widow and asked, "How old was your husband?" "98," she replied "Two years older than me." "So you're 96," the undertaker commented. She responded, "Hardly worth going home, is it?"

--- I've sure gotten old.! I've had two bypass surgeries, a hip replacement, new knees. Fought prostate cancer and diabetes. I'm half blind, can't hear anything quieter than a jet engine, take 40 different medications that make me dizzy, winded, and subject to blackouts. Have bouts with dementia. Have poor circulation; hardly feel my hands and feet anymore. Can't remember if I'm 85 or 92. Have lost all my friends. But, thank God, I still have my driver's license.

--- An elderly woman decided to prepare her will and told her preacher she had two final requests. First, she wanted to be cremated, and second, she wanted her ashes scattered over Wal-Mart. "Wal-Mart?" the preacher exclaimed. "Why Wal Mart?" "Then I'll be sure my daughters visit me twice a week."

---My memory's not as sharp as it used to be. Also, my memory's not as sharp as it used to be.

--- Know how to prevent sagging? Just eat till the wrinkles fill out.

---I've still got it, but nobody wants to see it.

---I'm getting into swing dancing. Not on purpose. Some parts of my body are just prone to swinging.

---It's scary when you start making the same noises as your coffeemaker.

---These days about half the stuff in my shopping cart says, "For fast relief."

---Don't think of it as getting hot flashes. Think of it as your inner child playing with matches.

---Don't let aging get you down. It's too hard to get back up!

--- Remember: You don't stop laughing because you grow old, You grow old because you stop laughing.

- --THE SENILITY PRAYER : Grant me the senility to forget the people I never liked anyway, the good fortune to run into the ones I do, and the eyesight to tell the difference.

**BC ELDERS
COMMUNICATION
CENTER SOCIETY**

**1415 Wewaikum Road
Campbell River, B.C. V9W 5W9**

**Phone: 1-250-286-9977
Fax: 1-250-286-4809
Toll-Free: 1-877-738-7288
Coordinator: Donna Stirling
Website: www.bcelders.com
Email:
bcelders@telus.net**

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Anyone interested in advertising their products please contact the Elders Voice.

PROVERBS:

Dwell not upon thy weariness, thy strength shall be according to the measure of thy desire. Arab
Don't throw away the old bucket until you know if the new one holds water. Swedish
Enjoy yourself. It's later that you think. Chinese
He who would rule must hear and be deaf, see and be blind. German
Never give advice in a crowd. Arab

BIBLE QUOTES:

"Honor thy father and thy mother, that thy days may be long upon the land which the Lord thy God giveth thee." Exodus 20:12
"The glory of young men is their strength, and the beauty of old men is the grey head." Proverbs 20:29
"If you are good, you are guided by honesty. People who can't be trusted are destroyed by their own dishonesty." Proverbs 11:3
"If your brother sins, go and reprove him in private. If he listens to you, you have won your brother." Matthew 18:15
"A perverse man stirs up dissension, and a gossip separates close friends." Proverbs 16:28

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

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

Libra

September 23rd - October 23rd

Libra, with its symbol the scales, strives for balance and harmony. Those born under this Air sign see every side to an argument and have the tact to smooth over troubled waters. True diplomats, Librans go out of their way to avoid friction and have trouble saying no. Ruled by Venus, they admire beauty. They are charming, optimistic, stylish and elegant.

National Survivors Support Line

24 Hours a day - 7 days a week - 1-866-925-4419

The Indian Residential School Survivors Society provides free, immediate, confidential, non-judgmental, support for residential school survivors across Canada.

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.