

**Volume 7 Issue 9**

**August 2007**



**BC ELDERS COMMUNICATION CENTER SOCIETY**

**ELDERS VOICE**

### 31st Annual BC Elders Gathering

Contact Information for the Host is on the back page of every issue of the EV. Forms for the event can be found at [www.bcelanders.com](http://www.bcelanders.com) as well as the Host's own site [www.eldersgathering.squamish.net](http://www.eldersgathering.squamish.net) I wish everyone safe travels to and from the Gathering, D. Stirling

#### **ATTENTION ELDERS AND ELDERS SUPPORT PEOPLE:**

Please take special note of pages 10 and 11 as they are from Services Canada who will be responsible for processing the Residential School Settlements.

As was explained to me...

**Any of you who applied for the 'Advanced Payment' will still need to fill out the NEW APPLICATION FORM when it becomes available.**

I was told that assuming that the process proceeds after the mandatory 150 day opt-out phase (which ends August 20th, 2007) the application forms will be made available 30 days after that and will be mailed out on September 17, 2007.

Services Canada will be accepting the filled out applications on September 19th, 2007.

You can contact Services Canada to get on their mailout for the New Application Forms at 1-866-879-4913 or at [www.residentialschoolsettlement.ca](http://www.residentialschoolsettlement.ca)

Sincerely, Donna Stirling

**"Angels fly because they take themselves lightly."**

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 Humour/Zodiac

## Easy Bakers Corner – Double Chocolate Macadamia Nut Cookies

Cream together 1/2 cup **plus** 1 Tbsp of butter, 1/3 cup of granulated sugar and 1/3 cup of packed brown sugar until light and fluffy. Beat in 1/2 tsp. of vanilla and 1 egg.

In a separate bowl, combine 1 1/4 cup **plus** 2 Tbs. of all-purpose flour, 1/2 tsp. of baking soda, 1/2 tsp. of salt and 4 Tbs. of cocoa powder.

Stir into the creamed mixture. Mix well.

Stir in 3/4 cup of chocolate chips, and 3/4 cup of white chocolate chips and 1/2 cup of coarsely chopped macadamia nuts.

Drop by teaspoons onto lightly greased baking sheet.

Bake at 375° for 10—12 minutes.

Cool on a rack after resting for a few minutes on the baking sheet. Makes 2 Dozen

### *Handy Tips: Did You Know?*

To easily remove most burnt on food from your skillet, simply add a drop or two of dish soap and enough water to cover bottom of pan, and bring to a boil on stove top.

Spray your Tupperware® or other similar plastic containers with nonstick cooking spray before pouring in tomato based sauces and there won't be any stains.

## What Can you please share?

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. **Submissions are best forwarded to me via email** by the 15th of the preceding month. If you are interested in providing articles, please do so, I look forward to hearing from anyone who wants to contribute to the content of your newsletter. Gilakasla, Donna Stirling

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

**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). Registration forms, booth forms, maps of the host territory, accommodation information, etc. concerning the Annual Elders Gatherings are available each year on the BC Elders Communication Center Society's website [www.bcelders.com](http://www.bcelders.com) as soon as they are made available from each new host community.

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.

## 7th GRATITUDE LIST

Groups who have thankfully paid their \$250 'Yearly Support Fee'  
so far for the Dec. 2006 – Nov. 2007 Year

1. Quatsino First Nation
2. Burnstick Promotions - Don Burnstick
3. Neskonlith Indian Band
4. We Wai Kum First Nation
5. Wet'suwet'en First Nation
6. Mamalilikulla-Qwe'Qwa'Sot'Em Band
7. Comox First Nation
8. Bridge River Indian Band
9. Squiala First Nation
10. Cook's Ferry Indian Band
11. BC Assembly of First Nation
12. Tsawataineuk Band
13. McLeod Lake Tse'khene Elders Society
14. Lower Nicola Indian Band
15. Osoyoos First Nation
16. Ditidaht First Nation
17. Uchucklesaht Band
18. Adams Lake Indian Band
19. Canoe Creek Band
20. Samahquam Band
21. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation
22. Kamloops Indian Band
23. Saik'uz First Nation
24. Qualicum First Nation
25. Xaxli'p Indian Band
26. We Wai Kai Nation
27. Lower Kootenay Band Family Health Services
28. Hailika'as Heiltsuk Health Centre
29. Snuneymuxw First Nation
30. T'It'Qet Elders Council
31. Hamatla Treaty Society
32. Lower Similkameen Indian Band
33. West Moberly First Nation
34. Lheidli T'enneh Band
35. Tsewultun Health Centre
36. Lytton First Nation
37. Gitksan Health Society
38. Carnegie Community Centre
39. Doig River First Nation
40. Union of British Columbia Indian Chiefs
41. BC Assoc. of Aboriginal of Friendship Centres
42. Tansi Friendship Centre Society
43. Old Massett Village Council
44. Tobacco Plains Indian Band
45. Kwadacha Band
46. Quesnel Tillicum Society
47. Gitanyow Human Services - Health
48. Ehattesaht Tribe
49. Nuu-Chah-Nulth Tribal
50. Esquimalt Nation
51. Wuikinuxv Nation
52. Tla-O-Qui-Aht First Nation
53. Kluskus Indian Band
54. Douglas Band
55. Squamish Nation
56. Da'naxda'xw First Nation
57. Kitamaat Village Council
58. Mount Currie Band Council
59. Seton Lake Band Elders
60. In SHUCK-ch Elders Circle
61. First Nations Summit Society
62. Shxwha:y Village
63. Ts'kw'aylaxw First Nation
64. Gitsegukla Band (\$125)
65. SIMPCW First Nation (\$100)
66. Sechelt Indian Band (\$50)

Dear Elders Contact Person,

\*If your office has paid the support fee, thank you very much for your assistance!

\*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 on this end having received a reply from you.

\*If you are in the process of paying the fee with the new fiscal year upon us, then thank you very much for your continued efforts!

\*\*\*Staff changes often occur, so please call into the office if you require the Invoice to be resent to a new Contact Person.

Thank you for your continued support!  
Donna Stirling, BCECCS Coordinator

# First Nations Leadership Council Statment: National Day of Action

First Nations Leadership Council rallies with supporters in Vancouver on National Day of Action to encourage all Canadians to stand together in solidarity for Aboriginal Justice



For Immediate Release  
June 29, 2007

Coast Salish Traditional Territory/Vancouver - Today, on the Assembly of First Nations' National Day of Action, the First Nations Leadership Council, comprised of the executives of the BC Assembly of First Nations, the First Nations Summit and the Union of BC Indian Chiefs, will march with supporters from Vanier Park to a 12 Noon rally at the Federal Government Building located at Library Square in downtown Vancouver. The First Nations Leadership Council and supporters will be rallying to call for concerted action to combat First Nations poverty and calling on governments to respect and recognize Aboriginal and treaty rights in B.C. and across Canada.

"The National Day of Action is an opportunity for all Canadians to rally and call out for justice and fairness for First Nations people in this country," said Shawn Atleo, B.C. Regional Chief of the Assembly of First Nations and a member of the First Nations Leadership Council. "First Nations poverty is the greatest social justice issue facing Canada. Today is about calling for an end to First Nations poverty in this country. Closing the socio-economic gaps faced by our people will be a step towards the restoration and revitalization of First Nations communities thereby leading to a stronger Canada".

"Resolving outstanding land claims, securing a viable land base and legislated access to resource revenue-sharing agreements for First Nations is the key to unlocking the full potential and prosperity for First Nations" said Grand Chief Stewart Phillip, President of the Union of B.C. Indian Chiefs and member of the First Nations Leadership Council. "The reconciliation of First Nations title, rights and jurisdictions with the Federal Crown through the recognition and implementation of First Nations' inherent right to self-government is an important and critical step towards building strong and healthy First Nation communities in BC. There is only so far we can go without the active participation of the federal government. Canada must work with us to resolve these and other key fundamental issues facing our people".

"The British Columbia government has shown leadership in working with us to address unacceptable socio-economic gaps that exist for First Nations people in BC as reflected in Premier Campbell's media statements yesterday", said Chief Judith Sayers, a member of the First Nations Summit Political Executive the First Nations Leadership Council. "Canada needs healthy and educated First Nations to ensure a healthy and educated workforce of tomorrow. Improving the lives of First Nations will create jobs and economic opportunities and will make Canada a stronger, healthier and better nation for all Canadians".

"Today is the one-year anniversary of the United Nations Human Rights Council's adoption of the Declaration on the Rights of Indigenous Peoples which sets minimum international standards for the dignity, well-being and survival of the world's indigenous peoples", said Grand Chief Edward John, also a member of the First Nations Summit Political Executive and First Nations Leadership Council.

"Canada was one of only two nations who chose to vote against the Declaration and continues to work to undermine adoption by the UN General Assembly. If Canada is truly serious about being a world leader on human rights issues it will reverse its regressive policy on the Declaration and encourage its passage by the UN General Assembly".

-30-

The First Nations Leadership Council is comprised of the political executives of the First Nations Summit, Union of BC Indian Chiefs and the BC Assembly of First Nations. The Council works together to politically represent the interests of First Nations in British Columbia and develop strategies and actions to bring about significant and substantive changes to government policy that will benefit all First Nations in British Columbia.

For more information:

Grand Chief Stewart Phillip, UBCIC, (604) 684-0231

Colin Braker, First Nations Summit, (604) 926-9903 or (604) 328-4094

Rhonda Sim, BC Assembly of First Nations, (604) 922-7733

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## **TSAWWASSEN FIRST NATION MAKES BC HISTORY:**

### **VOTES 'YES' TO RATIFY PROVINCE'S FIRST URBAN TREATY**

#### **FOR IMMEDIATE RELEASE**

July 25, 2007

TSAWWASSEN, July 25 - In a historic vote held here today, members of the Tsawwassen First Nation (TFN) voted AN OVERWHELMING "yes" to ratify British Columbia's first urban treaty.

Of 187 registered voters, 130 voted in favour (70 percent). Ratification required a positive endorsement of 50 per cent plus one of TFN members on the official voters list. The poll on the Tsawwassen reserve closed at 8 p.m.

A tired but exuberant Chief Kim Baird announced the results from the recreation centre on the reserve, thanking Tsawwassen members for providing clear direction.

"Our members were very brave," Chief Baird said. "Today, they have decided that this treaty is our way forward."

"This was a hard-fought vote," she said. "But now we have to put it behind us. Now, more than ever, we're going to have to work together to implement the treaty – to create and manage new laws and services to directly benefit our community."

Chief Baird says the "yes" vote clears the way for the next step in the long and arduous treaty-making process: debate in the B.C. Legislature, perhaps this fall.

Chief Baird will host a Media Backgrounding Session tomorrow, July 26, at 10 a.m. in the Administration Building on the reserve.

Details of the Final Agreement have been posted on the Tsawwassen web site.

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#### **FOR MORE INFORMATION:**

Tanya Corbet  
Communications Coordinator  
Tsawwassen First Nation  
604-928-0879  
[tcorbet.tfn@dccnet.com](mailto:tcorbet.tfn@dccnet.com)  
<http://www.tsawwassenfirstnation.com>

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## **Compelling Reasons for Treaty Negotiations**

There are compelling historic, legal, economic and governmental reasons for completing treaties among the governments of Canada, British Columbia and First Nations, as outlined on the BC Treaty website at <http://www.bctreaty.net/index.php>

### **There Are Compelling Historic Reasons**

Treaty making is unfinished business in British Columbia, unlike in most of Canada.  
First Peoples in British Columbia  
*A Royal BC Museum/BC Treaty Commission production*

The border of British Columbia is a relatively new line drawn across a land that has nurtured and sustained an amazing diversity of people, plants and animals for thousands of years.

Today, more than 30 indigenous languages survive, passing the lifelines of knowledge and culture down through time. And through language, the First Peoples can still reach out to send their greetings from the places of their birth.

Since the beginning, the rivers, seas and lakes, mountains and the valleys have offered food, clean water, and forests for shelter and warmth. Often divided by rugged terrain, the human societies grew self reliant, in tune with the intricate variety of life that thrives in these radically different landscapes.

Using specialized tools and technologies, First Peoples traveled, traded and timed their lives to coincide with the multitude of natural harvests that occur throughout the seasons.

Then, a little over 200 years ago, European explorers brought a new set of values to these lands. Sea otter skins became big business in coastal communities. Through trade in otter and salmon, the European people and their technology began to influence life and events. And from then on, the changes were swift and often terrible.,,,

For more, click [http://www.bctreaty.net/files/first\\_peoples.php](http://www.bctreaty.net/files/first_peoples.php)

## **There Are Compelling Legal Reasons**

First Nations have continuing rights stretching back to time out of mind. Treaties will bring certainty to land ownership and jurisdiction for all British Columbians. When the early Europeans first began to settle in the eastern part of North America, Britain recognized that those people who were already living here had title to land: the Royal

Proclamation of 1763 declared that only the British Crown could acquire lands from First Nations, and only by treaty. In most of Canada that's what happened.

For more, click

[http://www.bctreaty.net/files/pdf\\_documents/why\\_treaties.pdf](http://www.bctreaty.net/files/pdf_documents/why_treaties.pdf)

## **There Are Compelling Economic Reasons**

Treaties will pump billions of dollars into the BC economy making the biggest impact where the money is needed most – in the hands of First Nations and their neighbours in small-town British Columbia.

First Nations will receive as much as \$7 billion according to an economic analysis undertaken by Grant Thornton for the Treaty Commission.

Province-wide, treaties will bring certainty to land ownership and jurisdiction, a major cash injection and new investment. Total benefits from treaties, including increased investment, could be as high as \$50 billion -- \$1 billion to \$2 billion each year for the next 20-25 years.

For more, click <http://www.bctreaty.net/files/economic-ed1.php>

## **There Are Compelling Governmental Reasons**

First Nations will finally take their rightful place among the family of governments in Canada, no longer wards of the federal government under the Indian Act. A 13-year study of indigenous nations in the United States has found economic success is closely linked to the power to make decisions.

Dr. Stephen Cornell, co-author of the Harvard Project on American Indian Economic Development, says their research has yet to find a single case in the United States of sustained economic activity on indigenous lands in which some government body other than the indigenous nation itself is making the decisions about government structure, natural resource use, internal civil affairs and development strategies.

The economic research has found four critical factors for success:

1. Jurisdiction (self government) matters.
2. Effective governing institutions are necessary.
3. Governing institutions must be appropriate to the people.
4. The indigenous nation must have a strategic orientation.

For more, click [http://www.bctreaty.net/files/gov\\_ed1.php](http://www.bctreaty.net/files/gov_ed1.php)

Articles from RedWay BC News Dynamic Issue, Spiritlink Communications and Publisher



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534 Centre Street  
Nanaimo, BC V9R 4Z3  
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Toll Free: 1.877.777.4842  
Fax: 250.753.0570  
Email: [fnhh@intertribalhealth.ca](mailto:fnhh@intertribalhealth.ca)

July 20, 2007

Referral Workers:

The First Nations House of healing offers healing programs at Tsa Kwa Luten Lodge on Quadra Island for former Residential School Students and their families. The programs aim to provide a safe environment to support a community-based system of healing to those that have been affected by the legacy of physical and sexual abuse suffered in Residential Schools. The First Nations House of Healing and partners are accountable to the survivors of Residential Schools, and others affected by the intergenerational impacts to the Aboriginal Healing Foundation.

Our programs this year will run from October 15, 2007 to March 31, 2008. We would like to come into your organization to present the following information:

- A power point presentation (approx. 1 hour) covers history and program information
- Intake packages and process
- Question and Answer period
- Current program schedule
- Guest information

Ideally, we would like to attend a staff meeting, interagency meeting or organized event that we can reach as many referral contacts as possible (nurse, CHR, D&A worker, community support worker). We are excited about this program year as we have new programs we hope meet the needs of your clients.

Please call (250) 753-3990 ext. 224 or email: [marina@intertribalhealth.ca](mailto:marina@intertribalhealth.ca) or [emmy@intertribalhealth.ca](mailto:emmy@intertribalhealth.ca) to confirm a visit to your community/organization.

Hychqa

First Nations House of Healing

**FNHH  
Program  
Schedule  
2007-2008**

Each program will create awareness of the legacy of residential school and its impacts to former students and their families. This will include (but not limited to) addressing anger, healthy identity, living empowered, cultural and spiritual reconnection, communication skills, boundaries, self-care and healthy relationships.



<b>Program Name Program Definition</b>	<b>Start Date</b>	<b>End Date</b>	<b># of Days</b>	<b>Application Deadline</b>
<b>Enriching Our Circles (OFF SITE)</b> 5 day program for referral workers	Oct 15	Oct 19	5	Sept 7
<b>Finding the Beat of Your Drum</b> 11 day intergenerational Co-ed program for people on their healing journey	Nov 2	Nov 13	11	Sept 28
<b>Releasing With the Tides</b> 11 day program for former IRS students going through the ADR process / Common Experience payment	Nov 19	Nov 30	11	Oct 12
<b>Setting the Path to Abundance</b> 11 day Co-Ed program for Elders	Jan 2	Jan 13	11	Nov 30
<b>Nourishing Our Souls Level 1</b> 11 day Co-ed Trauma program 3 staged program	Jan 20	Jan 31	11	Dec 14
<b>Strengthening Within</b> 11 day program for gay, lesbian and bisexual people	Jan 31	Feb 11	11	Dec 21
<b>Soaring Together</b> 11 day program for couples	Feb 11	Feb 22	11	Jan 4
<b>Nourishing Our Souls Level 2</b> 11 day Co-ed Trauma program *Prerequisite – Nourishing Our Souls Level 1	Feb 22	Mar 4	11	Jan 18
<b>Reconnecting Our Roots</b> 11 day Co-ed program for fostered/adopted people	Mar 7	Mar 18	11	Feb 8
<b>Nourishing Our Souls Level 3</b> 11 day Co-ed Trauma program *Prerequisite – Nourishing Our Souls Level 2	Mar 18	Mar 29	11	Feb 15

First Nations House of Healing  
534 Centre Street  
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Phone: 250-753-0590  
Toll Free Phone: 1-877-777-4842

Fax: 250-753-0570  
Toll Free Fax: 1-877-753-0573

Email: fnhh@intertribalhealth.ca

Intake Packages are available on-line:  
[www.intertribalhealth.ca](http://www.intertribalhealth.ca)

**\* Nourishing Our Souls: applicants must be committed to all three levels upon registration**





## Indian Residential Schools Settlement Agreement Common Experience Payment

The Indian Residential Schools (IRS) Settlement Agreement has been approved by the courts. The 150 day opt out period is underway and will continue until August 20, 2007. During this period, all eligible former IRS students and their families must decide whether to stay in the settlement or remove themselves (opt out).

If the agreement moves forward, Service Canada will be responsible for:

- making Common Experience Payment (CEP) applications available;
- providing assistance to former IRS students in completing their CEP applications;
- verifying identities of CEP applicants;
- receiving the CEP applications;
- processing payments when applications are approved; and
- responding to enquiries related to the CEP.

The official CEP application forms will be available only after the opt out period is over **and** it is confirmed that the Settlement Agreement will continue. Many former IRS students will receive application forms by mail. Applications will also be available at Service Canada Centres, and will be posted on the Service Canada Web site: [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca)

### Identity documents

**Option 1:** To verify identity, Service Canada will require an original birth certificate.

**Please note: Only an original birth certificate can be accepted. No photocopies. If you do not have a birth certificate, you may contact the appropriate agency in your province/territory to request one.**

**OR**

**Option 2:** If you cannot get an official birth certificate, Service Canada will require **two** of the following documents, **one** of which must feature your photograph:

- Certificate of Indian Status (issued by Indian and Northern Affairs Canada);
- provincial/territorial driver's licence;
- provincial/territorial health card;
- Canadian passport.

For a CEP application made in person at a Service Canada Centre or to Service Canada staff who may visit communities, original identity documents will be required.

For a CEP application sent by mail, the **original birth certificate or certified copies** of two of the identity documents listed in **option 2** will be required. If you send your original identity documents, they will be returned to you by mail.

If the name on your application is different from the name on your identity documents, you must provide one of the following. You may provide the original or a certified copy:

- marriage certificate or registration;
- divorce decree;
- legal change of name document;
- adoption papers.

**(PLEASE SEE THE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS PAGE)**

People who will be able to certify the identity documents will need to see the original documents, must be Canadian citizens residing in Canada, must be available to Service Canada for verification and must have known you personally for a minimum of two years.

**Please note: you cannot certify your own identity documents.**

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement “I certify this to be a true copy of the original”. On the copy of the identity document that **features a photo**; the person certifying the document must include the statement “I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen and have known the applicant personally for at least two years.” On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

**Only the following people will be able to certify identity documents:**

Chief or Councillor of First Nations Band Council  
Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council  
Dentist  
Executive Officer of Nunavut Tungavik Inc.  
Executive Officer of Inuvialuit Regional Corporation (Northwest Territories)  
Executive Officer Makivik (Northern Quebec)  
Judge  
Lawyer (member of a provincial bar association)  
Notary in Quebec  
Magistrate  
Mayor  
Medical Doctor  
Minister of religion authorized under provincial law to perform marriages  
Notary public  
Optometrist  
Pharmacist  
Police officer (municipal, provincial or RCMP)  
Postmaster  
Principal of a primary or secondary school  
Professional accountant (APA, CA, CGA, CMA, PA, RPA)  
Professional engineer (P.Eng., Eng. in Quebec)  
Senior administrator in a community college (includes CEGEPs)  
Senior administrator or teacher in a university  
Social Worker with MSW (Masters in Social Work)  
Veterinarian

### Completing the application form

It will be important to complete the entire CEP application form. This will include:

- full names, including names you may have been known by at residential schools;
- complete mailing address, including postal code;
- the residential schools you lived at and when.

Everyone who receives a Common Experience Payment will have the option of receiving a cheque by mail or payment by direct deposit. Direct deposit is available in Canada only.

Information about the Settlement Agreement is available through the toll-free Residential Schools Settlement Agreement Information Line at 1-866-879-4913 or online at [www.residentialschoolsettlement.ca](http://www.residentialschoolsettlement.ca)



**Union of  
British Columbia  
Indian Chiefs**

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First Nations**

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www.bcafn.ca

## First Nations Leadership Council

### INFORMATION BULLETIN

#### Leadership Council

On March 17, 2005, the Regional Chief of the BC Assembly of First Nations, the Task Group of the First Nations Summit, and the political executive of the Union of BC Indian Chiefs signed the *Leadership Accord*.

The purpose of the Accord is to: affirm mutual respect; formalize a cooperative working relationship to politically represent the interests of First Nations in BC and develop strategies and actions to bring about significant and substantive changes to government policy that will benefit all First Nations in BC; and focus on a range of issues and initiatives of common interest or concern among First Nations in BC, including consultation and accommodation, national processes, and social and economic program and service issues.

Work under the Leadership Accord is guided by the following principles:

- The Parties recognize and respect each other's respective mandate;
- The Parties will be mindful that they each represent a diversity of perspectives on issues relating to Aboriginal title, rights and interests;
- The Parties commit to work to advance the interests of First Nations in political level discussions amongst themselves and with governments;
- The Parties will represent their respective memberships in any discussions that directly involve government and industry.

Through the Accord, the Parties commit to engage in an ongoing process of dialogue through regular leadership meetings to achieve the purposes of this Accord and, where possible, develop common understandings, strategies and/or positions on identified issues of

of concern or priority to advance those issues politically.

The relationship established through the *Leadership Accord* remains strong. Although some successes have been achieved (New Relationship, Transformative Change Accord, New Relationship Trust, others), much remains to be done. The mandate of the First Nations Leadership Council (FNLC) is determined only through the mandates of each of its participating organizations – the BC Assembly of First Nations, First Nations Summit, and Union of BC Indian Chiefs – as established via resolution of their respective memberships.

The FNLC is a political process, not a new organization. Its purpose is to generate political power through cooperation and collaboration between the existing provincial First Nations organizations. Although the FNLC works with governments to develop frameworks for issues such as shared decision-making and consultation and accommodation, these efforts are never to impede government-to-government discussions and negotiations between individual First Nations and governments.

The staff of the three participating FNLC organizations are responsible for following up on resolutions passed at their respective Chiefs' assemblies, and work together on issues where all three organizations have a mandate.

The BC Assembly of First Nations, First Nations Summit and Union of BC Indian Chiefs are committed to maintaining unity on matters of common concern to benefit all BC First Nations, as well as to respecting the autonomy of each organization in achieving progress on issues specific to their respective memberships.

## **National Day of Action: Solidarity for Aboriginal Justice**

On June 29, 2007, the FNLC hosted a march and rally, which began at 11:00am at Vanier Park, crossed the Burrard St bridge, and concluded at Library Square. Over 500 people attended the event, including First Nations and First Nations organizations, environmental groups, interfaith groups, labour organizations and government partners. Some of the guest speakers included Jim Sinclair-BC Federation of Labour, George Heyman-BC Government Employees Union, Scott Fraser-NDP MLA and Adrienne Carr-Deputy Leader of the Green Party of Canada. This event was in solidarity with efforts of other First Nations across Canada to stand together with other Canadians to demand that the Federal Government to deal honourably with First Nations Title and Rights and to call for an end to First Nations poverty.

## **Federal Engagement**

On May 26, the FNLC met with Minister of Indian and Northern Affairs Jim Prentice and Minister of Aboriginal Relations and Reconciliation Michael de Jong. A commitment has been made to develop a tripartite “new relationship” document that will set out firm commitments and action items in key areas, including the resolution of claims.

## **New Relationship**

A joint FNLC-BC Recognition Working Group is tasked with the main deliverables from the New Relationship document – producing principles & mechanisms for: recognition & Honour of the Crown, consultation/accommodation, shared decision-making, revenue & benefit sharing, and other matters.

Other working groups achieving progress under the New Relationship include the Resolutions Strategy Side Table; Telling Our Stories Committee; Crown Land Allocation Framework Working Group;

Aquaculture Working Group; and the Ecosystem Stewardship Planning Working Group.

For three days out of each month, the FNLC meets with provincial officials to set direction, review progress and have high-level discussion on progress under the New Relationship and other matters of common concern.

## **Culture and Heritage**

A Culture and Heritage Working Group has been created to work with BC to a) make recommendations with respect to amendments to the *Heritage Conservation Act* and b) identify culture and heritage site management possibilities within the existing legislative regime.

## **Fisheries**

A key item in the BC First Nations Fisheries Action Plan is the establishment of a BC First Nations Fisheries Council. The FNLC was been mandated, through resolution, to hold a province-wide meeting, open to all BC First Nations, to develop the First Nations Fisheries Council concept. This BC First Nations Fisheries Council Forum was held on May 29-30, hosted by Musqueam Nation at the Crown St. Gym. Delegates to the Forum developed a “BC First Nations Fisheries Council Concept Paper”, which was adopted by resolution of the BCAFN and UBCIC in June. The FNLC will begin to make appointments to the Fisheries Council, and meet with government to discuss resourcing of the Fisheries Council, throughout the summer.

## **Justice Forum**

A BC First Nations Justice Forum took place on May 14-16, 2007, at the Coast Plaza Hotel and Suites in Vancouver, BC.

These discussions resulted in a draft BC First Nations Justice Action Plan which was subsequently shared with all BC First Nations for their review and comment. The revised Action Plan was endorsed by resolution of

the BCAFN and UBCIC in June. A related resolution was passed in support of a key action item in the Action Plan – the formation of a BC First Nations Justice Council. Work will now begin to identify representatives and resources for the Justice Council.

## **Health**

On June 11, 2007, the FNLC, Minister of Health Tony Clement, and Premier Gordon Campbell signed the Tripartite BC First Nations Health Plan in fulfillment of the commitment made in the First Nations Health Plan Memorandum of Understanding signed on November 27, 2006. The Tripartite First Nations Health Plan adopts the 29 action items of the FNLC-BC Transformative Change Accord Health Plan released in November 2006 and includes a number of key new action items. The development of the Tripartite First Nations Health Plan was informed by the April 10-11, 2007 province-wide First Nations Health Forum, attended by First Nations leaders and community health professionals, among others. The Final Report of the First Nations Health Forum has been published and will be sent to all BC First Nations and Forum attendees later this month.

Next Steps for the Tripartite BC First Nations Health Plan are as follows:

*Communication Strategy:* One of the first priorities to move the work of the plan forward involves the development and implementation of an effective communication strategy. The communication strategy will consist of the following:

- External Communication: A main component of the communication strategy will be to ensure effective two-way communication is established with First Nations communities in BC. This will ensure access to good information on all aspects of the plan on a timely basis for all levels of discussion and appropriate processes for input. Work with First Nations

communities will be done in coordination with the First Nations Health Council and supported by the First Nations Chiefs' Health Committee and the UBCIC Social Development Committee. External communications will also include communication with the government and the general public on First Nations health plan matters as required.

- Internal Communication: An integrated internal communication strategy is needed to ensure information can be shared with all participating organizations and team members for the health plan.

The communication strategy will include branding of the health plan, information management, information sharing, website management, regular update bulletins, presentation materials, and other communication tools and methods.

*First Nations Health Plans:* The Tripartite First Nations Health Plan supports the development of First Nations community health plans. Work will begin immediately to ensure support is provided for each First Nations community in BC to have an up-to-date community health plan that sets out a comprehensive approach to addressing the health issues of the community.

*New governance structure for First Nations Health Services in BC:* The Tripartite First Nations Health Plan sets out the agreement of the Parties to create and implement a new structure for the governance of First Nations health services in BC. Included in this work is the development of a First Nations Health Governing Body within three years of signing the Tripartite First Nations Health Plan. This governing body is intended to ensure effective participation of First Nations in key functions of governance over health services. Work will be initiated through the First Nations Health Council to design and implement a

process for First Nations involvement and support for this initiative.

*Workplan for the Tripartite First Nations Health Plan:* An initial work plan is required within six months (by December 2007). Work is underway to set priorities, establish effective approaches, and determine budgets and other resource requirements. In the interim, short-term contracts will be used to bring on support as required to move the work forward.

### Art Contest

The FNLC and the Provincial Health Officer are hosting an art contest for the cover design and inside pages of the next Report on Health and well-being of Aboriginal People in British Columbia due for release in November 2007. This contest is open to all Aboriginal students who are attending school in British Columbia. The winner of the contest will receive \$500 and an additional \$500 for the school that they are attending.

**Deadline for submission: July 31, 2007.** Please direct submissions or to of the BCAFN, FNS or UBCIC.

### Early Childhood Development

A group of individuals and organizations with an interest in Early Childhood Development (including the FNLC, First Nations Education Steering Committee, First Nations Schools Association, Aboriginal Human Resource Development Agreements, First Nations Health Council, BC Aboriginal Child Care Society and others) has been meeting to discuss ways to improve coordination and collaboration amongst themselves, to improve the lives of BC First Nations children. The group ("BC First Nations Early Childhood Development Council") has produced a Memorandum of Understanding that was approved at the June BCAFN meeting. The Council has also been mandated to develop a draft BC First Nations Early Childhood Development Action Plan for review and consideration of BC First Nations.

### Energy

On April 2-4, 2007, the FNLC and the Carrier Sekani Tribal Council co-hosted a province-wide First Nations Energy Summit at the Chief Joe Mathias Centre in North Vancouver.

During the Summit, First Nations delegates developed a BC First Nations Energy Action Plan to address energy sector issues. This Action Plan was faxed to all BC First Nations, with an invitation for further feedback. All feedback has been incorporated, and a final version of the Action Plan was approved by resolution of the BCAFN and UBCIC in June. An interim Energy Working Group (composed of one FNLC member and one member appointed by each of the BCAFN, FNS and UBCIC) will be created to develop a plan for creating a BC First Nations Energy Council and begin the work of implementing the Action Plan.

### Technology

UBCIC and AFN recently passed resolutions mandating the First Nations Technology Council (FNTC) to begin work on a First Nations Common Services Organization (FNCSO), with the initial function being Common Network Support, including the provision of Internet Services. Many communities have been unsuccessful in getting a local Internet Service Provider (ISP) to provide services to them and do not have the resources to run their own ISP. The FNCSO would aggregate demand from small communities to develop a sustainable organization that could also provide 'last mile' connection to community buildings as well as technical support. The same resolution will be presented to the First Nations Summit Chiefs in the fall.

FNTC recently hosted a Think Tank on Technical Training to gather input to improve future delivery of A+/Network+ technician training. Participants included representatives from Nicola Valley Institute of Technology, University of British

Columbia, Thompson Rivers University, Community Health Associates, students from the two FNTEC/First Nations Education Steering Committee pilot programs and FNTEC members. Input will be used to develop a business case that takes a community view on technical capacity building as well as to develop a proposal for funding for on-going technician training.

FNTEC's Integrated Information Management Working Group has a number of projects in progress including improving data gathering for Active Measures, planning a land referral process/systems workshop, and seeking funding for an Integrated Information Management Forum to define a 'roadmap' for a community information management process.

### **UN Declaration on the Rights of Indigenous Peoples**

The United Nations Declaration on the Rights of Indigenous Peoples is now being considered for adoption at the 61st session of the United Nations in New York. The Declaration provides minimum international standards for the survival, dignity and wellbeing of the world's Indigenous Peoples and is a critical instrument to remedy the primordial injustices caused by colonization.

Despite "no" votes from Canada and Russia, the declaration was approved by majority on June 29, 2006 by the Human Rights Council, which subsequently recommended adoption of the Declaration by the UN General Assembly.

Although Canada has long supported the Declaration, and participated in its development over two decades, it has recently changed its position, now stating that it cannot support the Declaration as it is "inconsistent with the Canadian Charter of Rights and Freedoms, our Constitution Act, previous Supreme Court decisions, the National Defence Act and policies under which we negotiate treaties."

With opposition voiced by Canada and Russia, other countries have now begun to raise objections and propose amendments to the Declaration. On June 6, 2007, the UN General Assembly appointed a mediator to facilitate discussions between States and Indigenous peoples on the Declaration. His report was to be submitted by July 15, 2007.

Indigenous peoples believe that the existing text of the Declaration is already a compromise and are fully opposed to any changes to the text.

There may be a vote before mid-August by the UN General Assembly to adopt the Declaration.

### **FNLC Meeting Notes**

At the recommendation of First Nations, this section of the information bulletin is to describe FNLC discussion and meetings.

- Working group to be struck on renewal of the provincial Wildlife Act
- FNLC working with key partners to develop a Housing and Infrastructure Memorandum of Understanding and Action Plan
- FNLC to work with BC and other key partners to develop a BC First Nations Public Service Action Plan Framework
- FNLC to work with BC and other key partners to develop a BC Aboriginal Apprenticeship Strategy
- FNLC is currently developing a Memorandum of Understanding with the Representative for Children and Youth
- FNLC has developed a template Declaration / Protocol to sign with First Nations organizations to improve coordination and collaboration on all matters
- FNLC participating in Cabinet Committee on Climate Change
- FNLC and BC have developed a new youth internship program
- FNLC is hosting a meeting of key economic development partners with the aim of increasing coordination and collaboration in

the development of a BC First Nations Economic Development Strategy

*The First Nations Leadership Council is comprised of the political executives of the BC Assembly of First Nations, First Nations Summit, and the Union of BC Indian Chiefs:*

- *BC Assembly of First Nations Regional Chief A-in-chut, Shawn Atleo;*
- *First Nations Summit Task Group members Grand Chief Edward John, Chief Judith Sayers, Dave Porter;*
- *Union of BC Indian Chiefs President Grand Chief Stewart Phillip, Vice-President Chief Robert Shintah; Chief Lynda Price*

*The Council works together to politically represent the interests of First Nations in British Columbia and develop strategies and actions to bring about significant and substantive changes to government policy that will benefit all First Nations in British Columbia.*

## Many elderly become chronic users of sleeping pills after hospitalization July 9, 2007

Provided by: Canadian Press Written by: SHERYL UBELACKER

TORONTO (CP) - About half of elderly patients prescribed common medications to help them sleep while in hospital are still taking the drugs at least six months after discharge because they have become dependent on their snooze-inducing effects, a study has found.

The sleeping pills, which are known as benzodiazepines and include brands like Valium and Ativan, have been linked to such serious side-effects as daytime sleepiness, cognitive impairment, injuries from falls and motor vehicle collisions. "As well, an important but often overlooked issue is that long-term use of benzodiazepines can lead to dependence," lead author Dr. Chaim Bell, a scientist at the Institute for Clinical Evaluative Sciences (ICES) in Toronto, said Monday.

The effects of the anti-insomnia medications are even more potent when combined with other prescription drugs or alcohol, said Bell, who's also a medical internist at Toronto's St. Michael's Hospital. "Everything in the elderly is magnified for this type of an effect, so that the prescription of a benzodiazepine as a sleeping agent might not have as high a risk of adverse events in a younger person (as it would) in an older person. "In reality, for these types of people, who have never been on benzodiazepine, this is the start of long-term use."

The study found the risk of getting "hooked" on the drugs that would ease them to the Land of Nod was highest among women and patients admitted to the intensive-care unit or non-surgical wards. Those with longer hospital stays, several illnesses, a history of alcoholism or who were taking multiple medications were also at increased dependency risk.

But to wean a patient off one of these drugs "is an intensive process," said Bell, noting that people will have severe difficulty sleeping and will wake up feeling tired, irritable and with diminished concentration that can make them more prone to injury and motor vehicle accidents.

"It's not a pleasant experience, so that's part of the idea of don't start them in the first place," he said of stopping the drugs. "And it's much easier to do earlier rather than later."

Dr. William Molloy, chair of St. Peter's McMaster Centre for Studies on Aging in Hamilton, was blunt in his assessment of giving these sleeping pills to elderly patients: "Benzos are not good for old people. Really, I can't remember the last time I prescribed a benzo, and all the benzos are licensed for short-term use."

Molloy said a major drawback to this class of drugs is that their effectiveness is relatively quick to wear off.

"The trouble with benzos is you get tolerance to them," said the gerontologist, who was not involved in the study. "When you take a benzo - say you start off at 15 milligrams of drug or five milligrams or 10 milligrams - it will work for the first couple of weeks, but the truth is after a couple of weeks it will stop working and you have to take more. "It's a physically addictive drug."

To conduct the study, researchers analyzed Ontario health records between April 1992 and March 2005, identifying seniors aged 66 or older who were living in the community and had not been prescribed benzodiazepines in the year prior to hospitalization.

They found that among more than 405,000 seniors who had hospital stays during the study period, benzodiazepines were prescribed to 12,484 (3.1 per cent) within a week of discharge. Of those, 6,136 (1.5 per cent) were still taking the drugs on a regular basis months later.

Bell said the medications are often given to patients in hospital because of the difficulty many have trying to get a decent night's sleep when surrounded by the beeps of monitors, nurses coming in to measure vital signs and just the general hubbub.

"I always joke that outside a hospital it says 'Quiet, Hospital,' but the honking of a horn outside isn't going to come even close to the noise that goes on in the actual hospital," said Bell. "These medications are freely prescribed to people who are having trouble sleeping or are anxious and need some rest in hospital.

"And I can't underscore enough the importance of sleep." The pills may help them get their Zs while in hospital, but many patients feel they still need the drugs after returning to their own beds, he said, so they may ask their family doctor to refill the prescription.

"What ends up happening is these (pills) become a crutch. They're fairly addictive medications, so people say: 'I need this to help me sleep' or 'This really helped me sleep' or 'I had difficulty sleeping before and I'm better now and I need this medication.'

"So since you've established a prescription for this, it becomes much easier to repeat the prescription rather than stop the prescription."

What's needed, Bell said, is better co-ordination between hospitals and community-based doctors to prevent elderly patients from becoming reliant on drugs that could cause them significant harm. "But not only do doctors need to recognize that these (pills) should be temporary things," he said.

"It's the transitional care from hospitalization to community that really needs to be thought of. It might be the right response in the hospital for a temporary measure, but it's the repeat prescription where we really need to stop that chain of events."

Article is from Meadbroadcast.com

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## **Weight training helpful to elderly and patients with heart failure, experts say July 16, 2007**

**Provided by: Canadian Press Written by: JAMIE STENGLE**

DALLAS (AP) - Pumping a little iron can help elderly nursing home residents and heart failure patients gain strength for everyday life, the American Heart Association says, expanding on earlier advice.

"Those folks are capable of exercise training benefits and certainly resistance training is part of that," said Mark Williams, who led the group that wrote the new guidance published Monday online in the journal *Circulation*.

Williams said resistance training, whether it's lifting weights or doing sit-ups, should be used as a complement to aerobic exercise.

"A lot of people after having a heart attack or heart failure think they need to 'take it easy,'" said Dr. Amit Khera, director of cardiac rehabilitation at the University of Texas Southwestern Medical

Center. He said broader guidance should help reassure doctors and patients that it's probably OK for most people to start exercising after heart trouble.

Khera said cardiac patients using weights are often restricted to lighter weights of about one or two kilograms for the first couple of weeks.

The heart association statement cited one study of a 10-week period of resistance training among nursing home residents with an average age of 87 that resulted in improvements in strength and stair-climbing power. In a study of older women who were heart failure patients, 10 weeks of resistance training resulted in a 43 per cent increase in muscle strength and a 49 per cent increase in the distance covered in a six-minute walk.

The statement also notes that elderly people and women who suffer from coronary heart disease (a narrowing of the small blood vessels to the heart), or are frail can benefit from workouts including resistance training because they build muscle strength. Resistance weight training includes using one's body for weight resistance by doing things like abdominal crunches to using resistance-cord exercises, dumbbells, wrist weights or weight machines.

It's been known for some time that resistance training is good for everyone, from those with chronic diseases to healthy people. Resistance training for heart patients has been gaining momentum for the last two decades or so, said Williams, professor of medicine in the cardiology division at Creighton University School of Medicine in Omaha, Neb.

Tom Simerly, 57, of suburban DeSoto, who had a procedure to open a clogged artery seven weeks ago, started rehabilitation a week after he got out of the hospital. Though lackadaisical about exercise before, Simerly said that he's noticed improved strength as he goes to rehab three days a week. He works out on a treadmill, stationary bicycle and has graduated from free weights to weight machines.

"The whole regimen has been really good," said Simerly, who works for a Dallas engineering firm. "My stamina's better. I sleep better. I feel better about myself. I've lost some weight."

Dr. Art Labovitz, cardiology director at St. Louis University School of Medicine, said that despite increasing knowledge about the benefits of resistance training, the public perception is likely that it's largely off-limits for heart patients.

"I think probably the conventional wisdom is that if you have a heart condition, you can't lift weights," Labovitz said. He added that there may be some circumstances where a heart patient shouldn't do such training.

The statement recommends that those who do resistance training start out slow, setting the resistance or weight load at a moderate level to achieve the prescribed repetition range without straining. Elderly people should start with a low level of resistance. As progress is made, they should first increase the number of repetitions before adding weight or resistance.

Resistance weight training can help heart patients resume activities from their daily life by building muscle strength, said Jenny Adams of the Baylor Heart and Vascular Hospital.

"The truth of the matter is when you ask these patients what their goals are, they want to lift their grandkids, work in the yard," Adams said.

Article is from [SeniorsHealth@Medbroadcast.com](mailto:SeniorsHealth@Medbroadcast.com)

## How to reduce your chances of having a stroke

When I go on to friends about living a healthier lifestyle - and I can certainly go on; after all, I once wanted to be a rabbi mostly because rabbis work only one day a week, and they spend that day talking - I'm invariably hooted down with some remark such as, "Hey! If I gotta go, Art, then a heart attack's fine by me. Pass the nachos, man!"

"But you can't guarantee you'll get a heart attack!" I always shoot back. "What if you get a stroke instead?" And that's invariably followed by silence because all my friends dread a stroke, as do we all. So, in part for my friends, in part for you others, here's some information that might help lower your risk of stroke.

First, the American Heart Association recently published advice about preventing strokes with special attention on 2 factors: getting your blood pressure checked at least every 2 years, and stopping smoking, because according to the association, there is excellent proof that doing these 2 things lowers stroke risk. Of other risks - being sedentary, poor diet, obesity, drug abuse, and high blood levels of homocysteine - the AHA claims that it's not established yet that we can alter our stroke risk by modifying these factors, although I really don't know why you'd wait for such proof. I mean, none of those could possibly be doing you good, so why not act to change them now?

One other modifiable risk factor the AHA stressed is high cholesterol levels, and to that end let me tell you that a study from Scotland found that haggis is good for lowering cholesterol. Just kidding! Haggis isn't actually good for anything. What this study did find is that the cholesterol-lowering medication, pravastatin, lowered the incidence of stroke in people at high risk - young and old, men and women, even those with "normal" cholesterol levels.

The key thing here is that this is yet another study showing that "statins" (of which there are several) can have lifesaving effects in a lot more people than we previously thought they could benefit, so if you have any risks for suffering a heart attack or stroke - even if you have only mildly elevated cholesterol levels in the presence of other risk factors - you should ask your doctor about whether to go on a "statin." Many of you will find you should.

Still with stroke risks, another recent study found that being a chronic snorer and having trouble staying awake during the daytime are also linked to higher risks of stroke. Why? Because, these researchers theorize, people with these symptoms may have unrecognized *sleep apnea* (a condition in which a person stops breathing for short periods during sleep, and which has previously been linked to higher risks of strokes).

A word of warning, though: having trouble staying awake is not always a sign of bad health. For example, if while watching one of those "reality" TV programs or anything with Regis in it, you find that you just can't stay awake, don't automatically assume this means you are sick. It may just be your brain trying to protect itself.

*Art Hister, MD  
in association with the MediResource Clinical Team*

## Take charge of asthma!

From [www.vch.ca/enewsletter](http://www.vch.ca/enewsletter) May issue

Living with asthma means understanding the disease and knowing how to avoid personal asthma triggers while ensuring medications are used in balance.

“Although there is no cure for asthma, it can be controlled allowing people with the chronic condition to live fully active and normal lives,” says **Louise Arney**, Community Respiratory Therapist at Raven Song Community Health Centre and Pacific Spirit Community Health Centre in Vancouver.

“The month of May – World Asthma Month – serves as a reminder that 80 per cent of the more than 500 asthma deaths in Canada each year could be prevented through proper asthma education.”

This common, but serious chronic lung condition – impacting at least 84,000 people living in the area served by Vancouver Coastal Health – is a leading cause of absenteeism from school and work and continues to be a major cause of hospitalization for children.

People with asthma have inflamed airways that are sensitive to irritants. These irritants can trigger a narrowing of the airways, making it difficult for air to flow and can cause symptoms of wheezing, coughing, shortness of breath, and chest tightness.

[Avoiding personal triggers](#) can significantly reduce or eliminate the risk of an attack.

### **Some of these triggers can be:**

- House dust mites
- Pet dander
- Tobacco smoke or chemicals

Medication is often needed to fully control asthma symptoms.

There are two types of asthma medications that play very different roles in the management of the disease and are often used at the same time.

As part of its chronic disease management plan, VCH provides free one-on-one asthma education at urban VCH hospitals and some community sites.

Asthma educators ensure understanding of the role of triggers, medications, delivery devices and how to monitor that all of these elements are working to fully control symptoms. Additionally, asthma educators work with individuals to develop a personalized written action of what exactly to do in the event of a flare-up or attack. Most asthma educators also offer a similar program to COPD (Chronic Obstructive Pulmonary Disease) patients. For more information and to locate your nearest asthma educator, call 604-988-3131 ext. 4954.

## Fortifying foods with folic acid had bigger than expected benefit: study

Provided by: Canadian Press Written by: SHERYL UBELACKER July 11, 2007

TORONTO (CP) - Almost 10 years after Canadian food manufacturers began fortifying cereal-based products with folic acid, the rate of spina bifida and other birth defects caused by the vitamin's deficiency has been cut in half, a new study reveals.

The drop in the prevalence of neural-tube birth defects is most pronounced in the Atlantic provinces, said lead author Philippe De Wals, a professor of social and preventive medicine at Laval University.

The study, published Thursday in the New England Journal of Medicine, is not the first to show the power of folic acid in reducing birth defects, but it is the largest to assess the effects since Canada made fortification mandatory in 1998, he said.

"What is really impressive is that the effect (of fortification) is much higher than expected," De Wals said from Quebec City.

To conduct the study, researchers collected data on almost two million pregnancies from hospitals in seven provinces to assess changing rates of neural-tube defects between 1993 and 2002. The data included live births, stillbirths and terminations of pregnancies due to fetal anomalies.

In all, 2,446 subjects with neural-tube defects were recorded among 1.9 million births. The researchers found that prevalence fell to 0.86 per 1,000 births after full fortification, down 46 per cent from 1.58 per 1,000 births before the measure was adopted.

The rate of spina bifida cases dropped 53 per cent, while rates of anencephaly (in which part of the skull and brain are missing) and encephalocele (a gap in the skull that allows part of the brain to protrude) decreased by 38 per cent and 31 per cent, respectively.

De Wals said the biggest success story of folic acid fortification occurred in Newfoundland and Labrador, where birth defect rates plunged to 0.76 per 1,000 from 4.56 per 1,000 after the vitamin was added to residents' diets when they ate products like bread, cereal and pasta.

"It's a silent victory," said De Wals, noting that the rate in Newfoundland and Labrador caught up to that of British Columbia, which fell to 0.75 per 1,000 births after mandatory fortification from 0.96 prior to the public health measure's implementation.

"This (geographic) gradient almost disappeared after fortification," said De Wals. "Now we get the explanation. It was not a genetic factor, but it was folate deficiency.

"The problem was that people in the Maritimes (had the same) eating habits as were in the U.K., boiling vegetables and meat in the pot for hours, and that was destroying the folic acid. It is destroyed by cooking. That type of cooking is not so prevalent in the West."

Folic acid is a B vitamin naturally present in such foods as leafy green vegetables, nuts and seeds, and poultry, but De Wals said the amount available is considered inadequate for pregnant women. That's why women of child-bearing age are strongly advised to take a daily folic-acid supplement to prevent neural-tube defects at the time of conception.

Only a few countries, Canada and the United States among them, require that the B vitamin be added to certain foods.

"This is the strongest evidence that food fortification is highly effective," said De Wals. "And this could have consequences for many other countries in the world."

And neural-tube defects aren't the only reason to take folic acid, other studies have suggested.

Research led by Dr. Gideon Koren of Toronto's Hospital for Sick Children showed that the offspring of women who took the vitamin before and during pregnancy appear to have significantly lower rates of three common childhood cancers.

The study, published in February, suggested children whose mothers took folic acid were far less likely to develop a certain type of pediatric leukemia, brain tumours and neuroblastoma - a cancer that arises in the adrenal gland or nervous system - than were kids whose moms did not take the B vitamin.

De Wals said there is also evidence to suggest that folic acid supplementation prevents heart defects and other structural anomalies in newborns, as well as helping to prevent strokes in adults.

Article is from [WomensHealth@Medbroadcast.com](mailto:WomensHealth@Medbroadcast.com)

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## **Obese kids creating generation that will live shorter lives than parents**

Provided by: Canadian Press      Written by: STEPHEN THORNE March 27, 2007

OTTAWA (CP) - A shocking epidemic of childhood obesity is creating the first generation of Canadians that will live shorter lives than their parents, says a report detailing staggering numbers of overweight youth.

Twenty-six per cent of Canadians ages of two to 17, along with 55 per cent of natives on reserve and 41 per cent off-reserve of the same age are either overweight or obese, says the committee report. "We're killing our kids with kindness," warned Conservative MP Rob Merrifield, chairman of the Commons health committee which produced the report after nine months of consultations.

"Childhood obesity has become an epidemic in Canada," says the all-party report, adding Canada has one of the world's highest childhood obesity rates, ranking fifth among 34 OECD countries.

The federal government must ban trans-fats and immediately launch a public awareness campaign to warn of the looming health care crisis.

Obesity triggers a range of preventable chronic diseases and premature death, the panel says - serious enough for adults but even more serious to children, who may develop chronic ailments at an uncharacteristically early age, the MPs warn.

The risks include developing Type 2 diabetes, heart attack and stroke risk, joint problems and mental health issues.

"The committee was shocked to hear how much overweight and obesity rates among children and adolescents in Canada have increased over the past three decades," said the all-party report, entitled "Healthy Weight for Healthy Kids."

Fifteen per cent of children were either obese or overweight in 1978. That figure had ballooned to 26 per cent by 2004 - thanks largely, the panel reported, to bad diets and poor exercise habits bred by television and video games.

Children are too commonly eating larger portions, more fatty and processed foods, and drinking too many sugary drinks, the committee found.

"The link between obesity and the increased consumption of sweetened drinks is particularly disturbing," said its report. "It has been estimated that sugary drinks may be responsible for as much as one pound per month weight gain in adolescents."

The committee highlighted the correlation between food-and-beverage advertising and childhood obesity, particularly with respect to advertising of high-calorie and low-nutrient foods and beverages to children.

But it stopped short of recommending an all-out ban on children's food-and-beverage advertising, calling instead for a review of the industry's existing self-regulation regime.

"Such a review should indicate whether or how the two voluntary codes should be strengthened," it said.

"The committee is also concerned about the impact on children of food advertising on the Internet and believes the potential for regulation in this area must be examined."

General obesity costs Canada about \$1.6 billion a year in health-care costs, or 2.4 per cent of total health spending. The panel said it costs the economy another \$2.7 billion in lost productivity, disability insurance, reduced quality of life and mental health problems due to stigmatization and poor self-esteem."

Obesity outranks smoking and drinking in its impact on health and costs related to health-care, it said.

As overweight children of today become tomorrow's obese adults, the burden on the health care and social systems is expected to increase," cautions the 60-page report.

Among the rest of its 13 recommendations to the federal government:

- Set targets to achieve healthy weights for children through physical activity and healthy food choices, including halting the rise in childhood obesity by 2010 and reducing the rate of childhood obesity to at least six per cent from eight by 2020.
- Collaborate with First Nations and Inuit to curb obesity among aboriginal children.
- Help communities provide programs and facilities to promote active lifestyles.
- Increase public awareness of the importance of diet and exercise through programs such as Participaction.
- Implement a mandatory, standardized, simple, front-of-package labelling requirement on pre-packaged foods for easy identification of nutritional value and promote the plan to parents through an aggressive media campaign.

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***Funny Quotes***

"Flying is simple. You just throw yourself at the ground and miss."

"What do you call dog with no legs? Don't matter what you call him, he ain't gonna come."

"Last night I lay in bed looking up at the stars in the sky and I thought to myself, where the heck is the ceiling."

***PROVERBS:***

A little of what you fancy does you good.

A miss is as good as a mile.

A person is known by the company he keeps.

***BIBLE QUOTES:***

*"The Lord is my strength and my shield; my heart trusted in him and I am helped; therefore, my heart greatly rejoiceth; and with my song I will praise him."*  
*Psalms 28:7*

*"And he shall be like a tree planted by the rivers of water that bringeth forth his fruit in his season; his leaf also shall not wither, and whatsoever he doeth shall prosper."*  
*Psalms 1:3*

***Please mail, fax, email, or call in your  
Special Wishes/Community Events !!***

**Happy! Happy! Birthday To All Elders Born in August!!**

***LEO - Fire - July 23—August 22***

***Leo Lions are dynamic and generous leaders who love the spotlight. Those born under this First sign are straight forward, proud and adventurous. Ruled by the Sun, they appreciate quality and inspire faith in others. Loyal and loving, they are quick to anger and fast to forgive. The one thing they need to guard against is being egotistical.***

**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**

**31st Annual BC Elders Gathering**

**Dates: August 8th and 9th, 2007 at the Vancouver Convention and Exhibition Centre and  
August 10th, 2007 at the Capilano Reserve**

**Contact Info for Squamish Nation Host:**

**For questions on Registration, Vendor Booths, and Info Booths call 1-877-628-2288**

**For questions about Volunteering call Bianca Joseph @ 604-980-4553 or**

**email: [bianca\\_joseph@squamish.net](mailto:bianca_joseph@squamish.net)**

**Donating, and general inquiries please call Touch of Culture at 1-866-980-2443.**